

## Reliability and Validity of Indigenous Death Anxiety Scale

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**ABSTRACT:** The purpose of the study was to assess the reliability and validity of self report Indigenous Death anxiety scale (IDAS). The Urdu version of scale was administered on 224 Pakistani Muslim population. Their age ranged from 16 to 46 years and above. Test –retest reliability for 15 –days interval showed good indices of ( $r=.81$ ,  $p<.01$ ). The convergent validity of present scale with Templer’s Death anxiety scale ( $r=.60$ ,  $p < .01$ ) and discriminant validity of present scale with Revised Life Orientation Test ( $r= -.61$ ,  $p < .01$ ) demonstrated significant values. We concluded that that present scale is a cultural specific, reliable and valid tool for measuring death anxiety.

**KEYWORDS:** Death Anxiety, Scale, Reliability, Validity, Muslim.

### 1 INTRODUCTION

Death is a primordial concern for every living creature “Its directive force is present from the very beginning in all of us, young and old, healthy and sick. It is not just for the combat soldier, dying person, elderly individual, or suicidal person. It is an ingredient of import throughout the entire life span” (Eifel, 1990, p. 539) . It produce negative feelings among all of us and every one feels apprehensive when confronted with the idea of death. Goodman (1981) documented that “The existential fear of death; the fear of non-existence; is the hardest to conquer. Even the most defensive structures like denial of reality, rationalization etc., do not lend themselves readily as protective barriers against this existential fear of death”. Similarly , Yalom in 1980 pointed out the inescapability of death as “The fear of death plays a major role in our internal experience; it haunts as nothing else does; it rumbles continuously under the surface; it is a dark, unsettling presence at the rim of consciousness” ( p. 27).

It is difficult to agree upon a single definition of death anxiety, numerous authors perceived idea of death anxiety differently. Death anxiety referred to “the state in which an individual experiences apprehension, worry, or fear related to death and dying” (Carpenito-Moyet ,2008, p.38) . Death anxiety included angst related to death and dying process. (Templer in 1970). Death characterized by an absolute annihilation and destruction to one’s existence. Feeling of lonelines, loss of identity and solitude conferred negative emotions related to death anxiety (DePaola, Neimeyer, Griffin, & Young,2003) .

Death anxiety grappled via diverse angels, many scientists believed that death anxiety is a multidimensional concept construct (Florian & Mikulincer, 1997; Suhail & Akram, 2002). Collett and Lester (1969) identified four dimensions of which are related to fear of death, Neimeyer and Moore (1994) proposed eight domains about fear of death which included fear about the death of others, fear of one’s own death, fear of the dying process, and fear of the unknown after death (Fry, 2003) .Whereas Florian and Kravetz (1983), contended that death anxiety is composed of three components i.e intrapersonal, interpersonal and transpersonal consequences of death.

It is observed that terms fear and anxiety are used by the researchers in exchange with each other to denote the same concept in literature. However there is a difference between these two terms as "A distinction often made by psychoanalysts is that fear is experienced in reference to specific environmental events or objects, while anxiety is a negative emotional state that lacks a specific object" (Schulz,1978, p. 21) . .

Our Pakistani society is facing global terrorism and violence, brutal killings and vivid blood sheds. Since past few decades, we became regular audience of ethnic, socio political rivalries, blood sheds and mass killings. This induced tremendous amount of insecurities and jeopardized overall well being of individuals. People in our society live in constant insecurity this creates death apprehension among citizens. Pertaining to this fact careful evaluations and interventions to address the issue of death anxiety is the highly needed. Dearth of reliable and valid culturally tailored death anxiety measure aspired the need to carry out the present investigation.

## OBJECTIVES

The study included following objectives:

1. To determine test-retest reliability of Death Anxiety Scale.
2. To determine convergent validity of Death Anxiety Scale.
3. To determine discriminant validity of Death Anxiety Scale.

## 2 METHODOLOGY

### Sample

Sample of N= 224 individuals were approached for study. Their age ranged from 16 to 46 years and above. All participants recruited for the study were Muslims (i.e.; believers of religion Islam). They belonged to different socioeconomic, educational and occupational backgrounds. They all were recruited through random sampling technique from different areas of Karachi city. The participation in this study was completely voluntarily.

### Instruments

#### Consent Form

It described that brief purpose of study. It was explained that the participation was on voluntarily basis and all the information would be solely utilized for research purpose. It was also mentioned that participants have full right to leave study at any point.

#### Personal Information Sheet

A self developed personal information sheet was made by researchers of the study. It contained personal information that included name (optional), age, gender, educational status, socioeconomic status of respondents.

#### Indigenous Death Anxiety Scale (IDAS)

It is a self reported scale which comprised of 63 items. This scale directly measures the level of death anxiety. It included five subscales i.e punishment after death, Loss of Personal and social identity, finality of death, lack of control and helplessness. Responses for items recorded on 4 point Likert scale (Always=4, sometimes=3, often= 2, never=1). The correlation coefficients of items lies in the range of ( $r = .3$  to  $.71, p < .01$ ). Internal consistency for 63 items indicated value of ( $r = .97$ ). All items in present scale were in Urdu language.

#### Procedure

Sample of (N=104) individuals were recruited to study test-retest reliability of present scale, among them 41 were males and 63 were female individuals. While Sample of (N=120) individuals were recruited to find out the validity of present scale, among them 52 were males and 68 were female individuals.

An official consent was sought from concerned authorities where needed, proper personal consent were also taken from individuals for data collection. Since death can be a disturbing issue, ethical factors for the study were also accounted. They were completely described about the purpose of study and handed over scale in the form of booklet. All participants were told that they deserved full right to leave study if felt emotionally upset.

#### Reliability and Validation

##### a. Test Retest Reliability of the scale

Death anxiety scale and related measures were administered on a sample of (N=104) individuals after 15 days interval. Pearson correlation coefficient was utilized to find the relationship between two administrations.

**b. Convergent validity of the scale**

Convergent validity of present scale was determined with Templer’s death anxiety Scale(DAS), The measures were administered on a sample of (N=120 ) individuals. The Templer’s Death anxiety Scale (1970), measures individual’s anxiety about death . The scale was translated in Urdu through back to back translation process for present study. The scale comprised of 15 true and false forced choice statements. True options scored as 1 and false scored as 0. Out of 15 statements, four statements (3,5,7,15) advised to score in reverse directions i.e, True scored as 0 and false scored as 1. Aggregated score of all responses showed intensity of death anxiety. Scores ranged from lower as 0 to higher as 15. Internal consistency and test retest reliability of scale reported as .76 and .83 (Templer, 1970).

**c. Discriminant validity of the Scale**

Discriminant validity of present scale was determined with life orientation test – Revised (LOT-R) . This measure was developed by Scheier, Carver and Bridges in 1994. The measures were administered on a sample of (N=120 ) individuals. This instrument measures individual’s overall tendency to expect positive outcomes from future. This scale comprised of 10 items, out of ten items, four are filler items i.e 2,5,6,8 . The responses of these items are not included in final scorings. Responses scored on 4 point likert scale.(disagree a lot=1, 2= disagree a little, 3 neither agree nor disagree, 4= agree a little to agree a lot=5). Item 3, item 7 and item 9 are advised to score in reverse directions. Internal consistency of (LOT-R) found to be 0.78. Test retest reliability of instrument was also found across different intervals of 4 weeks (r=0.79), 4 months(r=0.68) and for one year (0.60) period showed an adequate temporal stability (Scheier & Carver, 1985, Scheier et al., 1994). For the present study translated version of LOT –R in Urdu language was utilized (Anila& Ismail,2005).

**3 RESULTS**

After data completion responses were subjected for statistical analysis; Pearson correlation coefficient ( r ) was utilized to compute test- retest reliability, convergent and discriminant validity of scale.

**Test –Retest Reliability of Indigenous Death Anxiety Scale (IDAS)**

Table 1 shows test retest reliability coefficients of the for the two administrations of the scale for an interval of 15 days.

**Table1. Test -Retest Reliability of Death Anxiety Scale for15days interval (N=104)**

Measures	M	SD	Correlation value
Death Anxiety Scale (Administration I)	136.81	38.86	.81**
Death Anxiety Scale (Administration II)	133.54	38.63	

\*\* p < .01

Table 1 describes positive and strong relationship between the composite scores of Indigenous Death Anxiety Scale (IDAS) for first and second administrations for fifteen days interval.

**Convergent validity of Indigenous Death Anxiety Scale (IDAS)**

Convergent validity of present Indigenous Death Anxiety scale(IDAS) was determined with Templer’s death anxiety Scale(DAS) on a sample of (N= 120 )individuals.

**Table 2. Convergent Validity Coefficients of Death Anxiety Scale with Templer’s Death Anxiety Scale (N=120)**

Death Anxiety Scale	TDAS
Death anxiety Scale	.60**

TDAS= Templer’s Death Anxiety Scale. p < .01\*\*

Table 2 illustrates coefficient values between Templer’s Death Anxiety scale and composite scores of Indigenous Death Anxiety Scale(IDAS).

### Discriminant validity of Indigenous Death Anxiety Scale (IDAS)

Discriminant validity of present Indigenous Death Anxiety Scale (IDAS) was determined with Life Orientation Test Revised (LOT-R) on a sample of (N= 120) individuals.

**Table 3. Discriminant Validity Coefficients of Indigenous Death Anxiety Scale (IDAS) with Life Orientation Test Revised (N=120)**

Death Anxiety Scale	LOT (R)
Death Anxiety Scale	-.61**

Note. LOT (R) = Life Orientation Test Revised  $p < .01$ \*\*

Table 3 demonstrates coefficient values between Life Orientation Test Revised and scores of Death Anxiety Scale.

## 4 DISCUSSION

Present endeavor of the study was the determination of reliability and validity of Indigenous death anxiety Scale (IDAS). Present scale was designed because of non availability of reliable and valid death anxiety measure which represents Pakistani culture. To effectively gauge the phenomenon in Pakistani culture the measures used in this study were in Urdu language. Temporal stability of the scale for 15 days interval showed strong positive and significant value (See table 1). Findings mirrored that present construct possess stability of scores over time. This implied that present tool is a reliable measure.

Convergent validity of the newly designed measure with Templer's Death Anxiety scale demonstrated positive and significant associations. While discriminant validity of present construct with Revised Life Orientation test showed an inverse, significant value with death anxiety scale. The acceptable indices of reliability and validity showed that present measure is a psychometric sound tool that can be safely utilized for assessments of death anxiety.

The study was focused to carry out initial validation of scale however; further validations are recommended in future studies with inclusion of larger sample size from different geographical areas of Pakistan. This would enhance the generalizability of present findings to the whole country. The study could be replicate considering individuals suffering from mental and physical health disease ; individuals with different religious backgrounds could be included to refine the psychometrics of scale.

Present study raised significant issue that suits present cultural milieu. The presently formulated reliable and valid assessment tool in Urdu language was an initial effort to gauge the apprehensions of death among Pakistani Muslim population. This study will help to provide possible clinical assessments and interventions to address issue of death among our population.

## 5 CONCLUSION

The study revealed that present self reported Urdu version of indigenous death anxiety Scale (IDAS) showed good indices of temporal stability at 15 days interval. The correlation coefficients of convergent and discriminant validity also exhibited satisfactory ranges.

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