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The Relationships Between Personality Traits, Death Attitudes, and Ageism

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Abstract

Ageism, or the prejudicial attitude towards other age groups, especially older adults, is seen as one of the most prevalent preconceived judgment in Canadian society. Present in many domains of society including the workplace and healthcare system, the detrimental effects of ageism are well-established. With effects ranging from financial problems to mental and physical deterioration, the underlying structure of ageism requires more exploration if we are to attempt a reduction of its presence. Terror Management Theory suggests that aversive attitudes towards different groups, in this case, older adults, are rooted in defensive attitudes towards the fear of death. Every human being unique, individual differences also have a role to play in the way people perceive older adults. The present study attempts to better understand the role of attitudes towards death and personality on ageism. Since the role of avoidant and acceptant attitudes towards death is, to the author's knowledge, understudied in the ageism literature, this study builds on existing knowledge by examining the unknown role of avoidance and acceptance of death on ageism. Four hundred and thirty-six undergraduate students enrolled in first-year psychology classes volunteered to participate in an online questionnaire. The questionnaire assessed demographic information, personality traits, attitudes towards death and attitudes towards older adults. Results suggest the association between prosocial personality traits (Extraversion, Agreeableness, Conscientiousness and Openness) and decreased ageism. The existential fear of death and of the fear of a loved one going through the process of dying were associated with more aversion towards older adults, while the fear of a loved one's death indicated lower levels of discrimination. Belief in death as leading to an after-life indicated a decreased tendency to avoid older adults. Correlates of personality and attitudes towards death were also explored. Implications and future areas of research are discussed.

Introduction

Unlike gender and race, which, for most individuals, remain fixed throughout the lifespan, everyone will experience aging if they live long enough (North & Fiske, 2012). The Canadian population has seen a gradual increase in its older adult population for more than four decades (Statistics Canada, 2016). According to the Statistics Canada 2016 Census, adults aged 65+ exceeded the population of children aged 14 and under, a first in Canadian history. Making up to 14% of the Canadian population in 2011, it is projected that older adults will compose between 23% and 25% of the national population in 2036 (Statistics Canada, 2016).

According to a recent Canadian survey, *ageism*, the unfounded negative judgement and/or treatment of a group of people by another (Brown, 2010), is the most prevalent prejudice in Canadian society, even compared to racism and sexism (Revera, 2016). The survey suggests that more than half of older adults aged 77+ report getting treated differently than younger individuals because of their age.

An explanation of this phenomenon can be found through Terror Management Theory (TMT), a theory suggesting that humans, when confronted with the reality of death, will find meaning, self-esteem and a sense of permanence by reaffirming their belief in their culturally approved worldviews (Greenberg & Kosloff, 2008). At the same time, every human being is a unique individual, behaviour can be seen as being strongly influenced by a person's personality. Personality traits, which have been shown to be strongly influenced by an individual's social environment and being malleable by life experiences and cultural demands (Specht, Egloff, & Schmukle, 2011; Oishi, 2008), have a relevant role in the study of ageism. In this optic, recent research on ageism has attempted to explore its underlying structure by correlating personality traits and attitudes towards death and ageing with ageism (Bodner, Shrira, Bergman, Cohen-

Fridel & Grossman, 2015; Allan, Johnson & Emerson, 2014; Depaola, Griffin, Young & Neimeyer, 2003).

Since a link between personality, fear of death, fear of ageing, and ageist attitudes has been found (Bodner et al., 2015; Allan et al., 2014; Depaola et al., 2003; Palmore, 1999), a deeper understanding of ageism can be gained by taking into consideration not only the fear of death and ageing, but also the wide variety of attitudes towards death, which include avoidance and different forms of acceptance. The present research will therefore attempt to expand our understanding of ageism by exploring the relationship between three interconnected variables: personality traits, attitudes towards death, and ageist attitudes.

Ageism

Butler (1969), the first director of the National Institute of Aging (Palmore, 1999), coined the term ageism to refer to “the prejudice by one age group toward another age group” (Butler, 1969, p. 243). Early measurement tools of ageism viewed this construct unidimensionally, focussing mostly on stereotypes (Rupp, Vodanovich & Credé, 2005). After a decade of research, Butler (1980) expanded his definition of ageism as to include three interrelated concepts: prejudicial attitudes (aversive feelings towards a group), discriminatory practices (removing rights and privileges from members of a specific group) and stereotypical beliefs (false or exaggerated beliefs about a specific group), all of which mutually reinforce each other (Palmore, 1999; Fraboni, Saltstone, & Hughes, 1990; Butler, 1980). This form of tripartite conceptualization of Ageism also appears in the work of Fraboni et al. (1990). Guided by Allport’s five levels of prejudice, the development of the Fraboni Scale of Ageism (FSA) led to an expansion of the unidimensional cognitive measurement of Ageism to a multidimensional construct including Antilocution (antipathy fueled by misconceptions), Avoidance (withdrawal

from social interaction) and Discrimination (segregation of older adults). Rupp et al. (2005) later attempted to investigate the factor structure and construct validity of this scale. Although supporting the cognitive and affective aspects of the FSA, their results also suggest a slightly different cluster of constructs, renaming the factors as Stereotypes (misconceptions about older adults), Separation (distance between oneself and older adults) and Affective Attitudes (aversive emotions towards older adults).

Ageism through Terror Management Theory (TMT)

The roots of ageism can be found through the fear of death, as suggested by TMT (Allan et al., 2014). TMT suggests that humans are caught between the biological systems established to ensure survival, and self-awareness, the capacity to envisage the present and the future, leading to the knowledge of death. Such conflicting realities create a potential for death anxiety (Greenberg & Kosloff, 2008, Becker, 1973). The theory suggests that humans developed ways to cope with these anxieties through shared cultural worldviews, giving a sense of self-esteem, meaning, and permanence (Greenberg & Kosloff, 2008, Becker, 1973). These worldviews, like religion or belonging to a group, give both a literal sense of immortality (e.g., promise of an afterlife, reincarnation etc.) and a symbolic sense of immortality (e.g., leaving a legacy, offspring, achievements), hence a feeling that one is transcending death (Greenberg & Kosloff, 2008). As cultural worldviews can help repress the fear of death, mortality salience (i.e., reminders of death) can make humans more aware of their finitude, thereby increasing this fear of death (Greenberg & Kosloff, 2008). By challenging the meaning humans attribute to their lives, mortality salience can motivate humans to associate more strongly with things and people that validate their worldviews, give meaning to their reality, and increase their sense of

permanence, thus distancing themselves from the reminder of death (Greenberg & Kosloff, 2008, Tomer & Eliason, 2000b).

TMT has been widely applied to the study of prejudice and discrimination (Greenberg & Kosloff, 2008). Evidence suggests that reminders of mortality can increase negative behaviours towards people associated to distinct groups, whether it is through racism, religious or cultural stereotyping, or political polarization (Greenberg & Kosloff, 2008). This also applies to the concept of ageism, as there is empirical support to the idea that older adults can serve as reminders of mortality through the indication of the inevitability of death and the reminder that our bodies are fallible (Martens, Goldenberg & Greenberg, 2005). Martens, Greenberg, Schimel, and Landau (2004) sought to find if young adults associated older adults with death. To do so, they showed pictures of adolescents, older adults, or both, to undergraduate students before having them do a word fragment completion test. They found that undergraduate students were more susceptible to display death-related thoughts on a word fragment completion test (e.g., GRA___, SK___ were filled in as “grave” and “skull” instead of “grape” and “skill” for instance) when shown photographs of older people than photos of younger individuals. In a follow-up study, Martens et al. (2004) primed a group of participants with mortality salient content (i.e.: death related questionnaires), and another one with a control subject (i.e.: dental pain). Participants were then asked to answer a self-rated non-standardized list of 16 statements (eg. “I am a very sociable person”; “I like to be with people who play jokes on one another”) followed by a rating, on a similar questionnaire, of elders and teenagers to see if concern about death would be linked to distancing from elders in young adults. The results showed that individuals who perceived mortality salient content distanced themselves more from the former group than the latter, compared to those who were primed with mortality neutral content.

Negative and Positive Ageism

Ageism, which has both explicit and implicit aspects (Levy & Banaji, 2002), has been shown to be both negative (against an age group) or positive (in favour of an age group), each coming with its share of advantages and consequences (Palmore, 1999). For example, one of the most common negative stereotypes about older adults is that most of this age group is either ill or has a disability (Palmore, 1999). Not only is this idea opposed to the evidence showing that half of the Canadian population of older adults aged 65 to 85 years old reported being in good health (Statistics Canada, 2018), but it can have tremendous effects on the well-being of this population, as will be discussed below. An example of a positive stereotype about older adults can be found in what Butler (1975) called the “myth of serenity”, or a romanticized idea of old age where the life after retirement is calm and peaceful. Not only does the literature show that older adults tend to have the same worries as when they were younger, it also shows that older Americans report the reality of later adulthood to be quite different from what is expected by younger adults (Palmore, 1999). For the purpose of this study, we will focus on negative and explicit ageism.

Consequences of Ageism

Ageism, like other types of discrimination, can have tremendous short-term and long-term impacts on the quality of life for members of the group in question (North & Fiske, 2012; Nelson, 2005). Some forms of discrimination can be blatant, such as stereotypes of frailty, forgetfulness, and low work competence, while others can stem from good intentions, such as baby-talk, unrequested assistance, and, depending on the reason, institutionalization (North & Fiske, 2012; Nelson, 2005). Evidence suggests that stereotypes attributed to elderly people (e.g., frail, sick, weak) and their association with non-attainment of cultural standards may result in

lower self-esteem (Martens, Goldenberg & Greenberg, 2005). The literature also suggests that as a result of ageism, older adults can suffer from lower social and economic opportunities, inactivity, and neglects in the health-care system (North & Fiske, 2012; Palmore, 1999; Grant, 1996). For example, a British-American study (Arber, McKinlay, Adams, Marceau, Link & O'Donnell, 2004) examined the influence of four patient characteristics (age, race, gender and socio-economic class) on the different questions and advice given by doctors after the viewing of videos showing patients explaining symptoms of coronary heart disease. The results indicate that older adults were asked significantly fewer questions regarding their drinking and smoking behaviours in comparison to middle-aged adults. This raises concerns as drinking and smoking are risk factors in coronary heart disease and other health conditions (Arber et al., 2004).

Although the aging process comes with its share of physical and cognitive changes, it is crucial to recognize the difficulty for older adults to overcome these stereotypes, which can result in internalized stereotypes and self-fulfilling prophecies (North & Fiske, 2012). It is suggested that groups who are subject to discriminations are more inclined to conform to the negative image imposed upon them by others, which can bring forth self-fulfilling prophecies (Palmore, 1999; North & Fiske, 2012). An experiment conducted at Yale University (Levy & Leifheit-Limson, 2009) addressed the topic of ageist stereotypes. After being told they were participating in a study on individual health patterns, healthy older adults were assigned to four different stereotype groups, and were then primed with related stereotypical words: positive-cognitive (e.g.: wise), negative-cognitive (e.g.: dementia), positive-physical (e.g.: fit), and negative-physical (e.g.: feeble). Participants then had to complete various cognitive and physical tasks, such as photo-recall and balance tasks. Results show that healthy older adults primed with

either a positive or negative cognitive or physical stereotype category conformed to their respective priming, regardless of their actual health status (Levy & Leifheit-Limson, 2009).

Considering the aging of the Canadian population and the fact that discriminations against older adults continue to be prevalent within our society (Revera, 2016), a deeper understanding of ageism is warranted. By linking the fear of death and discriminations, TMT gives an explanation of ageism that reaches a common aspect of all human beings: our finitude. In a society so distant and avoidant to the process and the state of death (Niemi & Schulenberg, 2011; Neimeyer, 1997), going deeper into TMT by taking into consideration different attitudes towards death could help us gain a deeper and fuller understanding of ageism.

Attitudes Towards Death

Death and dying are a hidden aspect of life in Western societies (Neimeyer, 1997; Niemi & Schulenberg, 2011; Walter, 1991). Nevertheless, research on death attitudes is constantly growing. A recurrent issue in the death-related literature is the high volume of literature centered around the fear of death, the most studied concept around death (Wong, Reker & Gesser, 1994). Although it is widely accepted that death holds negative and painful consequences, authors have noted varied reactions to events that are high in mortality salient content. For instance, Neimeyer, Wittkowski and Moser (2004), in the introduction to their literature review, give personal observations regarding the behaviours of Americans following the tragedy of 9/11, where simultaneous terrorist attacks were launched on the World Trade Center and the Pentagon. The researchers noted the variety of attitudes towards death, which ranged from the fear of dying, to neutrality, and even acceptance.

Attitudes, as defined by Colman (2009), refer to a relatively stable, although changeable, pattern of evaluation and responses towards another object, person or situation which encompasses affective, cognitive and behavioural responses. Although scales such as the Multidimensional Death Anxiety Scale (Nelson & Nelson, 1975) attempted to address the variety of attitudes towards death by including items related to “Death Fear” “Death Avoidance” “Death Denial” and “Reluctance to interact with the dying”, they do not include the wide, often-overlooked, variety of attitudes towards death, which should include forms of acceptance. To address this issue, Wong et al. (1994) developed the Death Attitudes Profile and its revision. This multidimensional scale attempts to give justice to the complexity of attitudes towards death by including avoidance, and three types of acceptance of death (Neutral Acceptance, Escape Acceptance, and Approach Acceptance), which will be defined further in this section. Here, the fear of death refers to the dread of the process and the state of death (Lehto & Stein, 2009). Death avoidance refers to the nullification of the reality of death and dying, while death acceptance alludes to the different ways to integrate this reality into everyday life (Wong et al., 1994). Therefore, for this research, the concepts of death anxiety, death avoidance and death acceptance based on Wong et al. (1994) will be used to understand and measure attitudes towards death.

Fear of Death

The fear of death has been defined as a multidimensional construct related to the fear of the process of dying (e.g., the physical deterioration of the body) and the state of death (e.g., the existential death, the unknown, etc.), which includes various emotional, cognitive, somatic, and motivational factors that vary depending on the stage of life, culture, and presence of psychopathology (Iverach, Menzies & Menzies, 2014; Lehto & Stein, 2009). Fear of death and

death anxiety are generally used interchangeably in the literature on the subject. Nevertheless, Wong et al. (1994) suggest a slight distinction between those two terms, giving the fear of death a conscious aspect, and death anxiety a more unconscious value. Their construct of the fear of death in the DAP-R, nevertheless, focusses on the existential aspect of the state of death. Some other researchers also distinguish between the fear of death and death anxiety; for example, Leto and Stein (2009) suggest that the fear of death is a negative emotion associated with concrete or real threats, while death anxiety can happen without a threatening stimulus, and includes symptoms related to anxiety itself, such as somatic symptoms and dysphoric affect (Cai, Tang, Wu & Li, 2017). For the purpose of this study, the conscious fear related to the process of dying and the state of death will be measured, but for stylistic purposes, the terms death anxiety and fear of death will be used interchangeably.

Measures of the fear of death. The fear of death has been conceptualized differently depending on the scale used to measure this concept. One of the early scales used to measure this concept, the Death Anxiety Scale (Templer, 1970), viewed the fear of death as a unidimensional construct. An extension of this scale expanded the definition of death anxiety as to include heterogeneous items related to themes such as “Externally caused death”, “Fear of surgery”, “Dreams of death” “Death thoughts” (Cai, et al., 2017). As a response to this kind of item content heterogeneity problem in the literature, Collet and Lester (Lester & Abdel-Khalek, 2003) developed the Collett & Lester fear of death scale, which conceptualized death anxiety as dependant on two axes; self and others, and the process of dying and the state of death. The fear of one’s Own Death refers to the apprehension related to the respondents own state of death, and includes items related to the losses associated to death and the shortness of life, while the fear of one’s Own Dying process refers to the fear associated with the changes happening and the lack

of control associated to the physical and mental deteriorations leading to death. Turning onto the fears related to others, the aspects of regret and nostalgia compose the fear of the Death of Others, while anticipatory grief and being reminded of one's own mortality are central to the concept of the fear related to the Dying of Others. This scale gives, for the purpose of this study on ageism, a separation between self and others, a distinction at the heart of TMT, while also providing concrete examples of situations related to the state and the process of death, instead of existential questions and doubts.

Fear of death and personal beliefs. It has been argued that the fear of death is rooted in the individual's wide range of personal beliefs and cognitions associated to death (Tomer & Eliason, 2000ab; Neimeyer et al., 2004; Lehto & Stein, 2009). Extending this idea to the other orientations towards death as mentioned by Wong et al. (1994), these attitudes may be ingrained in various cognitions, such as the ideas and beliefs regarding the dying process as well as the thoughts about the state of death we all develop during our lifetime (Lehto & Stein, 2009). For example, one could argue that through exposure to healthy older adults, personal beliefs about the aging process being associated to frailty and weakness could be diminished (Hodson, Harry & Mitchell, 2009). It has also been suggested that death attitudes, which can be affected and modified by factors including life experiences and culture, can serve as a better predictor for death anxiety than demographic factors (Neimeyer et al., 2004).

Fear of death and development. Not only do individual differences in personal beliefs have an impact on an individual's attitudes towards death, the reactions towards death also vary depending on developmental stage (Lehto & Stein, 2009). Although most researchers have looked at linear patterns when it comes to age and the fear of death (Neimeyer, 2004), Gesser, Wong & Reker (1988), found a curvilinear link between those two variables, suggesting that

older adults show less fear of death and more death acceptance than both middle-aged participants and young people. Their findings also suggest that younger individuals express less fear of death than middle-aged individuals, but more than older adults (Gesser et al., 1988). To explain these findings, Gesser et al. (1988) suggest that through the many intellectual and existential changes happening in early adulthood, young adults come to face the inevitability of death, which, as a mortality salient idea, can create a potential for being afraid of death. At the same time, they realize that this inevitable event is remote and distant, and thus, are more prone to push the idea aside. A study using the Death Anxiety Profile and the Marcia's Identity Status Interview has shown that an identity crisis, defined as an apprehension and exploration related to personal transformations, can increase the fear of death in undergraduate students by exposing the individual to their life meaning and uncertainty (Sterling & Van Horn, 1989; Fortner & Neimeyer, 1999). Gesser et al. (1988) explain the fear of death in middle-aged adults by introducing the idea of decline, and of the feeling that it is impossible to make new drastic life changes; time is now seen as time left to live, instead of time from birth. The higher level of acceptance in older adulthood is explained by the authors as stemming from a feeling of completion of life and of acceptance, or resignation, towards the inevitability of death.

The fear of death and psychopathology. The fear of death, while usually kept under control by a variety of coping mechanisms (e.g., TMT) can nevertheless be heightened by unusually stressful or threatening situations which can give rise to pathological ways of coping with this fear (Iverach, Menzies & Menzies, 2014). Therefore, death anxiety can be seen as a transdiagnostic process. In other words, death anxiety may be a predisposition that can make an individual more vulnerable to the development of various mental disorders, and can also contribute to their continuation (Iverach, et al., 2014). For example, death anxiety has been

associated to specific phobias related to threatening or harmful situations, whether they are environmental, animal, situational or bodily phobias (Iverach, et al., 2014; American Psychiatric Association, 2013). The fear of death has been shown to be a strong factor in many obsessive-compulsive disorders, such as compulsive hand-washing, which is often associated with life-threatening diseases, and compulsive checkers, who often verify dangerous house items, such as stoves and door locks (Vaccaro, John, Menzies & St Clare, 2010). Interestingly, the literature suggests that the physiological sensations of many somatic symptoms and related disorders are associated, by the patients, with a fear of bodily failure, which has inspired the idea that a fear of death could be a central aspect of these disorders (Iverach, et al., 2014). This fear of material death has also been found in women high in Neuroticism who were identified as more likely to report discomfort and avoid mammography (Goldenberg, Routledge & Arndt, 2009).

Attempting an integration. Tomer and Eliason (2000b) have created the Comprehensive Model of Death Anxiety to integrate the different theories related to death anxiety and to solve the existing paradoxes in the literature. This model refers to death anxiety as the existential fear of not existing, and not to the fear of dying or the death of other people. Based on empirical data, this model suggests that death salience will trigger death anxiety by activating past-related and future-related regrets as well as the individual's personal meaning of death. Mortality salience can also affect self-esteem, further increasing the anxiety. This anxiety is characterized by increased vulnerability that can trigger coping mechanisms, such as life review, generativity, and cultural identification. Tomer and Eliason (2000b) consider life review as a possible way for older adults to integrate their lives in a coherent whole and to come to term with past conflicts. Generativity, or the concern for the welfare of others, and especially younger generations, is a way for individuals to come to term with their personal death by sharing the conclusions and

lessons they have learned, in an effort to help others in their lives (Tomer & Eliason, 2000b). Following TMT, Tomer and Eliason (2000b) view cultural identification, an increased identification with one's culture, as a way for individuals to protect themselves from the anxiety associated with death by increasing their self-esteem, self concepts, and to validate their worldview. Therefore, at the approach of death, individuals could use cultural identification in order to increase their self esteem and validate themselves through their beliefs. These mechanisms can bring positive change in the self or in the individual's worldview, which can potentially modify death anxiety. This model gives us a broader understanding of the different variables affecting the fear of death.

Death Avoidance

Defined by Wong et al. (1994) as the avoidance of death reminders in an effort to reduce the fear caused by a mortality salient object, death avoidance seems to be a prevailing attitude in our societies (Niemic & Schulenberg, 2011; Neimeyer, 1997). While both fear of death and avoidance involve a negative attitude towards death, Wong et al. (1994) and Yalom (2008) suggests that death avoidance may be a coping mechanism that provides a temporary relief from the fear of death. Since coming to term with a fear involves a confrontation with the fear-inducing object, avoidance point towards a flight response (Wong et al., 1994). It is wise to suggest that this fear, when avoided, is bound to resurface. This phenomenon can be seen, for example, in the practice of distancing ourselves from older adults, for instance, through institutionalization (North & Fiske, 2012). On this subject, Butler (2006) suggests that avoidance allows younger cohorts to separate themselves from older adults, and gain a sense of invulnerability, while also gaining the false impression of distancing themselves from the necessity of providing care to their elders.

Another manifestation of this avoidance of death and dying in our society can be observed in the use of medical care, where intensive treatments will still be used in a hope to save or extend a patient's life when their situation is terminal (Waldrop, 1991). This kind of attitude not only has economic costs, but it can also cloud our compassion, turning death from a natural event of life to a medical and even a legal problem (Waldrop, 2011). Yalom (2008) and Wong & Tomer (2011) suggests another way to approach death in order to leave the cage of fear that is avoidance. Following their thoughts, instead of fear and avoidance, one should confront this finality courageously by finding meaning in life in order to become more acceptant of death.

Death Acceptance

Popularized by the writings of Elizabeth Kübler-Ross (1969) as the final stage of dying, the acceptance of death can be broadly defined as the cognitive admission of death, and the positive or neutral emotional estimation of this phenomenon (Niemeyer, 2004; Wong et al., 1994). As mentioned by Wong et al. (1994), the fear of death and death acceptance are closely related, in a way that every one of us possess the two, but at different intensities; indeed, being afraid of death usually includes some moments of calm and peace where one can live life without thinking of death, in the same way that accepting death does not mean that an individual is free of existential questions and fears.

Although previous scales have been developed to measure death acceptance (Ray & Najman, 1974; Klug & Sinha, 1987), they did not take into account the different ways to accept death and defined it unidimensionally as having a positive feeling about death (Neimeyer, 2004; Gesser et al., 1988). In response to this lack of depth, Wong et al. (1994) and Wong & Tomer (2011) identified three types of death acceptance.

Neutral Acceptance is defined as the stoic and rational acceptance of death as a part of life (Niemic & Schulenberg, 2011). In this point of view, the inevitability of death can be a motivation for self-improvement and for leaving behind a legacy. The person understands death as being an integral part of life. Meaning in life, whether it is spiritual or more concrete, can be an important aspect in facilitating this kind of acceptance (Wong et al., 1994). This seems to be the concept to which the unidimensional concept of death acceptance refers to.

Approach Acceptance is defined as a managing technique that uses the inevitability of death as a gateway to another life (Niemic & Schulenberg, 2011). Approach Acceptance is often related to the idea of an after-life, reincarnation, a return to the “One, the All, etc...”, or a reunion with loved-ones. This facet of death acceptance is therefore related to religious or spiritual belief. Although belief in an after-life correlates with religiosity in the literature (Dezutter, 2007; Wong et al., 1994), the relationship between religiosity and fear of death is still ambiguous to this date. When taken into a TMT framework, the religious aspect of approach acceptance can be seen as a protection from the fear of death; the link between this form of acceptance and ageism will be explored in this study.

Escape Acceptance is an attitude towards death that frames death as a liberation from life’s hardships (Niemic & Schulenberg, 2011). For some people, the hardships of life can be suffering to the point where death seems like the only escape possible. As mentioned by Wong et al. (1994), Escape Acceptance is based on a negative view of life, and not on a positive (or neutral) idea of death, as one could assume. Those adopting an Escape Acceptance attitude towards death view this termination of life as a negative reinforcement; they view death as an exit liberating them from the pain of life. This kind of acceptance of death is therefore rooted in hopelessness and an inability to efficiently cope with life’s problems (Wong et al., 1994).

The studies correlating the acceptance and the fear of death report different results depending on whether the concepts were assessed unidimensionally or multidimensionally (Neimeyer, 2004). In particular, those that assessed the concepts unidimensionally showed moderate to high negative correlations, whereas studies that assessed it multidimensionally showed low to moderate negative correlations. The acceptance of death, as a general concept, seems to be associated with higher life satisfaction and to correlate negatively, although moderately, with the fear of dying and death (Neimeyer, 2004), although research on the subject is conflicting. Gesser et al. (1988) show a slight positive association between Neutral Acceptance of death and happiness, while Klug and Sinha (1987) found no link between death acceptance and self-esteem. Tomer and Eliason (2000a), when validating their Comprehensive Model of Death Anxiety which correlates beliefs about self and the world, religiosity, death salience and the aforementioned variety in death attitudes, also took into consideration Wong's et al. (1994) three factor model of death acceptance. They found that only Neutral Acceptance correlated significantly and negatively with the Fear of Death, while Approach and Escape acceptance displayed a non-significant negative correlation with the aforementioned construct. This could potentially explain the low to moderate negative correlations between the multidimensional concept of death acceptance and fear of death.

Personality

Personality refers to the relatively stable aspects of who we are that differentiate us from others (Specht, Egloff, & Schmukle, 2011). Composed of cognitive, emotional, and behavioural aspects, personality is influenced both by biology and environmental/cultural factors, making us the unique individuals that we are (Hopwood, Donnellan, Blonigen, Krueger, McGue, Iacono & Burt, 2011; Specht et al., 2011; De Young, Hirsh, Shane, Papademetris, Rajeevan & Gray, 2010;

Benet-Martinez, Oishi, 2008). Personality is composed of inclinations which can be manifested in many parts of an individual's life, whether it is through their personal choices, preferences, or performance (Costa, McCrae & Kay, 1995). Personality can be seen as the infinitely different colored lens tinting everyone's unique experience of living.

The Big Five Model

While there are many ways to understand personality, ranging from psychoanalytic to cognitive points of view, the five-factor descriptive model of personality traits (also referred to as the Big Five Model) is the most accepted and the most widely used in contemporary personality research (Steel, Schmidt, & Shultz, 2008). Based on the fundamental lexical hypothesis (i.e., the idea that language contains the words to describe the majority of individual differences), the Big Five model is a taxonomical construction of personality grouping most individual differences into five sets of independent attributes. Specifically, personality traits are named *Neuroticism*, *Extraversion*, *Agreeableness*, *Conscientiousness*, and *Openness to experience* (McCrae & John, 1992). The traits of the Big Five model are set on a continuum also including their respective antonym (Extraversion-Introversion, Openness-Closedness to experience, Agreeableness-Antagonism, Conscientiousness-Lack of direction and Neuroticism-Emotional stability) (Goldberg, 1993; John & Srivastava, 1999). Although there are some lexical variations between cultures and languages, these traits (apart from Openness to experience) have been found to be highly replicable cross culturally by using translated versions of the English questionnaire (Benet-Martinez, Oishi, 2008).

Extraversion is described by the facets of warmth, gregariousness, assertiveness, activity, excitement seeking and positive emotions (Costa, McCrae & Kay, 1995). Overall, the trait of Extraversion refers to the intensity of an individual's activity and interpersonal interactions

(Cervone, Pervin, Nadeau, Boudrias, & Gagnon, 2014). High levels of the trait of Extraversion have been associated with positive affect, energy, and ambition (Watson & Clark, 1997). Low level on this trait have been associated with shyness, a withdrawn attitude, and a higher control of impulses (McCrae & John, 1992).

The trait of Agreeableness is defined by the facets of trust, straightforwardness, altruism, compliance, modesty, and tender-mindedness (Costa, et al., 1995). The trait of Agreeableness, therefore, refers to the quality of an individual's interactions, ranging from rapport to antagonism (Cervone et al., 2014). High levels of Agreeableness have been associated with the humane aspects of personality, such as the capacity of giving emotional support, and caring behaviours. Those low on this trait can appear to be self-centered, jealous, and indifferent to others (McCrae & John, 1992).

Competence, order, dutifulness, achievement striving, self-discipline, and deliberation compose the facets of the trait of Conscientiousness (Costa et al., 1995). This trait alludes to an individual's sense of organisation and discipline (Cervone et al., 2014). Those high in Conscientiousness can both organize and direct their behaviour, favoring inhibition and conscious choices rather than impulsive decisions (McCrae & John, 1992). Those low on this trait tend to be less inhibited, carefree, and indifferent (Cervone et al., 2014).

The facets of fantasy, aesthetics, feelings, actions, ideas, and values compose the subcategories of the trait of Openness to experience (Costa et al., 1995). As one of most controversial traits, it has been hard to conceptualize the idea of openness due to language limitations. While it was originally measuring aspects of intelligence and imagination, additional concepts were included in this trait, such as an appreciation for aesthetics and emotional variations (McCrae & John, 1992). Those high in this trait feel a need to live and experiment a

variety of experiences, thoughts, feelings, and sensations. A lower score in Openness could point towards a tendency to favor more conservative and conventional ideas and tastes (McCrae & John, 1992).

The personality trait known as Neuroticism is characterised by the facets of anxiety/calmness, hostility/even temperament, depression/contentment, self-consciousness/poise, impulsiveness/self-control and vulnerability/hardiness (Costa, et al., 1995). The trait of Neuroticism depicts personality differences when it comes to the proneness to distress (McCrae & John, 1992). Individuals who score high in Neuroticism tend to be more prone to anxiety and stress, lower self-esteem, and ineffective coping mechanisms. On the other hand, individuals who score low in Neuroticism tend to exhibit calmness, confidence and tranquility (Cervone et al., 2014; McCrae & John, 1992).

Personality and prejudice. An ongoing debate in the study of prejudice is the role of individual differences in these attitudes (Reynolds, Turner, Haslam & Ryan, 2001; Sibley & Duckitt, 2008; Hodson, 2009). It has been shown that both situational and personality factors have a role to play in prejudicial attitudes (Fleeson, 2004; Hodson, 2009); situational factors seem to have a stronger impact on momentary behaviours, while personality traits seem to predict the general pattern of action an individual will follow (Fleeson, 2004; Akrami, Ekehammar & Bergh, 2011).

Personality traits have also been associated with stigma and prejudice, whether it is towards older adults or other groups. A study by Allan et al. (2014) used the NEO Five Factor Inventory and the Fraboni Scale of Ageism to correlate personality traits and attitudes towards older adults. Their results suggest a negative correlation between ageist attitudes and the traits of Openness and Agreeableness. The traits of Openness and Agreeableness have also been

negatively associated to prejudice in other studies and meta-analyses (Sibley & Duckitt, 2008; Akrami et al., 2011). These results are not very surprising since Openness to experience suggests a drive towards exploring and learning from new experiences, situations, or people; similarly, Agreeableness refers to the quality of interactions an individual can offer to others. Sibley and Duckitt's (2008) study on personality traits and prejudice brought support to the idea that low scores on these two variables contribute to a generally prejudicial attitude towards outgroups, regardless of the difference targeted by the prejudice.

Research indicates that exposure or increased positive contact with the population subject to prejudice (i.e., social contact interventions) can weaken prejudicial attitudes by highlighting similarities between the individual and others (Hodson, Harry & Mitchell, 2009). For example, Hodson et al. (2009), had undergraduate students complete questionnaires about personal characteristics (including sexual orientation and political leanings), and various questionnaires about their amount of contact, level of friendship, and quality of interaction with gay or lesbian individuals. The results suggest that participants who score higher in heterosexual identification scores and in Right-Wing Authoritarianism report significantly fewer negative attitudes towards homosexuals when they have increased contact, quality contact, and more friendship with gay or lesbian individuals. A review of the literature on personality traits and prejudice by Sibley and Duckitt (2008) indicated a link between the aforementioned Right-Wing Activism and low scores on Openness and high Conscientiousness. Their review of the literature also showed a link between Social Dominance Orientation (i.e., the degree of preference for one's own group dominating other groups) and low Agreeableness and Openness (Sibley & Duckitt, 2008). In light of these findings, it is clear that personality is relevant to the study of prejudice and thus, to the study of ageism.

Gender and Sex

Personality research being the study of individual differences (Specth, et al., 2011; Stake & Eisele, 2009), some researchers have invested considerable efforts to the study of the differences between men's and women's attitudes. An important amount of this research focuses on the hereditary and evolutionary aspects of these differences (Stake & Eisele, 2009). Although the evolutionary and physiological aspect of these differences (i.e., sex differences) is not negligible, it is important not to forget the social and environmental factors that also play a role in these differences (Stake & Eisele, 2009). Here, an important distinction is to be made between the concepts of sex, which refers to the biological and physical aspect of males and females, and gender, which is used to refer to the socio-cultural aspects of being a man, woman, or gender diverse person (Bosson, Vendello & Buckner, 2019). To better understand the impact of social factors on gender differences, Eagly (1987), suggests the social role theory. This theory posits that behavioural differences between men and women are created not only through physiological differences, but by the interaction between these differences and the expectations of the social context. Men and women are thus encouraged, through socialization, to fulfil more or less specific roles and develop certain attitudes or personality traits based on their physical sex differences, that will help them become more competent in the aforementioned social roles (Eagly & Wood; 2012).

Gender differences. The first psychological measure of gender differences was created by Terman and Miles (1936). In this first attempt to quantify gender differences, the researchers conceptualized masculinity and femininity as unidimensional and polarized constructs, intrinsic to each sex (Stake & Eisele, 2009). It is only decades later that Bem (1974) separated these two concepts into independent categories, addressing the fact that individuals can adopt

characteristics of both masculine and feminine gender roles, depending on social setting and socialization. This brought Bem (1974), when developing the Bem Sex Role Inventory, to form another category called “androgyny”, which represents a mix of traits relating to both gender categories. Bem (1974), argued that development in traits associated with a sole gender role was limiting for the individual, and put forward the idea that psychological androgyny represented a healthier mode of functioning (Stake & Eisele, 2009; Bem, 1974). Bem (1974) as well as Spence and Helmreich (1980), took their reflection further by suggesting that these differences were not merely representations of gender, but qualities associated with each gender; “masculine” traits (e.g., self-reliance and defending one’s own beliefs) actually assess instrumentality - acting as a means to an end-, and “feminine” traits (e.g., being affectionate and helpful) refers to expressive attributes. This is relevant to the present study because research on the topic has shown that these qualities influence the way individuals externalize or internalize their discomfort. High levels in instrumentality are associated with more externalizing of psychopathology symptoms whereas expressiveness is linked to an internalization of symptoms (Hoffman, Powlishta & White, 2004). This suggests that men, whose gender is associated with taking action, express their discomfort more often than women, whose gender suggests expression, but would in fact internalize their discomfort due to social judgement.

Gender differences in personality traits. When it comes to the link between gender-role differences and the Big Five model of personality traits, research shows that aspects of both instrumentality and expressiveness are comprised in each trait (Ansell & Pincus, 2004, as cited in Stake & Eisele, 2009), providing a possibility for the expression of both gender-roles in each aspect of personality. Based on Stake & Eisele’s (2009) literature review on gender and personality, women tend to score higher in measures of Agreeableness (i.e., an expressive trait)

while reporting no gender differences in Conscientiousness - an instrumental and expressive trait. On Openness (i.e., both an instrumental and expressive trait), the authors suggest that women score higher in the facets related to feelings, values and aesthetics, while men reported more Openness to ideas. When it comes to Extraversion, a trait both expressive and instrumental, women tend to score higher on the expressive traits of warmth, gregariousness and positive emotions, while men generally score higher on instrumental traits, such as excitement seeking, assertiveness and activity. Finally, research suggests that the biggest demonstration of gender differences in personality is in Neuroticism (Schmitt et al., 2008), an instrumental and expressive trait, where women tend to score higher than men.

Gender and attitudes towards death. Some gender differences also seem to be present in attitudes towards death. Most research suggests that women report more death anxiety than men (Lehto, 2009, Wong et al., 1994). Neimeyer (1986) reports higher scores, for women, on the “Dying of self” scale of the Collett-Lester Fear of Death Scale (Lester & Abdel-Khalek, 2003), but not on the three other scales, suggesting that women tend to fear their own dying more than they fear death itself, or the dying and death of others. In an analysis of the psychological correlates of the Death Attitudes Profile, Wong et al. (1994) also report that women scored higher in Approach Acceptance (i.e., the idea of a life after death) and Escape Acceptance (i.e., death as an escape from the suffering of life). Men scored higher in Death Avoidance, suggesting a higher inclination towards repressing death-related thoughts.

Gender and ageism. Gender differences also seem to exist when it comes to ageism. In their initial study, Fraboni et al. (1990) reported significant differences between men and women in the mean score of Ageism, with men scoring significantly higher than women on the total score of the FSA. Although not consistently replicated, high impact studies in the literature on

ageism tend to confirm this difference (Fraboni et al., 1990; Kalavar, 2001; Rupp et al., 2005). These findings align with those of Hoffman et al. (2004) that suggested higher expressions of discomfort in men than in women.

Personality, Fear of Death, and Ageism

The present study draws heavily on past research by Bodner et al. (2015) and Allan et al. (2014), who explored the role of personality, aging anxiety and fear of death on ageist attitudes. The authors define ageing anxiety as the fear and anticipation of losses brought forth by the aging process (Allan et al., 2014; Bodner et al., 2015), a concept very similar to the fear of the process of dying, but often wrongly associated with it, as dying can happen at any stage of life.

The study by Bodner et al. (2015) suggests an interaction between the fear of ageing and death anxiety on ageism. Participants, who had a mean age of 58 years, were instructed to fill in the Kafer Aging Anxiety Scale, the Fear of Death Scale, and the Fraboni Scale of Ageism. The findings suggest that the positive correlation between the variables of Aging Anxiety and Ageism is moderated by Death Anxiety, and, similarly, the relationship between Death Anxiety and Ageism is moderated by Aging Anxiety. This provides further support to the idea that ageist attitudes could be a mechanism used to take distance from death anxiety (Bordner et al., 2015; Martens et al., 2004).

Allan et al.'s (2014) sample consisted of 392 undergraduate psychology students from a Canadian university. Measures of personality were taken using the NEO Five Factor Inventory, aging anxiety was measured using the Anxiety about Aging Scale, and ageism was assessed using the Fraboni Scale of Ageism revision by Rupp et al. (2005). Using a correlational analysis, they found that the variables of Ageism and Aging Anxiety correlated negatively with the traits of Extraversion, Agreeableness and Conscientiousness, while only Ageism correlated negatively

with Openness to experience. When using a multivariable regression model with Ageism as the outcome variable, results suggested that higher levels of Ageism are predicted by lower levels on the traits of Openness and Agreeableness, and higher levels of Aging Anxiety. It was also found that higher levels of Neuroticism were associated with Ageism, a relationship that was mediated by Aging Anxiety. Interestingly, this study also confirms the controversial past results suggesting that individuals reporting a higher frequency of contact with older adults score lower on ageing anxiety scales. Nevertheless, a limitation of this study is the omission of the three sub variables of the FSA; in particular Avoidance, Antilocution and Discrimination in the original scale, and Separation, Stereotypes and Affective Reactions in the revision (Rupp et al. 2005; Fraboni et al, 1990).

Past research indicated a moderating effect between the fear of death and the fear of aging in their relationship to ageism (Bodner et al., 2015) and demonstrated a relationship between personality traits and ageism (Allan et al., 2014). It would be interesting to build on these finding by including Wong et al. (1994) avoidant and acceptant attitudes towards death, giving a broader range of attitudes towards death, not limited to negative affect. The concepts of one's own dying and death and of the dying and death of others will also be measured as to clarify the object of fear related to death.

Purpose and Hypotheses

The purpose of this project was to examine the relationship between personality traits, attitudes towards death, and ageism. Expanding on the existing literature in this area (e.g., Bodner et al., 2015; Allan et al., 2014) it was hypothesised that personality traits would be associated with ageist attitudes in different ways. Higher scores on Openness, Extraversion, Conscientiousness and Agreeableness would be related to lower scores of ageism. Higher levels

of Neuroticism were expected to associate positively with higher scores of ageism, on its total score and three sub-scores.

Given the effect of aging anxiety and death anxiety on ageism (e.g. Bodner et al., 2015), it was hypothesised that death attitudes would also be associated to ageist attitudes in that all variables associated to the fear of death (including the dying and death of self and others) and avoidant attitudes would correlate positively with ageism. Given that Escape Acceptance implies a negative view of life, it was also expected to associate positively with a negative view of older adults. Neutral Acceptance was not expected to correlate with any aspects of ageism due to its absence of affect towards death, while Approach Acceptance would correlate negatively with ageism.

The link between personality traits and all of Wong et al.'s (2014) attitudes towards death were also measured; since no previous studies have measures the association between these constructs, this secondary research question was left as exploratory in the present study.

Methods

Participants and Procedure

This study used a convenience sample of undergraduate students at the University of Ottawa. The population studied being university students, our sample was mostly composed of undergraduates currently enrolled in introductory psychology classes. The survey was constructed through Qualtrics and was made available online through the University of Ottawa ISPR platform. Participants received one (1) credit for their participation. This research received approval from both the Saint Paul University and the University of Ottawa Research Ethics Boards.

Measures

Demographics. (See Appendix B) This questionnaire includes items related to gender, age, current level of study, marital status, religious belonging/spiritual practices, past experiences with death and dying, and frequency of contact with elders.

Personality. (See Appendix C) *The Big Five Inventory (BFI)* (John & Srivastava, 1999) was used to assess personality traits. This questionnaire is shorter than the NEO-PI-R and is open access. It is a 44-items questionnaire with a 5-points Likert scale. Participants are asked to rate, on a scale from 1 to 5 (1 being Strongly Disagree, and 5 being Agree Strongly, and the inverse for reverse-scored items), to what extent they identify with qualities such as “is talkative”, “prefers work that is routine”, and “is easily distracted”. This scale has been used in the recent personality literature (Specth et al., 2011; Soto, John, Gosling, & Potter, 2011). This inventory is available for free and assesses all 5 major personality traits of the Five-Factor model of personality and their antagonist value (*Extraversion-Introversion, Agreeableness-Antagonism, Conscientiousness- Lack of direction, Neuroticism-Emotional stability, and Openness-Closedness*), as well as their respective facets when using the *10 facets scale for the Big Five Inventory* (Soto & John, 2009) coding procedure. With a mean reliability of .83, a convergence validity between .73 and .81, as well as a standardized validity coefficient of $r=.92$, the BFI is a reliable and validated tool for personality assessment (Pervin & John, 1999). Despite its small number of items used for coding, the *10 facets scale for the Big Five Inventory*, had an alpha reliability of .70 in a student sample, its corrected correlation with the popular NEO-PI-R averaged an alpha of .93 in a student sample and showed strong discriminant validity (Soto & John, 2009).

Reverse-scored items were recoded appropriately in SPSS (1 being Strongly Agree, and 5 being Strongly Disagree). To generate participants' total scores for each personality trait subscale, the mean scores means were generated for each of the five Big Five personality traits. Higher scores suggest a higher expression of the particular trait, while a lower score suggests its opposite (ex.: Extraversion vs Introversion, or Openness vs Closedness to experience; John & Srivastava, 1999).

Attitudes towards death. (See Appendix D and E) *Death Attitudes Profile – Revised (DAP-R)* (Wong et al., 1994): A 32-items questionnaire using a 7-points Likert scale where participants are asked to rate, on a scale from 1 to 7 (1 being Strongly Disagree, and 7 being Strongly Agree, and the reverse-scored items, the opposite), how much they agree or disagree with each statement related to views towards death, such as “Death is no doubt a grim experience”, “Death will bring an end to all my troubles” and “Death is a natural aspect of life” (Wong et al., 1994). This scale is often used in the death attitudes literature (Gama, Vieira, & Barbosa, 2012; Matsui & Braun, 2010), as it is the only scale measuring all the attitudes towards death mentioned above, namely *Fear of Death*, *Death Avoidance*, *Neutral Acceptance*, *Approach Acceptance*, and *Escape Acceptance* (Wong et al., 1994). Concerning its reliability, the scale's items internal reliability fluctuates between an alpha of .65, and an alpha of .91 (Wong et al., 1994). Its 4-weeks re-test stability coefficients range from .61 to .95, suggesting good to very good reliability (Wong et al., 1994). The constructs of this scale also correlated with many other popular assessment tools of attitudes towards death, suggesting strong construct validity (Wong et al., 1994). Regarding the present study, one limitation of this scale may be that it does not differentiate, in the “fear of death” construct, between the process of dying, and the state of death.

The reverse-scored items were recoded appropriately in SPSS (7 being Strongly Disagree, and 1 being Strongly Agree). Higher scores on a subscale indicates greater adherence to a particular attitude towards death.

To further investigate the different facets of the fear of death, the *Collett-Lester Fear of Death Scale – Revised (CLFoDS-R)* (Lester & Abdel-Khalek, 2003) was used. This is a 28-items open access questionnaire on which participants rate, on 5 points Likert scales, to what extent they are made anxious by four aspects of death and dying both for self and others (mentioned below), such as “Never thinking or experiencing anything again”, “The pain involved in dying” and “Watching [someone who is dying] suffer from pain”. The scales ranges from 1 (Not Afraid) to 5 (Very Afraid). There are no reverse-scored items in this questionnaire. This scale is also very present in the literature (Lyke, 2013; Aradilla-Herrero, Tomás-Sábado & Gómez-Benito, 2013; Bath, 2010), as it is the only scale producing 4 different measures related to self and others, and to the process of dying as well as the state of death, further differentiating between the fear of the concrete process leading to death, and the existential fear of death: *Own Death (OD)*, *Own Dying (ODy)*, *Death of Others (DO)* and *Dying of Others (DyO)*. This scale has demonstrated significant reliability with Cronbach alphas demonstrating this for each subscale: (OD: 0.91; DO: 0.88; ODy: 0.92; DyO: 0.92) (Lester & Abdel-Khalek, 2003). The seven items composing the four subscales have all been positively correlated in their respective sub-scales, showing further construct validity. To generate scores for each subscale, means were generated from the items composing each of the four subscales. Scores represent the extent to which a particular aspect or death or dying generates anxiety in a participant.

Ageism. (See Appendix F) *Fraboni Scale of Ageism (FSA)* (Fraboni et al., 1990):

Contrary to most scales on ageism, the Fraboni Scale of Ageism measures, through 29 items on a

4-point Likert scale, both cognitive and affective aspects of ageism, allowing for a more complete measure of this phenomenon. Participants are asked to rate, from 1 (Strongly Disagree) to 4 (Strongly Agree) (and the opposite for reverse-scored items), the extent to which they agree with statements regarding older adults, such as “Teenage suicide is more tragic than suicide among the old”, “The company of most old people is enjoyable” and “I would prefer not to live with an older person” (Fraboni et al., 1990). This scale can also be divided into three factors assessing the manifestations of the ageist behaviours: *Antilocution*, *Avoidance*, and *Discrimination*. With a Cronbach alpha of .86, this scale has good internal consistency, and has also demonstrated high validity (Rupp et al., 2005). Although a revision of the scale exists which excluded six items from the original scale and slightly restructured the sub-variables into Stereotypes, Separation and Affective Reactions (Rupp et al., 2005), the original scale will be used in this study, as its inclusion allows for the possible coding of both versions of the scale, and includes items related to current controversies related to ageism, such as the removal of older adults’ driving licenses, which are excluded in the revised scale. Reverse-scored items were reversed according to instructions. In order to generate scores for this scale, the items were categorized into the three categories of the original scale mentioned above.

Data Cleaning

The original sample consisted of 500 participants. After data cleaning, 436 participants remained in the dataset. First, a “test case”, which was entered to test the functioning of the questionnaire before release, was removed from the equation. Next, 46 participants were found to have incomplete data. One of those 46 declined to participate and was excluded. Of the remaining participants with missing data, 39 had completely empty questionnaires and were also removed from the analysis. The remaining missing cases consisted of six participants who

partially completed the questionnaire; their cases were also excluded from the analysis. Ten other cases were identified as being “straight liners” (Johnson, 2015) for having a null within-subject standard deviation on either of the subscales of the questionnaires; those cases were removed from the analysis. Finally, 14 duplicate cases were found (each of the 7 participants had a unique ID, therefore, duplicate cases were identified by a duplicate ID); the first attempts were kept in the analysis, based on the time of submission of the questionnaire, and the second attempts were excluded.

Some recoding was also necessary for the demographics data. Due to variances in the spelling of the participants’ faiths, the religious affiliations of 216 participants had to be recoded by hand into numerical values; the faiths were identified as Christianity, Islam, Hinduism, Judaism, Sikhism and Buddhism. Four participants in the “practicing” categories and nine in the “not practicing” category did not specify a faith. The same recoding procedures were used for ethnicity and education; out of the 25 participants who entered “my ethnicity is not listed above”, five were recoded in their respective categories. The 20 remaining cases were identified as biracial. For the question about level of education, six participants answered, “not listed above”. One was recoded into its respective category based on the description the participant provided. Of the remaining five, one did not specify an alternate level of study and was marked as a missing value.

Statistical Analyses

To analyse the data generated by the survey, data was first imported from Qualtrics into SPSS. Correlational analysis gave an understanding of the relationship between all variables. Then, building on Allan and colleagues’ (2014) methodology, a series of four multiple hierarchical linear regressions were used to predict each of the scores of ageism (Total Ageism,

Avoidance, Discrimination, and Antilocution). Each multiple regression model contained three steps: step one included demographic variables, step two included personality traits, and step three included attitudes towards death.

Results

Description of Sample

Age. Since the participants came from an undergraduate population, the sample was rather young with a mean age of 19.62 years ($SD=4.05$). The ages were entered manually by the participants and ranged from 17 years old to 50 years old. Out of this age range, 74.1% consisted of students aged between 17 and 19 years of age.

Sex and gender. The question about sex shows that our sample is composed of 360 females (82.6%), and 76 males (17.4%). When it comes to gender, 359 identified as woman (82.3%), while 75 identified as man (17.2%). Two participants (0.4%) stated that their gender was not listed above; of those participants, one female participant identified as genderqueer (0.2%), and one male participant specified their gender as “no” (0.2%). On the question about sexual orientation, 370 participants reported being heterosexual (84.9%), five identified as gay (1.1%), and four as lesbian (0.9%). Forty-four identified as bisexual (10.1%), and five as queer (1.1%). Eight participants reported their sexual orientation as not listed above (1.8%).

Relationship status. In the present sample, 342 participants report being single and never married (78.5%), 18 reported cohabiting (4.1%), while 16 participants reported being married (3.7%). One reported being divorced (0.2%), and another one separated (0.2%). Finally, 58 participants (13.3%) reported their relationship status as not being listed above; all of them reported being in a committed relationship.

Ethnicity. When asked about their ethnic background, 252 participants (57.8%) declared being Caucasian, 49 (11.2%) reported an Eastern/South-Eastern Asian background, and 36 (8.3%) reported a South Asian ethnicity. Another 31 participants (7.1%) reported being Black, while 28 (6.4%) reported being of Arab ethnicity. Eight (1.8%) reported being West-Asian, seven (1.6%) reported being Latin American, and five (1.1%) reported being Indigenous. Finally, 20 (4.6%) participants reported their ethnicity as not listed above. After exploration, it was found that all of those 20 participants reported being of mixed race.

Education. When it comes to education, 287 (65.8%) reported being in the first year of their undergraduate degree. Ninety-seven (22.2%) participants are in the second year of their undergraduate, 29 (6.7%) in their third year, and 18 participants (4.1%) in their fourth year. Five participants (1.1%) reported their level of study as not listed above. One (0.2%) of them reported being in their 5th year, while three (0.7%) students declared being special students. The fifth respondent did not provide an alternate answer (0.2%).

Religion. When asked about their religious beliefs, 110 participants (25.2%) declared being part of an organized religion and practicing, while 106 participants (24.3%) report being part of an organized religion, and not practicing. Two hundred and twenty (50.5%) declared not being part of an organized religion.

Of the practicing population, 62 (14.2%) reported being Christian. Islam was followed by 34 (7.8%) participants, while Hinduism and Judaism were followed by five (1.1%) and three (0.7%) participants respectively, and Sikhism by two participants (0.5%). Four participants chose this answer but did not provide a faith (0.9%). Of the non-practicing population, 77 (17.7%) were Christian, while nine (2.1%) were Muslim. Hinduism was composed of five participants (1.1%). One participant (0.2%) reported following Judaism, and another one (0.2%) followed.

Another two (0.5%) participants reported following Sikhism. Finally, two answers (0.4%) were invalid, and nine participants did not specify a faith (2.1%).

On a question assessing the importance of spirituality in the participants' daily lives, 68 participants (15.6%) reported spirituality as being very important in their daily life, 104 participants (23.9%) said it was somewhat important, while 142 (32.6%) reported spirituality as being not very important in their daily life, and 122 participants (28%) report spirituality as being not important at all in their life.

Health status. When asked about their health status, 65 participants (14.9%) report being in excellent health. Two-hundred and forty-two participants (55.5%) reported being in good health, 111 (25.5%) in average health, while 17 (3.9%) declared being in poor health. One participant (0.2%) declared being in very poor health.

Experience with aging and death. Our questionnaire also included questions about personal contact with death, and with elders. Three-hundred twenty-four participants (74.3%) report having experienced the death of a loved one.

A question assessed if the participants had lived a near-death experience. One-hundred and twelve (25.7%) of the participants report having had a near-death experience, while 324 (74.3%) report having not.

When it comes to contact with older adults, 16 participants (3.7%) reported never being in contact with this population. Seventy-six (17.4%) report yearly contact, 148 (33.9%) report monthly contact. One-hundred fifty-two participants (34.9%) report weekly contact, while 44 participants (10.1%) reported daily contact.

Description of Scores on Measures

BFI. After cleaning of the data, the responses assessing the Big Five personality traits, were computed into five continuous variables, each accounting for one personality factor. The descriptive data for this questionnaire can be found in Table 1.1.

Table 1.1

Big Five Inventory Scores | N = 436

Trait	Mean	Std. Deviation	Minimum	Maximum
Extraversion	3.12	0.80	1.00	5.00
Agreeableness	3.81	0.57	2.00	5.00
Conscientiousness	3.45	0.61	1.78	5.00
Neuroticism	3.25	0.76	1.13	5.00
Openness	3.48	0.54	1.80	4.70

DAP-R. The attitudes towards death were also computed in order to create the five sub variables of this questionnaire. The sample's predominant attitudes towards death seems to be the Fear of Death ($M=4.06$, $SD= 0.58$) and Approach Acceptance ($M=4.03$, $SD=0.45$), with average scores suggesting a neutral attitude towards these constructs. Participants seem to disagree moderately with Escape Acceptance ($M=3.97$, $SD=0.49$) and Death Avoidance ($M=3.82$, $SD= 0.52$), while the average score of the sample on Neutral Acceptance shows a disagreement with this concept ($M=2.34$, $SD= 0.90$). The descriptive statistics of this questionnaire can be found on Table 1.2.

Table 1.2

Death Attitudes Profile – Revised Scores | N = 436

Death Attitude	Mean	Std. Deviation	Minimum	Maximum
Fear of Death	4.06	0.59	2.00	5.43
Avoidance	3.82	0.53	2.20	5.60
Neutral Acc.	2.34	0.90	1.00	6.20
Approach Acc.	4.03	0.45	2.70	5.30
Escape Acc.	3.97	0.50	2.60	5.80

CLFoDS. This scale was included to further study the fear of death, and to separate between the fear related to the process of dying or the state of death, as well as whether it is directed towards the self or others. This measure, scored on a 5-point Likert scale, suggests a highest mean score in the fear of the Death of Others ($M=3.91$, $SD=0.76$), with the score falling on the limit between “somewhat afraid” and “afraid”. The following score, in descending order, is attributed to the fear of the Dying of Others ($M=3.60$, $SD=0.82$), the fear of the process leading others towards death. Finally, participants scored an average of 3.56 on the fear of their Own Dying ($SD=0.83$), and an average of 3.13 ($SD=1.02$) on the fear of their Own Death. These data can be found in Table 1.3.

Table 1.3

Collett-Lester Fear of Death Scale Scores | N = 436

Type of Fear	Mean	Std. Deviation	Minimum	Maximum
Own Death	3.13	1.02	1.00	5.00
Own Dying	3.57	0.83	1.00	5.00
Death of Others	3.92	0.76	1.57	5.00
Dying of Others	3.60	0.83	1.00	5.00

FSA. The subscores for the ageism measure were also computed following data cleaning. As seen in Table 1.4, our sample did not exhibit strong ageist attitudes, with the highest mean suggesting a disagreement with Antilocution ($M= 2.06, SD=0.41$). The scores on the following subscales suggest less agreement with Avoidance ($M=2.03, SD=0.39$), and a strong disagreement with Discrimination ($M=1.82, SD=0.33$). The total mean for Ageism was 1.98 ($SD=.32$), which corresponds to a general disagreement with ageist attitudes.

Table 1.4

Fraboni Scale of Ageism Scores

Type of ageism	Mean	Std. Deviation	Minimum	Maximum
Antilocution	2.06	0.41	1.00	3.10
Discrimination	1.82	0.33	1.00	3.00
Avoidance	2.03	0.39	1.30	3.30
Total Score	1.98	0.32	1.21	3.03

Correlations

Personality and ageism. The first correlation aimed to measure the relationship between personality and ageism. The author posited that the traits of Openness, Conscientiousness and Agreeableness should correlate negatively with Ageism and its subvariables, while Neuroticism would correlate positively with these constructs. Indeed, some statistically significant associations were observed between personality traits and measures of ageism. As seen on Table 2.1, the trait of Extraversion is shown to associate negatively with all sub-scores and total score of the Fraboni Scale of Ageism: Total Ageism, $r(434)=-.166, p<.001$, Antilocution, $r(434)=-.111, p=.0215$, Discrimination, $r(434)=-.105, p=.0285$, and particularly with Avoidance, $r(434)=-.202, p<.001$. The same holds true for Agreeableness, which also correlates significantly and even more strongly than Extraversion, with all facets of Ageism: Total Ageism, $r(434)=-.287, p<.001$, Antilocution, $r(434)=-.193, p<.001$, Discrimination, $r(434)=-.227, p<.001$, Avoidance, $r(434)=-.315, p<.001$. This suggests that individuals higher in the traits of Extraversion as well as those higher on the trait of Agreeableness exhibit lower ageist attitudes. When it comes to Conscientiousness, the trait also has a significant negative relationship with the total score of Ageism $r(434)=-.137, p=.0041$, as well as with its subvariables of Discrimination, $r(434)=-.125, p=.0091$, and Avoidance, $r(434)=-.145, p=.0021$, but not Antilocution. Individuals who scored higher in Conscientiousness therefore reported less Ageist behaviours in general, and less Avoidance and Discrimination of older adults. As can be noticed on Table 2.1, Openness correlates negatively with all the constructs of ageism; Total Ageism, $r(434)=-.150, p=.0021$, Antilocution, $r(434)=-.094, p=.049$, Discrimination, $r(434)=-.181, p<.001$, and Avoidance, $r(434)=-.123, p=.010$. This

suggests a tendency for individuals who are more open to various life experiences to report less ageist attitudes and behaviours. Finally, Neuroticism is the only personality trait to not correlate with ageist attitudes.

Table 2.1

Correlation of BFI and FSA | N = 436

Variables	1	2	3	4	5	6	7	8	9
1. Extraversion	-								
2. Agreeableness	.162***	-							
3. Conscientiousness	.209***	.317***	-						
4. Neuroticism	-.230***	-.236***	-.368***	-					
5. Openness	.060	.105*	.038	.024	-				
6. Antilocution	-.111*	-.193***	-.085	.027	-.094*	-			
7. Discrimination	-.105*	-.227***	-.125**	-.039	-.181***	.558***	-		
8. Avoidance	-.202***	-.315***	-.145**	.040	-.123**	.593***	.619***	-	
9. Ageism	-.166***	-.287***	-.137**	.016	-.150**	.862***	.820***	.871***	-

***. Correlation is significant at the 0.001 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Attitudes towards death and ageism. Our second correlation matrix aimed to measure the relationships between attitudes towards death and ageism. A correlation matrix was therefore generated in order to assess the relationships between death attitudes as assessed by both the DAP-R and the CLFoDS-R, and the constructs of ageism as measured by the FSA. The results, found in Table 2.2, suggest a positive relationship between Fear of Death and Discrimination, $r(434)=.128, p=.0071$, as such that individuals exhibiting a higher fear of death also exhibit stronger discriminatory attitudes towards elders. Death Avoidance, Neutral Acceptance and Escape Acceptance were not found to be significantly correlated to any of the facets of ageism. In contrast, Approach Acceptance has shown a negative correlation with Avoidance, $r(434)=-.098, p=.0405$, indicating that a belief in an after-life could be related to lower levels of avoidance of older adults. The fear of the Death of Others is shown to correlate negatively with the ageist subscales of Discrimination, $r(434)=-.123, p<.0105$, while the fear of the Dying of Others correlated positively with Antilocution, $r(434)=.099, p=.0385$, suggesting less discriminatory attitudes in individuals who exhibit a higher fear of other's death, while pointing towards more Antilocution, or negative talk about older adults, in individuals who are afraid of others' process of dying.

Table 2.2

Correlation of DAP-R, CLFoDS and FSA | N = 436

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Fear of Death	-												
2. Death Avoidance	-.144**	-											
3. Neutral Acceptance	-.279***	.251***	-										
4. Approach Acceptance	-.057	.119*	.162***	-									
5. Escape Acceptance	-.051	-.018	-.120*	.030	-								
6. Own Death	-.476***	.315***	.354***	.149**	-.061	-							
7. Own Dying	-.346***	.215***	.193***	.059	.069	.658***	-						
8. Others' Death	-.238***	.104*	.201***	.082	-.040	.394***	.385***	-					
9. Others' Dying	-.201***	.237***	.219***	.037	-.079	.418***	.486***	.613***	-				
10. Antilocution	.049	.064	.052	-.023	-.004	.043	.023	.032	.099*	-			
11. Discrimination	.128**	.032	.085	-.079	-.002	-.033	-.027	-.123*	.023	.558***	-		
12. Avoidance	.010	.016	.092	-.098*	.025	-.008	.033	-.056	.083	.593***	.619***	-	
13. Ageism	.066	.045	.088	-.076	.008	.005	.015	-.048	.085	.862***	.820***	.871***	-

***. Correlation is significant at the 0.001 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Personality and attitudes towards death. The third matrix aimed to explore a possible relationship between personality traits and death attitudes. As presented on Table 2.3, the personality trait of Extraversion correlates negatively with the facet of the fear of the Dying of Others, $r(434)=-.104, p<.031$, of the Collett-Lester Fear of Death Scale. Participants who reported greater Extraversion were therefore less fearful of others' dying. Participants displaying higher scores on Agreeableness, $r(434)=.159, p<.001$ and Conscientiousness, $r(434)=.133, p=.005$, associated positively and significantly with the Approach Acceptance attitude towards death of the Death Attitudes Profile – Revised, suggesting that individuals reporting higher levels of interest in the quality of their interactions, and those reporting higher proactivity and discipline, also report stronger belief in an after-life. Additionally, Conscientiousness also correlated negatively with the fear of the Dying of Others, $r(434)=-.112, p=.0195$, such that participants reporting greater diligence and discipline were less fearful of the state of others' state of death.

Interestingly, Neuroticism correlated negatively with the construct of the Fear of Death, $r(434)=-.161, p<.001$, of the DAP-R, while correlating positively with Neutral Acceptance, $r(434)=.11, p=.015$, and all four of the sub-scores of the Collett-Lester Fear of Death Scale; Own Death, $r(434)=.185, p<.001$, Own Dying, $r(434)=.201, p<.001$, Death of Others, $r(434)=.248, p<.001$, and Dying of Others, $r(434)=.212, p<.001$. These associations suggest that participants with a higher score of Neuroticism do not report an explicit fear of death (which does not suggest acceptance, but simply a reported absence of concern about death). Nevertheless, they do exhibit significant scores of fears when the construct was divided into the fear of their own death and dying, and a fear of others' death and dying. Finally, the personality trait of Openness to experience was not found to

correlate significantly with any of the attitudes towards death; nevertheless, it is interesting to note the slight negative association it holds with all the constructs related to death, except Escape Acceptance.

Table 2.3

Correlation of BFI, DAP-R and CLFoDS | N = 436

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Extraversion	-													
2. Agreeableness	.162***	-												
3. Conscientiousness	.209***	.317***	-											
4. Neuroticism	-.230***	-.236***	-.368***	-										
5. Openness	.060	.105*	.038	.024	-									
6. Fear of Death	.067	-.048	.061	-.161***	-.078	-								
7. Death Avoidance	.040	.059	.003	.037	-.088	-.144**	-							
8. Neutral Acceptance	-.021	.040	-.031	.116*	-.076	-.279***	.251***	-						
9. Approach Acceptance	.059	.159***	.133**	.021	-.052	-.057	.119*	.162***	-					
10. Escape Acceptance	-.042	.044	-.019	.068	.025	-.051	-.018	-.120*	.030	-				
11. Own Death	.005	.082	-.015	.185***	-.045	-.476***	.315***	.354***	.149**	-.061	-			
12. Own Dying	-.047	.024	-.009	.201***	-.013	-.346***	.215***	.193***	.059	.069	.658***	-		
13. Death of Others	.003	.041	-.079	.248***	-.047	-.238***	.104*	.201***	.082	-.040	.394***	.385***	-	
14. Dying of Others	-.104*	.039	-.112*	.212***	-.049	-.201***	.237***	.219***	.037	-.079	.418***	.486***	.613***	-

***. Correlation is significant at the 0.001 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Multiple Hierarchical Regressions

The correlation matrices suggest relationships between personality and ageism as well as between death attitudes and ageism, and death attitudes and personality. To examine the effects of personality and death attitudes on ageism, after controlling for potential confounders, four multiple hierarchical linear regressions were generated. Each of the four models treated one of the ageism scores (i.e., Total Ageism, Avoidance, Discrimination, Antilocution) as the outcome variable. Each model included three steps. Step 1 included demographic variables. Given the existing literature on personality and ageism (i.e., Allan et al., 2014), step 2 included the five personality traits. Finally, step 3 included attitudes towards death.

Total ageism. Table 3.1 shows the results of the multiple linear regression treating Total Ageism as the outcome variable of interest.

The first step in this regression included gender and age and was statistically significant, $F(2, 433) = 11.650, p < .001$, accounting for 5.1% of the variability in the total score of Ageism. When exploring the individual effect of variables, Gender ($B = .186$) emerged as a significant predictor, indicating that men displayed more total ageism than women.

The second step, which reached statistical significance, $F(7, 428) = 11.434, p < .001$, included the five personality traits of the BFI to the equation. This model explained an additional 10.6% of the variance in the outcome variable, for a cumulated 15.8% of the variance. The results indicated Agreeableness ($B = -.134$), Openness ($B = -.088$) and Extraversion ($B = -.043$) as significant predictors of the outcome variable. Like

the results found in the correlational analyses, the present multiple regression shows that the traits of Agreeableness, Openness and Extraversion are associated with lower general Ageist attitudes, after controlling for Gender and Age.

A third step was then added to the regression and included the attitudes towards death as measured by the DAP-R and the CLFoDS-R. This statistically significant model $F(16, 419) = 6.363, p < .001$, added 3.8% ($p = .022$) to the variance and predicted a cumulated 19.5% of Total Ageism. The third step showed that the Dying of Others ($B = .066$), the Fear of Death ($B = .060$), and Neutral Acceptance ($B = .043$) significantly contributed to Total Ageism, after controlling for personality and demographics. Contrary to the bivariate correlations, being afraid of existential death and of others going through the process of dying, as well as viewing death as natural and unavoidable, are shown as predicting stronger general Ageist attitudes after controlling for the other variables in the model.

Table 3.1

Summary of Multiple regression analysis of variables predicting total Ageism | N=436

Variables	Step 1				Step 2				Step 3			
	B	SE	p	95% CI	B	SE	p	95% CI	B	SE	p	95% CI
(Constant)	1.78	.088	.000	1.62 - 1.96	2.78	.204	.000	2.38 - 3.18	2.25	.322	.000	1.62 - 2.88
Age (years)	-.001	.004	.733	-.009 - .006	.002	.004	.558	-.005 - .009	.004	.004	.291	-.003 - .011
Gender	.186	.039	.000	.110 - .262	.172	.039	.000	.095 - .248	.177	.039	.000	.100 - .255
Extraversion					-.043	.019	.025	-.080 - -.005	-.038	.019	.047	-.075 - -.001
Agreeableness					-.134	.027	.000	-.188 - -.081	-.142	.028	.000	-.196 - -.087
Conscientiousness					-.018	.027	.515	-.071 - .036	-.015	.027	.584	-.068 - .038
Neuroticism					-.011	.022	.608	-.054 - .032	-.014	.023	.533	-.058 - .030
Openness					-.088	.028	.002	-.142 - -.034	-.076	.028	.006	-.130 - -.021
Fear of Death									.060	.029	.038	.003 - .116
Death Avoidance									.007	.030	.815	-.051 - .065
Neutral Acceptance									.043	.018	.015	.008 - .078
Approach Acceptance									-.013	.033	.697	-.078 - .052
Escape Acceptance									.015	.030	.612	-.044 - .075
Own Death									.014	.022	.531	-.029 - .065

Avoidance in ageism. The second multiple regression model treated Avoidance in ageist attitudes, or the tendency to avoid older adults, as the outcome variable. The results of this three steps regression can be found in Table 3.2.

The first model was statistically significant, $F(2,433)=10.229, p<.001$ and accounted for 5.5% of the variance of Avoidance in ageism. Gender also attained significance ($B=.201$) and showed that men displayed more Avoidance of older adults than women.

The next step included personality traits in the regression, which also showed statistical significance, $F(7, 428)=12.009, p<.001$. Personality accounted for a significant proportion of variance over and above basic demographic characteristics, R^2 Change=.119 $p<.001$. Agreeableness ($B=-.180$), Extraversion ($B=-.070$) and Openness ($B=-.077$) were negatively and significantly associated with the outcome variable. This relation shows higher adherence to these traits as indicators of a lower tendency to avoid older adults.

The third step of the regression included attitudes towards death as predictors of the Avoidance of older adults. This step was again significant, $F(16, 419)=6.413, p<.001$ and accounted for a statistically significant proportion of additional variance in Avoidance (R^2 Change=.033 $p=.052$). The Fear of Death ($B=-.061$) and of the Dying of Others ($B=.076$), as well as Neutral Acceptance ($B=.056$), were identified as significant predictors of Avoidance. These results, which differ from the results of the correlational analysis, suggest that individuals who view death in a neutral way exhibit higher avoidance of older adults. The fear of the process of dying of others is shown as

predicting higher avoidance of older adults, while the fear of the state of death of others appears to be related to lower avoidance of said population.

Table 3.2

Summary of Multiple regression analysis of variables predicting Avoidance | N=436

Variables	Step 1				Step 2				Step 3			
	B	SE	p	95% CI	B	SE	p	95% CI	B	SE	p	95% CI
(Constant)	1.96	.106	.000	1.71 - 2.12	3.116	.244	.000	2.63 - 3.59	2.864	.385	.000	2.10 - 3.61
Age (years)	-.006	.005	.187	-.015 - .003	-.002	.004	.623	-.011 - .007	-.001	.004	.798	-.010 - .008
Gender	.201	.046	.000	.110 - .293	.177	.046	.000	.086 - .268	.173	.047	.000	.081 - .265
Extraversion					-.070	.023	.002	-.114 - -.026	-.060	.023	.008	-.105 - -.016
Agreeableness					-.180	.033	.000	-.244 - -.115	-.186	.033	.000	-.251 - -.121
Conscientiousness					-.010	.032	.747	-.074 - .053	-.005	.032	.882	-.069 - .059
Neuroticism					-.012	.026	.638	-.064 - 0.39	-.018	.027	.513	-.071 - .035
Openness					-.077	.033	.019	-.142 - -.012	-.071	.033	.033	-.136 - -.006
Fear of Death									.018	.034	.592	-.049 - .086
Death Avoidance									-.009	.035	.808	-.078 - .061

Neutral Acceptance	.056	.021	.009	.014 - .098
Approach Acceptance	-.034	.040	.400	-.112 - .045
Escape Acceptance	.033	.036	.358	-.038 - .105
Own Death	-.009	.026	.735	-.059 - .042
Own Dying	.008	.030	.776	-.050 - .067
Others' Death	-.061	.030	.044	-.120 - -.002
Others' Dying	.076	.029	.009	.019 - .133

R² R²=.045 p<.001

R²=.164 p<.001

R²=.197 p<.001

R² Change

R² Change=.119 p<.001

R² Change=.033 p=.052

Discrimination in ageism. The third regression model in our analysis, shown in Table 3.3, treated Discrimination as its outcome variable of interest.

The first step in this regression was significant, $F(2, 433)=9.382$ $p<.001$. Alone, it explained 4.2% of the variance in Discrimination. Of the two demographic variables it assessed, only Gender ($B=.172$) was found to have a significant effect of the outcome variance. Men were also associated with higher scores in the ageist aspect of Discrimination.

The second step reached significance, $F(7, 428)=9.022$ $p<.001$, and explained an additional 8.7% of the variance in Discrimination (R^2 Change=.087 $p<.001$). When looking for individual effect of personality traits, Agreeableness ($B=-.107$) and Openness ($B=-.112$) appeared as the only two characteristics having an impact on Discrimination. The data indicated that lower discriminative attitudes against older adults were associated to higher Agreeableness and higher Openness.

The third step was composed of the attitudes towards death as measured by the DAP-R as well as the CLFoDS-R, and reached significance, $F(16, 419)=5.717$ $p<.001$. The model explained 17.9% ($R^2=.179$) of the score in Discrimination. This step explained another 5.1% of the variance in Discrimination, a change that reached statistical significance (R^2 Change=.051 $p=.003$). Individual predictors of this model include the Fear of Death ($B=.088$), Neutral Acceptance ($B=.053$), the fear of the Death of Others ($B=-.072$) and the Dying of Others ($B=.057$). This step of the regression therefore suggests that being afraid of death, accepting death as natural, and being afraid of others going through the process of dying is associated to higher discriminatory attitudes against

older adults, while the fear of other's state of death is related to a decrease in discrimination.

Table 3.3

Summary of Multiple regression analysis of variables predicting Discrimination | N=436

Variables	Step 1				Step 2				Step 3			
	B	SE	p	95% CI	B	SE	p	95% CI	B	SE	p	95% CI
(Constant)	1.63	.091	.000	1.45 - 1.81	2.688	.213	.000	2.26 - 3.10	2.177	.334	.000	1.52 - 2.83
Age (years)	-.001	.004	.844	-.008 - .007	.003	.004	.491	-.005 - .010	.004	.004	.270	-.003 - .012
Gender	.172	.040	.000	.094 - .251	.157	.041	.000	.077 - .237	.157	.041	.000	.077 - .237
Extraversion					-.023	.020	.236	-.062 - .015	-.018	.020	.349	-.057 - .020
Agreeableness					-.107	.029	.000	-.163 - -.051	-.106	.029	.000	-.163 - -.050
Conscientiousness					-.037	.028	.198	-.092 - .019	-.036	.028	.205	-.091 - .020
Neuroticism					-.032	.023	.158	-.077 - .013	-.024	.023	.297	-.071 - .022
Openness					-.112	.029	.000	-.168 - -.055	-.100	.029	.001	-.156 - -.044
Fear of Death									.088	.030	.003	.029 - .146
Death Avoidance									.001	.031	.981	-.059 - .061
Neutral Acceptance									.053	.018	.004	.017 - .089
Approach Acceptance									-.022	.035	.520	-.090 - .046

Escape Acceptance				.012	.031	.712	-.050 - .073
Own Death				.015	.022	.502	-.029 - .059
Own Dying				-.005	.026	.839	-.056 - .045
Others' Death				-.072	.026	.006	-.124 - -.021
Others' Dying				.057	.025	.023	.008 - .107
R ²	R ² =.042 p<.001	R ² =.129 p<.001	R ² =.179 p<.001				
R ² Change		R ² Change=.087 p<.001	R ² Change=.051 p=.003				

Antilocution in ageism. The final regression model, as seen in Table 3.4, treated Antilocution, that is, antagonistic attitudes towards older adults stemming from misinformation, as the outcome of interest.

The first step was significant, $F(2, 433)=6.971 p<.001$, and showed Gender ($B=.182$) as the main predictor between the two demographic variables accounted for. Men were, again, associated with increased Antilocution. Its $R^2 (.31)$ suggest that this step accounts for 3.1% of the outcome's variance.

Next, as in the other regressions, personality traits were included in the second step. This significant model, $F(7, 428)=5.287 p<.001$, accounted for an additional 4.8% of the outcome variance ($R^2 \text{ Change}=.048 p=.001$). Amongst the five personality traits, this model suggests that Agreeableness ($B=-.114$) and Openness ($B=-.077$) were the main predictors of Antilocution, indicating that individuals identifying more strongly with these two personality traits also report lower Antilocution towards older adults.

Finally, death attitudes were accounted for in the third and last step, which resulted in statistical significance, $F(16, 419)=3.219 p<.001$. Among the various ways to view death, the Fear of Death ($B=.076$) was indicated as the single attitude towards death predicting Antilocution; greater fear of death, therefore, is positively related to stronger antagonistic views of older adults, fuelled by misinformation. Overall, this third step accounted for 3% of the variance in outcome, $R^2 \text{ Change}=.030 p=.125$, a non-significant change. The full regression model predicted a total of 10.9% of the outcome variance, $R^2=.109 p<.001$.

Table 3.4

Summary of Multiple regression analysis of variables predicting Antilocution | N=436

Variables	Step 1				Step 2				Step 3			
	B	SE	p	95% CI	B	SE	p	95% CI	B	SE	p	95% CI
(Constant)	1.79	.113	.000	1.57 - 2.01	2.537	.272	.000	2.00 - 3.07	1.717	.431	.000	.869 - 2.56
Age (years)	.003	.005	.545	-.007 - .003	.006	.005	.218	-.004 - .016	.009	.005	.082	-.001 - .019
Gender	.182	.050	.000	.085 - .280	.179	.052	.001	.078 - .281	.200	.053	.000	.097 - .303
Extraversion					-.032	.025	.199	-.082 - .017	-.033	.025	.200	-.082 - .017
Agreeableness					-.114	.036	.002	-.185 - -.042	-.129	.037	.001	-.202 - -.056
Conscientiousness					-.008	.036	.827	-.079 - .063	-.006	.036	.866	-.078 - .065
Neuroticism					.009	.029	.764	-.048 - .066	-.001	.030	.971	-.061 - .058
Openness					-.077	.037	.037	-.149 - -.005	-.059	.037	.112	-.132 - .014
Fear of Death									.076	.038	.049	.000 - .151
Death Avoidance									.028	.040	.479	-.050 - .106
Neutral Acceptance									.022	.024	.359	-.025 - .068
Approach Acceptance									.016	.045	.721	-.072 - .104
Escape Acceptance									.001	.041	.984	-.079 - .080
Own Death									.034	.029	.234	-.022 - .091

Discussion

The purpose of this research was to explore the relationships between personality traits, attitudes towards death, and ageism. Recent literature on the topic of death attitudes and ageism focussed on the impact of the fear of death and the fear of aging (e.g. Bodner et al., 2015), yet the role of death avoidance and acceptance in ageism is less well-studied. Similarly, recent studies on the topic investigated the role of individual differences in ageism (e.g. Allan et al., 2014), but neglected the relationship between personality traits and attitudes towards death. Given the empirical evidence relating personality traits to ageism, and the fear of death to ageism, this study aimed to deepen our understanding of the relationships between death attitudes, personality and ageism by taking into consideration not only negative attitudes towards death, but also neutral and positive views of this universal experience. A convenience sample of undergraduate students completed self-report measures of personality, death attitudes, and ageism. The study yielded several interesting findings.

Main Hypotheses

Personality and ageism. *It was hypothesised that higher levels of Extraversion, Agreeableness Conscientiousness and Openness would associate with lower ageism scores while higher scores in Neuroticism will associate strongly with ageist attitudes,*

The first hypothesis was answered by the second step of each of the four regression models predicting Total Ageism and its sub scores of Avoidance, Antilocution and Discrimination. Past research on the role of personality in ageism used the FSA but limited their outcome variable to the total score of Ageism, instead of taking into consideration its sub variables (Bodner et al., 2015; Allan et al., 2014). In order to provide deeper insight into the

relationship between ageism and personality traits, regression models have been run for each subscale of the FSA.

Total ageism. The first model attempted to predict the total score of Ageism through personality factors while controlling for age and gender, as well as attitudes towards death. The significant Gender difference in this sample replicates findings of past studies suggesting that men express more ageism than women. This finding also remains applicable for each of the three subscales of ageism. This effect of gender could be due, as mentioned in the literature on gender, to the mediating effect of social desirability and self-worth on gender and expression of discomfort (Hoffman et al., 2004). As mentioned in the literature, women seem more likely to internalize their discomfort due to social desirability, while men tend to express it more (Hoffman et al., 2004; Gjerde, Block & Block, 1988).

Agreeableness, Openness, and Extraversion appeared as significant predictors of lower total Ageism, while Conscientiousness and Neuroticism did not, thus partly supporting the first hypothesis. These findings suggest that individuals who value the quality and frequency of their social interactions and who are open to new experiences tend to display less ageism. Findings in the literature use this total score of ageism as the only outcome variable in the association between ageism and personality traits. The study by Allan et al. (2014), which aimed to measure the role of personality in ageism, found a slight positive correlation between Neuroticism and Ageism, as well as significant negative correlations between all four other personality traits of the NEO-Five Factor Inventory (Costa & McCrae, 1989). The present results thus partially replicate past findings. A potential explanation for the lack of association between Neuroticism and Ageism in the present sample could be differences in tools used to assess personality. The

case of Neuroticism and ageism will be explored in more detail in the following hypotheses, in light of the potential role of death attitudes in this relationship.

Avoidance. As for the total score of Ageism, the significant predictors of lower self-reported Avoidance of older adults were identified as Agreeableness, Openness and Extraversion.

Avoidance of older adults refers to the tendency to withdraw from social situations where contact with this population is to be expected. Agreeableness, Openness and Extraversion are personality traits that encompass prosocial and acceptant behaviours. When interpreted alongside the other results from this thesis, it follows that these traits were shown to be negatively associated with Avoidance of older adults, an interpretation, again, in line with the existing literature pointing towards a negative relationship between these traits and ageism (Allan et al., 2014).

The consideration for others and attention to the quality of one's relations present in Agreeableness could potentially explain why people scoring higher in this trait would be less likely to avoid people simply based on their age. In this view, low scores on items of the FSA related to withdrawing from usually habitual social interactions with said population, such as item 6 "avoiding eye contact", and item 7 "Not liking when older adults try to make conversation" (Fraboni et al., 1990), could potentially be associated to this trait.

Openness, which is associated with an interest in experimenting the unknown and a propensity to explore new sensations and experiences, could incite individuals to seek new and diverse life situations. It follows that those high in Openness tend not to endorse items pertaining to living or having new experiences with older adults (such as items "Prefer not to live with an

older adult” and “Not going to an Open House in seniors’ club if invited”) (Fraboni et al., 1990). Individuals high in Openness may therefore be more inclined to gain new insight about and experience with older adults, when given the opportunity.

Extraversion, which alludes to a need for interpersonal contact and expression of positive affect, would logically incline individuals to seek social contact, regardless of others’ age. Disagreement with items related to the amount of time spent with older adults, such as “not wanting to spend much time with an older adult”, or “feeling depressed around older adults is a normal feeling” (Fraboni et al., 1990), could potentially explain the significance of Extraversion in this model.

Antilocution. Expressions of antipathy or even hostility, which are often rooted in myths and misinformation related to the aging process, compose the ageist attitude of Antilocution. For this construct, Agreeableness and Openness were identified as the only predictors when it comes to personality traits. High self-reported Agreeableness could explain lower adherence to the “hostile” aspect of Antilocution, such as “Teenage suicide is more tragic than suicide in the elderly”, and “Old people complain more than other people do” (Fraboni et al., 1990). Indeed, Agreeableness, by favoring the quality of one’s interpersonal relationship, would encourage individuals to regard others as worthy of consideration, independently of age.

Openness, which, again, alludes to an interest in new experiences and sensations, would explain a lower association with attitudes related to a lack of information or belief in myths surrounding aging, such as “Most old people would be considered to have poor personal hygiene.” and “Old people do not need much money to meet their needs.” (Fraboni et al., 1990). Exploring different point of views and questioning pre-existing beliefs are characteristics related

to Openness and could provide a partial explanation as to why individuals high in this trait report less hostile and misinformed beliefs about the older adult population.

Discrimination. As the active pole of ageism, Discrimination refers to idea of intervening in the daily activities of older adults as a way to segregate or distance this population from younger adults. Similar to Antilocution, the personality traits of Agreeableness and Openness came out as individual differences that were negatively associated with age-related discrimination.

These results are expected as agreeable individuals would value the quality of their interactions with others and would therefore not tend towards segregation of a specific group because of factors such as age. Openness, with its tendency to welcome the unknown, could potentially encourage inclusion and community, which may be at odds with the segregating aspect of Discrimination. A tolerance of others' differences is central to these two traits, and could therefore explain their negative association, not only in this aspect of ageism, but with ageism as a whole.

Death attitudes and ageism. *It was hypothesised that the Fear of Death, Avoidance of Death, and Escape Acceptance would correlate positively with ageism scores, while Neutral and Approach Acceptance attitudes would relate negatively to ageism.*

This second hypothesis was answered by the third step of the four regression analyses, each one having an aspect of ageism as outcome variable: total Ageism, Avoidance, Discrimination, and Antilocution. Literature on the subject is scarce. Bodner et al. (2015) identified a relationship between the fear of death and ageism as measured by the FSA as well as a moderation effect of aging anxiety. The present study attempted to replicate the association

between the Fear of Death and variables of ageism while expanding this knowledge by exploring the unknown role of Death Avoidance, Neutral Acceptance, Approach Acceptance and Escape Acceptance on ageist attitudes. The fear of one's Own Dying and one's Own Death as well of the Dying of Others and Death of Others were also included to better understand the role of the fear of death. The three subvariables of ageism were also included in this analysis for increased precision and depth.

Total ageism. The first model had the total score of Ageism as outcome variable. Both DAP-R and CLFoDS-R were included in the third step of the model. The Fear of Death, the fear of the Dying of Others and Neutral Acceptance were identified as significant positive predictors of higher scores of total Ageism, thus generally supporting this hypothesis.

It is unsurprising for the Fear of Death and the fear of the Dying of Others to associate positively with general Ageist attitudes. Indeed, when looking at the items composing the Fear of Death, it is revealed that this variable alludes to the existential fear of the state of death. In contrast, the variable of the fear related to the Dying of Others refers to the dread of concrete elements related to a loved one's process of dying, a concept often associated with the process of aging and very high in mortality salience. Following the reasoning of TMT, a positive relationship between the fear of death and dying is a central theme of discriminatory practices, and, as shown by research, of Ageism (Martens et al., 2005).

An unexpected finding was identified when Neutral Acceptance of death appeared to significantly predict Total Ageism and two of its sub variables (i.e., Avoidance and Discrimination, as will be explained later) in the multivariable model. With items such as "Death is simply a part of the process of life" and "I would neither fear death nor welcome it", Neutral

Acceptance is marked by an absence of affect towards death, whether negative or positive, and a disregard for existential questions. In contrast, Ageism, in the scope of this study, implies significant negative attitudes towards older adults, and following TMT, towards death and dying. A few plausible explanations can be suggested. First, the self-report nature of the questionnaire give rise to social desirability bias, which could lead people to indicate a more detached and objective view of death when given the opportunity. Secondly, it is possible that one can understand the fact that death is a part of life, thus scoring higher on this variable, while nevertheless fearing some aspects of the process or the state of death as measured by other variables. As seen in Table 2.3, such is the case for the personality trait of Neuroticism. Thirdly, given the existential nature of the items, it would not be surprising for participants to indicate a high general acceptance of death in this questionnaire while expressing higher fear when asked about their reactions towards specific and concrete events related to the state of death or the process of dying, as in the CLFoDS-R. Indeed, Neutral Acceptance has been found in the present research to relate solely to the personality trait of Neuroticism. The fear of physical death, rather than existential dread, has been identified as a particular concern for individual susceptible to anxiety (Iverach, et al., 2014, Goldenberg, Routledge & Arndt, 2009). Given that Neutral Acceptance refers to a lack of preoccupation regarding existential questions, there may be a possible role of Neuroticism in this relationship. Further research on this topic is warranted.

Avoidance. The shunning of older adults was the outcome variable for the second model. Interestingly, three significant predictors were identified: the fear of the Dying of Others and Neutral Acceptance related positively to this construct. The fear of the Death of Others was negatively associated to the Avoidant aspect of ageism.

In accordance with the second hypothesis, the fear related to the Dying of Others suggests higher Avoidance of older adults. Its positive relationship to Avoidance could be explained by the high volume of items related to reminders of death when in the presence of the dying individual, such as “watching the person suffer from pain” and “having the person want to talk about death with you” (Lester & Abdel-Khalek, 2003). Avoidance of older adults could be seen as a defense mechanism used to diffuse this concrete fear of a loved one’s deterioration through the process of dying and the reminder that the same process will one day happen to the participant. This finding is aligned with the hypothesis; a fear of the concrete elements of the process of dying, which represent material mortality salience, may trigger defensive responses towards older adults.

Neutral Acceptance is the other variable positively associated to the Avoidance of older adults. This finding is interesting, as one would expect a neutral view of death not to relate to ageism, since it implies a stoic and unemotional response towards mortality. As previously mentioned, a few explanations can be put forward to explain this relationship: the social-desirability biases present in self-report measures, the idea that both a fear of death and an understanding of the certainty of death can cohabit in an individual, and the distinction between existential and physical concerns related to death, especially in participants scoring higher in Neuroticism (Iverach, et al., 2014, Goldenberg, Routledge & Arndt, 2009).

Interestingly, the fear of the Death of Others was negatively associated avoidance, a result suggesting decreased avoidance of older adults in individuals who are afraid of the state of death of their close ones. A plausible explanation exists for this association. The object of focus in the items composing the sub-variable of the fear related to the Death of Others is a participant’s loved one, as well as the longing they will feel after their departure. The

relationship with the “other” is thus intimate and assumed to be tainted with nostalgia. Therefore, it makes sense to suppose that someone afraid on their loved one’s state of death and afraid of feeling nostalgia upon their departure would exhibit less avoidance, and even maybe more presence. This finding is especially interesting, as a study associated the fear of death with anxious attachment and ageist attitudes (Bodner & Cohen-Fridel, 2014). Given the decreased ageist attitude in this context, it would be interesting to investigate the relationship between secure attachment, death attitudes and ageism.

Discrimination. This aspect of ageism is composed of actions used to segregate or intervene negatively in older adults’ rights and daily lives. The Fear of Death and the fear of the Dying of Others displayed a positive association with Discrimination, while the fear of the Death of Others associated negatively with this concept. Again, Neutral Acceptance was positively associated to this extreme aspect of ageism.

While Avoidance refers to an individual’s own withdrawal from a source of discomfort, Discrimination seems to imply a forceful distancing of a specific group, either physically or regarding their social rights. Again, it makes sense for the Fear of Death to associate positively with discriminatory attitudes towards older adults when taking into consideration TMT, as discrimination can technically bring distance between the individual and the mortality salient content. Here, the individual would not want to question or address their fear, but instead, remove the object of fear.

When it comes to the positive association between the fear of the Dying of Others and Discrimination, a probable reason for such an active distancing of others could be found in the cultural practice of institutionalizing individuals going through the dying process. The fear of the Dying of Others alludes to the discomfort of witnessing the physical and mental deterioration of

a loved one, while Discrimination of older adults includes aspects of uselessness and relocation of this population. It therefore seems appropriate to speculate that the tendency to view institutionalization as an effective practice to take care of other's process of dying, keeping the mortality-salient individual out of sight, could play a role in this relationship.

Interestingly, a fear of the Death of Others is associated with lower Discriminatory attitudes. While the Fear of Death should trigger defensive responses towards older adults, it seems, as mentioned in the section about Avoidance, that the fear of the Death of Others, which, based on the items, is characterized by nostalgia and regret, could encourage individuals to associate more with older adults in an effort to enjoy more time together. Such an explanation could possibly lead to decreased regrets related to a lack of implication with the loved one.

As in the models predicting total Ageism and Avoidance, the Neutral Acceptance of death was found to associate positively with Discriminatory ageism. As mentioned earlier three explanations can be put forward to explain this association; social-desirability, the concomitant existence of a Fear of Death and Neutral Acceptance, and greater concern for material rather than existential death, especially in individuals high in Neuroticism (Iverach, et al., 2014, Goldenberg, Routledge & Arndt, 2009).

Antilocution. Composed of items related to antipathy and rooted in beliefs in myths and misinformation about aging, these cognitions about older adults were associated with a higher existential Fear of Death.

This finding aligns with TMT by suggesting that a fear of the existential implications of death is associated with a hostility rooted in false beliefs, most likely used to distance the individual from the mortality-salient object which triggers their existential fear. At the same

time, this allows the individual to reaffirm their association with their cultural worldview, thus ensuring a certain sense of self-esteem.

Personality and death attitudes. *Considering the dearth of previous research on the topic, this thesis examined the relationship between personality and death attitudes as a secondary objective.*

The relationships between personality traits and death attitudes were explored through a correlation matrix involving personality measures, the DAP-R and the CLFoDS-R (see Table 2.3). The relationship between personality and death attitudes, to the author's knowledge, has never been studied in the literature. This line of inquiry constitutes an attempt to remediate to this lack of research on the topic of personality traits and their association with attitudes towards death.

Extraversion. Participants exhibiting more Extraversion were found to report a lower fear of the Dying of Others. Individuals reporting a more extraverted personality tend to value the frequency of their interpersonal relationships, tend to express more warmth, desire for human connection, as well as positive affect (Cervone et al., 2014). Keeping in mind that correlation does not imply causation, this could potentially explain why those reporting a more extraverted personality also report being less disturbed by the idea of spending time with someone who is dying, or talking about death with them.

The idea of the process of Dying of Others, as seen in the items composing the Collett & Lester Fear of Death Scale, also suggests the idea of anticipatory grief. A form of oscillation between thoughts related to the loss of a loved one and the thoughts related to their daily needs and obligations is seen as central to the grieving process. This requires the ability for individuals

to express and welcome emotions as well as being able to look past them and focus on necessary daily actions (Gupta & Bonanno, 2011). Given that emotional expressiveness and ambitiousness are characteristics of extraverted persons (Riggio & Riggio, 2002), it seems reasonable to speculate that Extraversion could help individuals adjust their emotional responses to their changing needs during this grieving process, thus expressing less fear of others' process of dying.

Agreeableness. Another interesting finding appeared when a positive association was found between Agreeableness and an Approach Acceptance attitude towards death. Agreeableness is strongly linked to the quality of one's social interactions and includes the facets of altruism and compliance (Cervone et al., 2014). Strongly related to religious and spiritual beliefs, Approach Acceptance refers to the propensity to see death as a gateway to an after-life (Wong et al., 1994). A possible explanation of this relationship can therefore be found in the literature relating divine reward and punishment to pro-sociality (Saleam & Moustafa, 2016). This perspective holds that people who believe in an afterlife tend to display more prosocial behaviours when primed with religious content (Saleam & Moustafa, 2016). This prosocial behaviour stems from the post-mortem reinforcements (e.g. Heaven) and punishments (e.g. Hell) promised through their beliefs (Saleam & Moustafa, 2016). Future research on the topic should focus on the role of the personality trait of Agreeableness in this relationship, and in between-groups comparisons involving secular and religious participants.

Conscientiousness. Similarly, the trait of Conscientiousness was found to have a positive association with Approach Acceptance, while also displaying a negative relationship with the Fear of the Dying of Others.

Conscientiousness alludes to the tendency for an individual to display order and dutifulness in their daily enterprises, as well as making use of effective inhibition to achieve their goals (Cervone et al., 2014). Here, another link could be made between this personality trait and the aforementioned concepts of divine reward and punishment. It may be that by encouraging adherence to structured rules of conduct as a way to earn a positive afterlife, the religious beliefs associated with approach acceptance could potentially result in an increased conscientious personality as a way to assure regular adherence to said rules.

This personality trait has also been found, through correlations, to relate to a lower fear of the Dying of Others, bringing the concept of anticipatory grief back on the foreground. As mentioned in the section about Extraversion, the grieving process requires an adjustment between the expression of painful feelings associated to the loss, and the need to inhibit this expression as to facilitate a reintegration in the structure of daily life (Riggio & Riggio, 2002). Conscientiousness, through its tendency to favour dutifulness and productive inhibition, could potentially help with the emotional regulation necessary during this adaptive process, and thus, make individuals high in this trait less fearful of the process of dying of others.

Openness. Curiosity and an interest in new and varied experiences are attributes of Openness (Cervone et al., 2014). Interestingly, the trait of Openness was not found to correlate with any of the attitudes towards death as measured by the DAP-R and the CLFoDS-R. The conceptualization of the trait of Openness has often been questioned due to language limitations (Benet-Martinez, Oishi, 2008). Different linguistic and cultural understandings of the trait of Openness to experience could potentially be at the root of this lack of correlation, especially given our culturally diverse sample. This explanation is put forward as higher scores of openness are said to associate with emotional fluidity and unconventional ideas (McCrae & John, 1992),

characteristics that could potentially have been related to acceptant attitudes towards death as well as with a lower fear of the state and process of dying of self and others.

Neuroticism. Other interesting findings were found between Neuroticism and all the variables related to the fear of death. Indeed, Neuroticism is marked by a proneness to anxiety, self-consciousness, and ineffective coping-mechanisms (Cervone et al., 2014). Interestingly, Neuroticism also related positively to Neutral Acceptance, a relationship which was discussed earlier, and will not be expanded here. It was also intriguing to find a negative association between Neuroticism and the Fear of Death as measured by the DAP-R while concurrently correlating positively with all four types of fear of death as measured by the CLFoDS-R (the fear of one's Own Dying and Death, as well as the fear of the Dying and Death of Others). These findings are interesting, as they suggest that individuals high in Neuroticism report less existential fear of the state of death in general, but higher fear of death when it comes to concrete situations related to the hardships and losses related to the process and state of death of others and self. A possible explanation of these finding could be that the DAP-R underlines the existential aspect of the fear of death, while the CLFoDS-R's items focuses on concrete and specific aspects of the process of dying and the state of death. Just like individuals with health anxiety for who the fear of death gravitates around concrete feared events which could lead to their early departure (Iverach, et al., 2014), it is possible that the physical and material aspects of death arouse more anxiety in individuals high in Neuroticism than the existential questions death could bring.

Limitations

The current study presents some limitations. First, it is important to point out the limitations associated with self-reported measures. Given the deeply personal, controversial and

taboo nature of the topics presented in this study, it would not be surprising for some participants to exhibit the social desirability effect, potentially explaining the generally low scores on measures of ageism. While they do allow for the collection of great amounts of data that proves useful for various analyses and has greatly deepened our knowledge of death attitudes, self-reported measures seem especially limited when it comes to the theme of attitudes towards death attitudes. Given the extremely varied conceptualizations and theoretical backgrounds of death attitudes used throughout the thanatological literature in the conception of questionnaires, an all-encompassing scale related to death attitudes does not yet exist. By grouping participants in a limited number of standardized categories, the inventories allow for the exploration of specific and precise aspects of attitudes towards death (Neimeyer, Moser & Wittkowski, 2003), constraining the expression in the diversity in attitudes towards death. Unless one uses multiple scales of attitudes towards death, one must decide on which aspect of attitudes towards death they want to investigate, giving a partial portrait of the role of death attitudes on the outcomes of interest.

Another limitation of this study revolves around the low level of ageism reported by the sample. Indeed, the mean levels of ageism in the present study revealed a general disagreement towards all types of ageism for undergraduate students. Past research on ageism in an undergraduate population reported mean scores of ageism ranging from 1.55 to 2.19 on the FSA (Rupp et al., 2005). The mean scores of ageism presented in this thesis, which range from 1.82 and 2.06, support the idea suggesting a relatively low level of ageism in undergraduate students. Indeed, recent research on ageism in an undergraduate population found positive changes in knowledge of ageing and attitudes towards older adults in younger adults after following a “lifespans development” class (although knowledge was unrelated to attitudes) (Nate & Rebecca,

2007). Since all our participants were enrolled in psychology classes which tend to encourage knowledge of individual differences and human development, it may be that the sample possessed more positive attitudes towards adults than the general population to begin with. Given the self-reported nature of the questionnaire, social-desirability effects remain a possibility.

The FSA, although giving a multidimensional understanding of ageism, asks participants questions about their explicit or conscious attitude towards older adults, leaving aside more implicit and unconscious ageism (such as providing unnecessary assistance, or “baby-talk”). In this regard, results should be interpreted carefully, as they only indicate expressions of ageism of which the respondent is aware, and not the behaviours themselves.

Implications

With the rapid aging of the population as well as Canada’s increasing diversity, research on ageism and inter-group relationships is increasingly warranted. Given the discrimination towards adults seen today (e.g. in the workplace and healthcare systems; Revera, 2016; North & Fiske, 2012; Palmore, 1999; Grant, 1996), research on ageism allows for an increasing awareness of these issues and the understanding of their underlying structure. This work, which indicates the prosocial role of Agreeableness, Extraversion and Openness, may help foster changing attitudes and increased prosocial interactions between age groups. With the association between these personality traits and lower ageism, the present study encourages agreeable, energetic and attentive interactions with older adults as to give rise to more favorable inter-group interactions and greater inclusion. Research has also shown the positive effect of therapy in reducing scores of Neuroticism (Roberts et al., 2017), which could potentially affect ageist attitudes indirectly, especially if this theme is part of the reason for consultation.

The present study also supports the TMT, suggesting a relationship between the fear of death and prejudice. With the fear of death being associated with increased ageism, the fear of the process of dying associated with more discrimination, and the belief in an after-life being associated with lower avoidance of older adults, the present study suggests that different attitudes towards death are related to different attitudes towards older adults. Since ageism has been found to be reducible (Rupp, 2005), this study points towards the potential role of death attitudes in this reduction of hostile attitudes towards older adults. As Bodner et al. (2015) suggested, a mediating role between aging and death anxiety exists in predicting ageism. As a way to encourage contact and involvement with this population, education on the processes of aging and dying and the existential questions related to death is suggested. This could help foster a sense of understanding and acceptance of death which could give rise to a gradual changing from fearful attitudes towards death to acceptance.

Future Directions

The models used to explain ageism and its subscales accounted for a maximum of 19.7% of the variance in the four regression models. This goes to show that the majority of the variance of ageism can still be explained by factors other than personality and attitudes towards death. Consequently, further research is needed to identify the myriad of determinants of ageism.

Since research about personality traits and attitudes towards death as conceptualized in this study is, to the author's knowledge, non-existent, future research could strongly contribute to the knowledge of these concepts by attempting to replicate the present study with other measures, such as the NEO Personality Inventory (Costa & McCrae, 1989). This scale is particularly interesting as it allows for an in-depth analysis of each trait's composing facets. The predictability of attitudes towards death through personality trait could also be examined with

regression analyses. As indicated, Neuroticism displayed an unusual positive relationship with the Neutral Acceptance of death and a negative association with the Fear of Death, both of which associated positively with facets of ageism. The association between Neuroticism, death attitudes and ageism therefore warrant further study. Studies investigating the role of Neuroticism in TMT and ageism seems necessary.

Building upon one of our stated limitations, death attitudes could be measured qualitatively or following mixed-methods. This process would allow for a more authentic expression of attitudes towards death and would bring forth a wealth of diverse attitudes independent of theoretical framework about death attitudes. Narrative, or text-based methods could be of use, as they allow the free expression of the participants' cognitive and affective reactions towards death, as well as for a potential quantification of the data for further analysis (Neimeyer et al., 2003). The use of narrative or text-based methods for assessing attitudes towards death paired with personality inventories such as the NEO Personality Inventory (Costa & McCrae, 1989) in a mixed-methods study would also allow for a greater exploration of the relationship between personality traits and death attitudes.

This study was mostly composed of young adults and had minimal inclusions of middle-aged or older adults. Since preconceived notions about age groups are present at any stage of life, it would be interesting to build on the present study by comparing the personality, death attitudes and ageist attitudes of different age cohorts. Past literature indicated a curvilinear relationship between age and the fear of death, such that older adults report less fear of death than both middle aged and young adults, and younger adults reporting less fear of death than older adults, but more than older adults (Gesser et al., 1988). With higher levels of ageism in middle-aged individuals than in younger and older adults (Rupp et al., 2005), comparing different age groups

in this regard could bring a new depth to the understanding of personality traits, death attitudes and ageism. Since the present sample was entirely composed of student, the role of education could also help shed light on some aspects of death attitudes and ageism. Research could also explore the differences in personality traits of students enrolled in psychology classes and the general population, as to explore a possible tendency to Agreeableness, Extraversion, and Openness in this group of students.

Further studies could explore the relationship between grief and attitudes towards older adults. As shown in the present study, the fear of the death of a loved one, which includes items of anticipatory grief indicated a lower tendency to segregate and intervene negatively in older adult's daily activities. The relationship between anticipatory grief and attitudes towards older adults could thus prove to be an interesting area of research.

An important step in the study of ageism is the use of experimental protocols. These experiments, contrary to questionnaires, allow for the observation of implicit manifestations of ageism. Multiple experimental studies have already given their attention to TMT and ageism (Martens et al., 2005; Martens et al., 2004). An important part of this literature has concentrated its attention to the study of the negative aspects of death attitudes and ageism, leaving aside the positive attitudes related to death. Exploring the way attitudes towards death can relate to a decrease in ageism would be a breath of fresh air. With the present study giving support to the prosocial role of belief in an after-life on decreasing avoidance of older adults, future research involving ageism could attempt experimental protocols involving the comparison of ageist attitudes in individuals reporting belief in an after-life and those who do not.

Conclusion

Past studies have greatly demonstrated the role of personality and the fear of death in ageism. The present research included measures of avoidant and acceptant attitudes towards death, as well as a deeper look into the subvariables composing ageism. The goal of this inclusion was to broaden the knowledge of death attitudes and ageism by including not only the fear of death, but also the neutral and positive impressions of this unavoidable part of life, as well as the different ways to perceive older adults. The results supported the hypotheses and brought forth several avenues for future research. Given the changing demographic in Canada, the study of ageism is necessary, in hopes that we will gradually be able to alleviate the unnecessary burden it brings on everyone. Indeed, many of us will one day be old enough to feel the unnecessary consequences of ageism. Working on changing these attitudes is therefore an investment in a better future for everyone.

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Appendix A

Table 1. Variables

Term	Definition	Scale	Appendix
Personality	Personality traits refer to relatively stable aspects of who we are that differentiate us from others. (Specht, Egloff, & Schmukle, 2011)	<i>The Big Five Inventory</i> (John & Srivastava, 1999)	Appendix C
<ul style="list-style-type: none"> ● Extraversion 	Extraversion refers to the intensity of an individual's activity and interpersonal interactions (Cervone et al., 2014).	<i>The Big Five Inventory</i> (John & Srivastava, 1999)	Appendix C
<ul style="list-style-type: none"> ● Agreeableness 	Agreeableness, refers to the quality of an individual's interactions, ranging from rapport to antagonism (Cervone et al., 2014).	<i>The Big Five Inventory</i> (John & Srivastava, 1999)	Appendix C
<ul style="list-style-type: none"> ● Conscientiousness 	Conscientiousness refers to the individual's sense of organisation and discipline (Cervone et al., 2014).	<i>The Big Five Inventory</i> (John & Srivastava, 1999)	Appendix C
<ul style="list-style-type: none"> ● Openness to Experience 	Openness refers to the tendency to seek new experiences and sensations. (McCrae & John, 1992)	<i>The Big Five Inventory</i> (John & Srivastava, 1999)	Appendix C
<ul style="list-style-type: none"> ● Neuroticism 	Neuroticism depicts personality difference when it comes to the proneness to distress (McCrae & John, 1992).	<i>The Big Five Inventory</i> (John & Srivastava, 1999)	Appendix C
Death Anxiety	The fear of the process of dying (i.e., the physical deterioration of the body)	<i>Death Attitudes Profile – Revised</i>	Appendices D & E

	and the state of death (e.g., the existential death, the unknown, etc.), which includes various emotional, cognitive and motivational factors that vary depending on the stage of life and culture. (Lehto & Stein, 2009)	(Wong, Reker, & Gesser, 1994) <i>Collett-Lester Fear of Death Scale – Revised</i> (Lester & Abdel-Khalek, 2003)	
• Own Dying	The fear related to one's own process of deterioration and loss of control leading to death. (Lester & Abdel-Khalek, 2003)	<i>Collett-Lester Fear of Death Scale – Revised</i> (Lester & Abdel-Khalek, 2003)	Appendix E
• Own Death	The fear related to one's state of death characterized by existential inexistence. (Lester & Abdel-Khalek, 2003)	<i>Collett-Lester Fear of Death Scale – Revised</i> (Lester & Abdel-Khalek, 2003)	Appendix E
• Dying of Others	The fear of others' process of deterioration and the anticipatory grief that comes with it. (Lester & Abdel-Khalek, 2003)	<i>Collett-Lester Fear of Death Scale – Revised</i> (Lester & Abdel-Khalek, 2003)	Appendix E
• Death of Others	The fear of others' state of death. Marked by nostalgia and regret of the past life. (Lester & Abdel-Khalek, 2003)	<i>Collett-Lester Fear of Death Scale – Revised</i> (Lester & Abdel-Khalek, 2003)	Appendix E
Death Avoidance	The avoidance of death reminders in an effort to reduce death anxiety. (Niemic et al. 2010; Neimeyer, 1997).	<i>Death Attitudes Profile – Revised</i> (Wong, Reker, & Gesser, 1994)	Appendix D
Death Acceptance	The cognitive admission of death, and the positive or	<i>Death Attitudes Profile – Revised</i>	Appendix D

	neutral emotional estimation of this phenomenon (Niemeyer, 2004; Wong, Reker & Gesser, 1994)	(Wong, Reker, & Gesser, 1994)	
<ul style="list-style-type: none"> • Neutral Acceptance 	The stoic and rational acceptance of death as a part of life. (Niemic & Schulenberg, 2011)	<i>Death Attitudes Profile – Revised</i> (Wong, Reker, & Gesser, 1994)	Appendix D
<ul style="list-style-type: none"> • Approach Acceptance 	A managing technique that uses the inevitability of death as a gateway to a better life; it is often related to the idea of an after-life. (Niemic & Schulenberg, 2011),	<i>Death Attitudes Profile – Revised</i> (Wong, Reker, & Gesser, 1994)	Appendix D
<ul style="list-style-type: none"> • Escape Acceptance 	An attitude towards death that sees death as a liberation from life’s hardships. A form of negative reinforcement that implies a negative view of life. (Niemic & Schulenberg, 2011)	<i>Death Attitudes Profile – Revised</i> (Wong, Reker, & Gesser, 1994)	Appendix D
Ageism	The prejudice by one age group toward another age group. It is composed of three interrelated concepts: prejudicial attitudes, discriminatory practices and stereotypical beliefs. (Butler, 1980)	<i>Fraboni Scale of Ageism</i> (Fraboni, Saltstone, Cooper, & Hughes, 1990)	Appendix F
<ul style="list-style-type: none"> • Avoidance 	Ageist Avoidance refers to the tendency to distance oneself from older adults. (Fraboni, Saltstone, Cooper, & Hughes, 1990)	<i>Fraboni Scale of Ageism</i> (Fraboni, Saltstone, Cooper, & Hughes, 1990)	Appendix F

<ul style="list-style-type: none"> • Antilocution 	Antagonism or hostility rooted in misinformation and belief in myths about aging. (Fraboni, Saltstone, Cooper, & Hughes, 1990)	<i>Fraboni Scale of Ageism</i> (Fraboni, Saltstone, Cooper, & Hughes, 1990)	Appendix F
<ul style="list-style-type: none"> • Discrimination 	Active intervention in the lives and rights of older adults in an attempt to distance this population from the rest of society. (Fraboni, Saltstone, Cooper, & Hughes, 1990)	<i>Fraboni Scale of Ageism</i> (Fraboni, Saltstone, Cooper, & Hughes, 1990)	Appendix F

Table 2. Acronyms

Scale title	Acronym
Terror Management Theory (Greenberg & Kosloff, 2008)	TMT
Big Five Inventory (John & Srivastava, 1999)	BFI
Death Attitudes Profile – Revised (Wong, Reker, & Gesser, 1994)	DAP-R
Collett-Lester Fear of Death Scale – A Revision (Lester & Abdel-Khalek, 2003)	CLFoDS-R
Fraboni Scale of Ageism (Fraboni, Saltstone, Cooper, & Hughes, 1990) The original scale also includes the items for its revision, the Fraboni Scale of Ageism – Revised (Rupp et al., 2005).	FSA / FSA-R

Appendix B

Demographic Questions

Please answer the following questions as accurately as possible.

What is your age (years)?

1. Insert age

What is your sex? (Sex: the physical and biological characteristics that identify a person as male or female)

1. Female
2. Male
3. Intersex

What is your gender? (Gender: largely social construct that associates certain behaviours, roles, expectations, and values with being male or female)

1. Woman
2. Man
3. My gender identity is not listed above (please specify)

Which of these commonly used terms would you use to describe your sexual orientation?

1. Heterosexual
2. Gay
3. Lesbian
4. Bisexual
5. Transsexual
6. Queer
7. My sexual orientation is not listed above (please specify)

My current relationship status is:

1. Married
2. Cohabiting
3. Divorced
4. Separated
5. Single, never married
6. My relationship status is not listed here (please specify)

Which of the following BEST describes your ethnic background? Please CHECK ALL THAT APPLY.

1. Indigenous (Inuit/First Nations/Métis)
2. White/European
3. Black/African/Caribbean

4. Southeast Asian (e.g., Chinese, Japanese, Korean, Vietnamese, Cambodian, Filipino.etc)
5. Arab (Saudi Arabian, Palestinian, Iraqi, etc)
6. South Asian (East Indian, Sri Lankan, etc)
7. Latin American (Costa Rican, Guatemalan, Brazilian, Columbian, etc)
8. West Asian (Iranian, Afghani, etc)
9. Other (please specify)

What is your current level of study?

1. First year undergraduate degree
2. Second year undergraduate degree
3. Third year undergraduate degree
4. Fourth year undergraduate degree
5. Other (please specify)

Are you part of an organized religion? If yes, please specify.

1. Catholic
2. Jewish
3. Muslim
4. Buddhist
5. Hindu
6. Sikh
7. Other
8. Not part of an organized religion

How important are spiritual beliefs in your daily life? (spirituality as in a personal experience of sacredness).

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

In general, would you say your health is...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Have you ever experienced the death of a loved one?

1. Yes
2. No

Have you ever had a near-death experience, that is personal experience associated with your own death or impending death?

1. Yes
2. No

How often are you in contact with adults 65 years old or older?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Daily

Appendix C

Big Five Inventory

(John & Srivastava, 1999)

Here are a number of characteristics that may or may not apply to you. Please check the appropriate checkbox to indicate the extent to which you agree or disagree with that statement.

*Reverse-scored

1= Disagree

2=Moderately Disagree

3=Neutral

4=Moderately Agree

5=Agree

I see myself as someone who . . .

1. Is talkative.
2. *Tends to find fault with others.
3. Does a thorough job
4. Is depressed.
5. Is original, comes up with new ideas.
6. *Is reserved.
7. Is helpful and unselfish with others.
8. *Can be somewhat careless.
9. *Is relaxed, handles stress well.
10. Is curious about different things.
11. Is full of energy.
12. *Starts quarrels with others.
13. Is a reliable worker.
14. Can be tense.
15. Is ingenious, a deep thinker.
16. Generates a lot of enthusiasm.
17. Has a forgiving nature.
18. *Tends to be disorganised.
19. Worries a lot.
20. Has an active imagination.
21. *Tends to be quiet.
22. Is generally trusting.
23. *Tends to be lazy.
24. *Is emotionally stable, not easily upset.

25. Is inventive.
26. Has an assertive personality.
27. *Can be cold and aloof.
28. Perseveres until the task is finished.
29. Can be moody.
30. Values artistic, aesthetic experiences.
31. *Is sometimes shy, inhibited.
32. Is considerate and kind to almost everyone.
33. Does things efficiently.
34. *Remains calm in tense situations.
35. *Prefers work that is routine.
36. Is outgoing, sociable.
37. *Is sometimes rude to others.
38. Makes plans and follows through with them.
39. Gets nervous easily.
40. Likes to reflect, play with ideas.
41. *Has few artistic interests.
42. Likes to cooperate with others.
43. *Is easily distracted.
44. Is sophisticated in art, music, or literature.

Appendix D

Death Attitudes Profile Revised

(Wong, Reker, & Gesser, 1994)

This questionnaire contains a number of statements related to different attitudes towards death. Read each statement carefully, and then decide the extent to which you agree or disagree. Note that the scales run both from strongly agree to strongly disagree and from strongly disagree to strongly agree.

If you strongly agree with the statement, you would circle SA. If you strongly disagree, you would circle SD. If you are undecided, circle U. However, try to use the undecided category sparingly.

It is important that you work through the statements and answer each one. Many of the statements will seem alike, but all are necessary to show slight differences in attitudes.

*Reverse-scored

1=Strongly Disagree

2=Agree

3=Moderately Disagree

4=Undecided

5=Moderately Agree

6=Agree

7=Strongly Agree

1. Death is no doubt a grim experience.
2. *The prospect of my own death arouses anxiety in me.
3. *I avoid death thoughts at all cost.
4. I believe that I will be in Heaven (or any equivalent concept) after I die.
5. Death will bring an end to all my troubles.
6. *Death should be viewed as a natural, undeniable, and unavoidable event.
7. *I am disturbed by the finality of death.
8. Death is an entrance to a place of ultimate satisfaction.
9. *Death provides an escape from this terrible world.
10. Whenever the thought of death enters my mind, I try to push it away.
11. Death is deliverance from pain and suffering.
12. *I always try not to think about death.
13. *I believe that Heaven (or any equivalent concept) will be a much better place than this world.

14. *Death is a natural aspect of life.
15. Death is a union with God (or any equivalent concept) and eternal bliss.
16. *Death brings a promise of a new and glorious life.
17. *I would neither fear death nor welcome it.
18. I have an intense fear of death.
19. I avoid thinking about death altogether.
20. *The subject of life and death troubles me greatly.
21. *The fact that death will mean the end of everything as I know it frightens me.
22. I look forward to a reunion with my loved ones after I die.
23. *I view death as a relief from earthly suffering.
24. *Death is simply a part of the process of life.
25. *I see death as a passage to an eternal and blessed place.
26. I try to have nothing to do with the subject of death.
27. Death offers a wonderful release of the soul.
28. One thing that gives me comfort in facing death is my belief in the afterlife.
29. I see death as a relief from the burden of this life.
30. *Death is neither good nor bad.
31. *I look forward to life after death.
32. The uncertainty of knowing what happens after death worries me.

Appendix E

Revised Collett-Lester Fear of Death Scale

(Lester & Abdel-Khalek, 2003)

How disturbed, afraid or made anxious are you by the following aspects of death and dying?
Read each item and answer it quickly. Don't spend too much time thinking about your response.
We want your first impression of how you think right now. Circle the number that best represent our feeling.

1= Not Afraid

2=Not Very Afraid

3=Somewhat Afraid

4=Afraid

5=Very Afraid

Your own death

1. The total isolation of death.
2. The shortness of life.
3. Missing out on so much after you die.
4. Dying young.
5. How it will feel to be dead.
6. Never thinking or experiencing anything again.
7. The disintegration of your body after you die.

Your own dying

1. The physical degeneration involved in a slow death.
2. The pain involved in dying.
3. The intellectual degeneration of old age.
4. That your intellectual could become limited as you lay dying.
5. The uncertainty of how bravely you will face the process of dying.
6. Your lack of control over the process of dying.
7. The possibility of dying in a hospital away from friends and family.

The death of others

1. The loss of someone close to you.
2. Having to see their dead body.
3. Never being able to communicate with them again.
4. Regret over not being nicer to them when they were alive.

5. Growing old alone without them.
6. Feeling guilty that you are relieved that they are dead.
7. Feeling lonely without them.

The dying of others

1. Having to be with someone who is dying.
2. Having them want to talk about death with you.
3. Watching them suffer from pain.
4. Seeing the physical degeneration of their body.
5. Not knowing what to do about your grief at losing them when you are with them.
6. Watching the deterioration of their mental abilities.
7. Being reminded that you are going to go through the experience also one day.

Appendix F

Fraboni Scale of Ageism

(Fraboni, Saltstone, Cooper, & Hughes, 1990)

Check the appropriate checkbox to indicate the extent to which you agree or disagree with each statement.

*Reverse-scored

1=Strongly Disagree

2=Disagree

3=Agree

4=Strongly Agree

1. Teenage suicide is more tragic than suicide among the old.
2. There should be special clubs set aside within sports facilities so that old people can compete at their own level.
3. Many old people are stingy and hoard their money and possessions.
4. Many old people are not interested in making new friends preferring instead the circle of friends they have had for years.
5. Many old people just live in the past.
6. I sometimes avoid eye contact with old people when I see them.
7. I don't like it when old people try to make conversation with me.
8. *Old people deserve the same rights and freedoms as do other members of our society.
9. Complex and interesting conversation cannot be expected from most old people.
10. Feeling depressed when around old people is probably a common feeling.
11. Old people should find friend their own age.
12. *Old people should feel welcome at the social gatherings of young people.
13. I would prefer not to go to an open house at a senior's club, if invited.
14. *Old people can be very creative.
15. I personally would not want to spend much time with an old person.
16. Most old people should not be allowed to renew their driver's licenses.
17. Old people don't really need to use our community sports facilities.
18. Most old people should not be trusted to take care of infants.
19. Many old people are happiest when they are with people their own age.
20. It is best that old people live where they don't bother anyone.
21. *The company of most old people is quite enjoyable.
22. *It is sad to hear about the plight of the old in our society these days.
23. *Old people should be encouraged to speak out politically.
24. *Most old people are interesting, individualistic people.
25. Most old people would be considered to have poor personal hygiene.

26. I would prefer not to live with an old person.
27. Most old people can be intimidating because they tell the same stories over and over.
28. Old people complain more than other people do.
29. Old people do not need much money to meet their needs.

Appendix G

Consent Form

Title of the study: The relationship between personality, death attitudes, and ageism

Nicolas Galton

Candidate for the master's in counselling and spirituality

Université Saint-Paul / Saint Paul University

223, rue Main, Ottawa, On, K1S 1C4

Contact information was provided.

Arne Stinchcombe, PhD

Assistant Professor, Faculty of Human Sciences, Saint Paul University

Adjunct Professor, School of Psychology, University of Ottawa

Co-Director, Diverse Experiences in Aging Research (DEAR) Collaborative

Program Coordinator, Graduate Diploma in Supportive Care and Spirituality in Palliation

Contact information was provided.

By participating in this study, I (the participant) agree to the following terms:

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Nicolas Galton and Dr. Arne Stinchcombe.

Purpose of the Study: The purpose of the study is to measure the relationships between personality traits, attitudes towards death, and perceptions of older adults.

Participation: My participation will consist of completing an online questionnaire during which I will answer questions about my personality, attitudes towards death and perceptions of older adults. This will consist of one online session that can be started anytime by the participant. The online questionnaire should take between 15 and 20 minutes to complete.

Risks: My participation in this study will entail that I volunteer personal information about my beliefs, thoughts, feelings, and actions. It is possible that I may experience some emotional discomfort when answering some questions. Upon completion of or withdrawal from this study, I will be provided with a list of resources, should I be interested in receiving more information about emotional difficulties. These resources include, but are not limited to:

<http://www.cpa.ca/psychologyfactsheets/>

<http://www.bps.org.uk/psychology-public/psychology-and-public>

Ottawa Distress Centre, (613) 238-3311

Tel-Aide Outaouais, (613) 741-6433

Centre d'Aide 24-7, (819) 595-9999

Ottawa Academy of Psychology, (613) 235-2529

University of Ottawa Student Academic Success Service,
<http://www.sass.uottawa.ca/about/mental-health-wellness.php>

Saint Paul University Counselling & Psychotherapy Centre, https://ustpaul.ca/en/centre-for-counselling-home_360_120.htm

Benefits: My participation in this study will provide me with a greater awareness of my personality and attitudes towards death. Participating in this study may increase my knowledge of research. My participation will contribute to an advanced understanding of how people think, feel, and behave.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for research, including thesis work, and that my confidentiality will be protected. In order to minimize the risk of security breaches and to help ensure your confidentiality we recommend that you use standard safety measures such as signing out of your account, closing your browser and locking your screen or device when you are no longer using them / when you have completed the study.

Anonymity will be protected by having the student use his or her ISPR number, instead of name, to identify the questionnaire. No information that would allow personal identification will be collected.

Compensation: In return for my participation in this study, I will be compensated with one (1) course credit through ISPR at the University of Ottawa. If I choose to withdraw from the study at any time, I will still receive this compensation.

Conservation of data: I understand that the data collected from the questionnaires will be kept in a secure manner. All data derived from this study will be password-protected and all of my information and data will be kept on password-protected USB drive and stored in Dr. Stinchcombe's locked office. I understand that only members of the research team working directly on this study will have the password to the relevant data. I am assured that the data will be stored in this manner for 5 years following publication of the findings, after which point it will be deleted permanently.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed.

Acceptance: I, agree to participate in the above research study conducted by Nicolas Galton of the (Saint Paul University), which research is under the supervision of Dr. Arne Stinchcombe (University of Ottawa & Saint Paul University).

If I have any questions about the study, I may contact the researcher or his supervisor:

Arne Stinchcombe, PhD
Contact information was provided.

Nicolas Galton
Contact information was provided.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4 Tel.: (613) 236-1393.

Consent: I am recommended to print a copy of the consent form to keep for my personal records by using the printing function of my computer's browser (File > Print) or screenshot the consent form (if on a mobile device).

By clicking on the button below, I acknowledge that I have read this document and that the study has been explained clearly to me.

I agree to participate in this study
I do not wish to participate in this study.