SEPARATION FROM LOVED ONES IN THE FEAR OF DEATH

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Individuals’ death anxiety or fear of death has been extensively investigated, and there are numerous conceptualizations used in the literature, including a distinction between the dimensions of death and dying of self, and death and dying of others. This article addresses a gap in the literature and re-examines the relationship between these two dimensions, which are assumed to be positively, linearly related. Using both quantitative and qualitative data, this study indicates that regardless of the degree to which individuals fear their own death, most individuals fear the death and dying of others. Specifically, the leaving, or loss of loved ones, was a central theme in people’s fear of death, and this is discussed in relation to current trends in the literature.

In recent decades research on death attitudes, including fear of death, death anxiety, and death competency, has flourished. Much of this research has been directed at establishing measures of such constructs, and refining these measures in terms of reliability, validity, and soundness of factor structures (Neimeyer, Moser, & Wittkowski, 2003). The use of such instruments in different clinical and occupational settings has also been prevalent. There are now a variety of instruments used to measure death fear and/or death anxiety, and whilst early work tended to be unidimensional (e.g., Handal, 1975; McMordie, 1979; Templer, 1970) more recently developed instruments recognize the multidimensional nature of such constructs (Collett & Lester, 1969; Florian & Kravetz, 1983; Hoelter, 1979; Leming & Dickinson, 1985; Wittkowski, 2001). For example, the Multidimensional Fear of Death Scale (MFODS;

However, the Collett–Lester Fear of Death Scale (CLFD; Collett & Lester, 1969) is perhaps the most commonly used instrument that clearly and systematically distinguishes between two key dimensions involving death: (a) the state of death versus the process of dying and (b) one’s own death versus the death of others. As such it includes four subscales: Death of Self (e.g., total isolation of death, shortness of life, never thinking or experiencing), Dying of Self (e.g., pain involved in dying, intellectual degeneration, lack of control over process, grief of others), Death of Others (e.g., losing someone close, never being able to communicate again, feeling lonely without the person), and Dying of Others (e.g., watching the person suffer, having to be with someone who is dying). Since its original development, the CLFD has been revised, reducing the number of items from 36 to 28 in order to have equal weighting across subscales for scoring purposes and to remove problematic or deviant items (Lester, 1994; Lester & Abdel-Khalek, 2003). However, there are differing views regarding the factorial validity of this scale and therefore about the usage of the scale in its proposed four-factor structure. Typically, factor analysis of the scale items reveals five to seven factors with cross-loadings for several items, particularly for the Death of Others and Dying of Others subscales (Mooney & O’Gorman, 2001; Neimeyer et al., 2003), which tends to indicate factorial instability and thus equivocal support for the validity of the proposed constructs. It has been proposed, therefore, that researchers should consider disregarding its “attractive and symmetrical factor structure” (Neimeyer et al., 2003, p. 55) and instead use a factor structure empirically derived even though it may be more difficult to interpret. Conversely, it has also been argued that because of the natural association between fear of own death and fear of others, and fear of death and fear of dying, such a factor pattern is likely and it does not
contradict the existing allocation of items to each of the four subscales on a meaningful basis (Lester, 2004). Despite a potentially problematic factor structure, it has been used extensively in a wide range of research areas, and more recently has been adapted for use with languages other than English (Abdel-Khalek & Lester, 2004; Tomas-Sabado, Limonero, & Abdel-Khalek, 2007; Yasukawa, 2006).

Research using the CLFD has examined a wide range of variables in association with fear of death such as age, gender, religiosity, depression, general anxiety, extraversion, neuroticism, and attitudes toward suicide (for an overview, see Lester, 1994). Studies have often shown mixed findings; for example, while some have reported that CLFD scores are lower for older adults compared with young adults (Smith, Nehemkis & Charter, 1983–1984) and women report higher fear of death than men (Neimeyer, Bagley, & Moore, 1986; Robbins, 1990), other studies have found little difference between these groups (e.g., Lester, 1972, 1984–1985; Loo, 1984).

The CLFD has also been used in evaluating the impact of training programs on participants’ fear of death, such as palliative care volunteer training (Claxton-Oldfield, Crain, & Claxton-Oldfield, 2007; Hayslip & Walling, 1985–1986) and death education for nursing students (Mooney, 2005; Mooney & O’Gorman, 2001). It has also been used to examine levels of death anxiety in a variety of populations such as widows (Straub & Roberts, 2001), the elderly (Clements, 1998), and organ donors (Robbins, 1990), as well as with practitioner groups involved with death and dying such as medical students (Jordan, Ellis, & Grallo, 1986), psychologists (Soghomonian, 2000), suicide intervention workers (Neimeyer & Dingemans, 1980–1981), and trainee counsellors (Larrabee, 1978).

Psychometric studies of other death anxiety instruments and related variables such as death competency (Robbins, 1990–1991) have also used the CLFD to establish validity (e.g., Abdel-Khalek, 2002a). For example, Robbins found that the Coping with Death Scale was negatively associated with the CLFD, which provided some degree of convergent validity for the measure. Vargo (1980) found that correlations between the Templer Death Anxiety Scale (DAS; Templer, 1970) and the CLFD were highest for the fear of own death and dying subscales, which indicated concurrent validity for the DAS.
Examination of the relationships amongst the four CLFD subscales has tended to show moderately strong positive correlations between the different dimensions. For example, Mooney and O’Gorman (2001) reported correlations of .54 between Death of Self and Dying of Self, .49 between Death of Self and Death of Others, .51 between Death of Self and Dying of Others, .49 between Dying of Self and Death of Others, .61 between Dying of Self and Dying of Others, and .67 between Death of Others and Dying of Others. These results are similar to more recent analyses by Lester (2004), although the correlations tend to be higher than some previous studies (see Lester, 1994). Such relationships indicate that, for example, individuals who score high on the fear of Death of Self will tend also to score high on the fear of Death of Others, and vice versa, those who score low on fear of Death of Self will also score low on fear of Death of Others. However, given the magnitude of reported correlations, there are obviously many individuals who do not fit this relationship.

It is the aim of the present study to examine this issue in order to provide a richer explanation of this relationship between the fear of one’s own death and dying and that of others. The approach taken combines both quantitative and qualitative data and analyses. First, the pattern of scores across the CLFD scales for those showing high fear of own death compared with those showing low fear of own death will be examined to provide a richer profile of these relationships. This will go beyond establishing a basic positive relationship as done in previous correlational analyses. Second, using qualitative responses regarding what aspects of death are feared most, it is hoped to provide additional clarification and exposition of the observed patterns across CLFD scales. Given the exploratory nature of the study, no hypotheses were made a priori.

**Method**

**Participants**

Ninety-one students enrolled in an introductory psychology unit volunteered to participate in this study. The average age was 20.8 (SD = 6.41) ranging from 16 to 54 years, and there were 23 (25%) men and 68 (75%) women. Most participants were Australian (89%) with the remaining participants identifying as
North American, English, Swedish, South African, Filipino, or Taiwanese. Thirty-six percent of participants were religious, 41% were not religious, and 23% were unsure of their religiosity. Of those who identified as being religious, 86% reported being of the Christian faith (21% of these specified being Catholic), with the remaining few participants either not specifying their faith or specifying a non-mainstream faith (e.g., Jehovah’s Witness, New Age).

Materials and Procedure

A questionnaire that included both qualitative and quantitative data was developed for the study, and included general demographics (age, gender, nationality, and religion), questions about past experiences of death, followed by a section on fear of death.

After completing the demographic questions, participants were asked if they had ever lost a loved one and to indicate their relationship to this person, how old they were when the person died, and how close they were to this person on a scale from 1 (not at all close) to 5 (extremely close). (Other questions relating to whether participants had ever known someone who was grieving were also asked but were not included in this study).

Participants were then asked to respond to a general open-ended question regarding their fear of death: “Many people fear death. From your point of view, which aspects of death do you find the most worrying or fearsome?” Following this question, the revised version of the CLFD was presented. The CLFD scale includes 4 subscales, each comprising 7 items: Death of Self, Dying of Self, Death of Others, and Dying of Others. Respondents are asked to consider “How disturbed or made anxious are you by the following aspects of death and dying?” and to rate each item using a 5-point Likert scale from 1 (not) 5 (very). The revised version has shown improved factor-structure, with stronger support for the four proposed subscales than the original instrument, and good test–retest reliability with Cronbach’s alpha ranging between .88 and .92 (Lester & Abdel-Khalek, 2003; Mooney & O’Gorman, 2001). Despite the arguments made regarding the factorial instability of the CLFD, the four subscales were retained for the present study in order to provide greater exploratory richness in examining participants’ fear of death and for comparability with previous research.
The questionnaire was completed online via a secure site administered by the university in which the participants were enrolled. Potential participants were invited to participate in the study via an information sheet displayed as part of a student research participation program. Participants were provided with a web address for the questionnaire and instructions for gaining secure access with anonymity. The questionnaire took appropriately 20 to 30 min to complete.

**Results**

**Participant Profile**

Most participants had experienced the loss of a loved one (82%) and the closeness of their relationship to the deceased was generally “moderately close” ($M = 3.53$, $SD = 1.17$). The deceased person was primarily a grandparent (40%), friend (20%) or extended family member (19%), although for some participants (16%) this was an immediate family member (parent, sibling, or partner). The age at which participants experienced the death of a loved one ranged from 5 to 45, with the majority of people being in their late teens (48% between 15 and 17 years). These characteristics are typical for this age group and community context (e.g., Knight, Elfenbein, & Capozzi, 2000; Vickio, Cavanaugh, & Attig, 1990; Woodford, 2002).

**CLFD**

Mean scores, bivariate correlations, and alpha coefficients (in parentheses) for the four subscales of the CLFD are presented in Table 1. Scale reliabilities and intercorrelations are consistent in magnitude with previous studies (e.g., Lester & Abdel-Khalek, 2003; Mooney & O’Gorman, 2001). Previous analyses have used additive scale score calculations and so for comparability total scores (possible range 7 to 35) using this method are reported here. However, the scale mean scores (possible range 1 to 5) are also reported for ease of interpretation. There were no significant correlations between age and CLFD scales, although it should be noted that the sample did not include participants older than 54 and few were older than 35 years.
Gender differences were examined using a 2 × 4 mixed analysis of variance (ANOVA) with gender as a between-subjects factor and CLFD as a within-subjects factor. A main effect of CLFD was evident, $F(3, 243) = 27.35, p < .0001$ ($\eta_p^2 = .25$) with scores on Death of Others being significantly higher than all other subscales ($p < .0001$) and no significant differences between fear of Death of Self, Dying of Self, and Dying of Others. There was also a main effect of gender, $F(1, 81) = 31.19, p < .0001$ ($\eta_p^2 = .28$), with women showing greater fear in general than men. These effects were qualified by a significant gender by CLFD interaction, $F(3, 243) = 4.96, p < .01$ ($\eta_p^2 = .06$). For men, fear of Death of Self, Dying of Self and Dying of Others were not significantly different from one another, but were all significantly lower than fear of Death of Others (all $p < .001$). However for women, fear of Death of Self was significantly lower than Dying of Self and Dying of Others and these three subscales were significantly lower than fear of Death of Others (all $p < .01$). As can be seen in Figure 1, the distinction between men and women is marked on all subscales except Death of Others where both men and women are most fearful and are most similar to one another.

To further examine fear of death in terms of self and others, participant scores on the four subscales were recoded into 2 categories, high fear (above the mean) and low fear (below the mean). Given that correlations (Table 1) show moderate to strong positive relationships between the Death/Dying of Self scales and the

### TABLE 1 Descriptive Statistics, Alpha Coefficients, and Intercorrelations for the CLFD Subscales

<table>
<thead>
<tr>
<th>Subscale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Own death (.83)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Own dying .65</td>
<td>.89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Others death .56</td>
<td>.53</td>
<td>.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Others dying .44</td>
<td>.63</td>
<td>.56</td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>M total score</td>
<td>21.33(6.58)</td>
<td>22.71(6.80)</td>
<td>26.94(4.81)</td>
<td>24.01(6.03)</td>
</tr>
<tr>
<td>Total for men</td>
<td>18.19(7.67)</td>
<td>17.00(5.67)</td>
<td>24.62(4.71)</td>
<td>17.95(6.14)</td>
</tr>
<tr>
<td>Total for women</td>
<td>22.33(5.91)</td>
<td>24.56(6.14)</td>
<td>27.68(4.64)</td>
<td>25.77(4.74)</td>
</tr>
<tr>
<td>M score</td>
<td>3.05(0.94)</td>
<td>3.24(0.98)</td>
<td>3.85(0.69)</td>
<td>3.43(0.86)</td>
</tr>
<tr>
<td>M for men</td>
<td>2.60(1.09)</td>
<td>2.42(0.81)</td>
<td>3.52(0.67)</td>
<td>2.56(0.88)</td>
</tr>
<tr>
<td>M for women</td>
<td>3.19(0.85)</td>
<td>3.51(0.88)</td>
<td>3.95(0.66)</td>
<td>3.68(0.68)</td>
</tr>
</tbody>
</table>
Death/Dying of Others scales, it can be assumed that participants falling into the high fear category of one dimension (i.e., own) would also fall into the high fear category of the other dimension (i.e., others), and vice versa in terms of low fear.

This assumption was tested using a series of 2 (high, low) × 2 (high, low) Pearson’s chi-square analyses, with Bonferonni adjustment for multiple tests to control for type 1 error rate (α = .01): (a) Death of Self × Dying of Self; Death of Self × Death of Others; Death of Self × Dying of Others, and (b) Dying of Self × Death of Others; Dying of Self × Dying of Others. Results are presented in Figures 2 and 3. For each analysis, if the assumed pattern of

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure1}
\caption{Interaction between gender and CLFD scales.}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure2}
\caption{Interaction between fear of own death and other CLFD scales.}
\end{figure}
relationships exists then the results should be significant, indicating the there is an unequal proportion of individuals falling into the cross-tabulations.

As expected, analyses revealed that the interaction between Death of Self $\times$ Dying of Self was significant, $\chi^2(1) = 30.47, p < .0001$, showing that those high in fear of own death were also most likely to be high in fear of own dying (87.2%) and those low in fear of own death were also most likely to be low in fear of own dying (72.3%). A similar pattern, though much less marked, was observed for the interaction between Death of Self $\times$ Death of Others, $\chi^2(1) = 19.69, p < .001$, with those high in fear of own death also most likely to be high in fear of others death (84.6%) but only a small majority of those low in fear of own death also being low in fear of others death (60%). This pattern was even less evident, and not significant, for the Death of Self $\times$ Dying of Others analyses, $\chi^2(1) = 6.42, p > .01$, indicating a more equal distribution across categories. As can be seen in Figure 2, those high in fear of own death still tended to be high in fear of others dying, but those low in fear of own death were much more equally distributed across high and low fear of others dying (43.5% and 56.5%).

Analysis examining the relationship between Dying of Self $\times$ Death of Others was significant, $\chi^2(1) = 16.19, p = .0001$. Similarly, the interaction between Dying of Self $\times$ Dying of Others was significant, $\chi^2(1) = 15.91, p = .0001$. As can be seen in Figure 3, participants who were high in fear of own dying were also generally high in fear of others dying and others death. Again, this pattern was evident but much less marked for those low in fear of own dying, where there was a greater tendency for some of these participants to be in the high fear (rather than low fear) of others death and dying categories.

Together these analyses indicate that, in general, persons with a high fear of their own death (or own dying) are most likely to show a high rather than low fear of others death and dying. On the other hand, persons with a low fear of their own death (or own dying) do not show the same clear relationship with fear of others death and dying. Instead of the majority of these persons showing a low fear of others death and dying, they are more equally dispersed as high or low in fear of others death and dying.
Responses to the question “... which aspects of death do you find the most worrying or fearsome?” may reveal some insights into this relationship between fear of own death and fear of others death. These data were analyzed using thematic analysis, a method of analyzing qualitative data which involves sorting the information, identifying recurrent ideas or topics that occur in the data and thus establishing themes. The same theme may be manifest in different ways, and may include sub-themes, so it is vital that the process of theme identification and clarification involves re-examination of the data after themes have been identified in order to search for additional occurrences or representations, and verify the themes (Hayes, 2002). First, I analyzed the entire set of responses for recurrent themes. A colleague then examined the responses for evidence of any additional themes or problematic themes. Once a set of themes was agreed upon, both independently coded the set of responses. Inter-rater reliability was 92%. Responses that initially differed in coding were discussed and a final code agreed upon.

Analysis of responses revealed themes that can be categorized under two broad aspects of death: themes around the event of death and themes about the pain and suffering of death. Under the first broad category were fears regarding the uncertainty of death (how, when), the unknown afterlife, the finality that the event
brings, and the possibility of an unfulfilled life. In the second broad category of pain and suffering were fears of physical pain and of the emotional pain of leaving others behind in death or the death of loved ones. Each theme is discussed in turn, followed by a discussion of the differences in responses between the low and high fear of own death groups.

UNCERTAINTY OF DEATH

In terms of the event of death itself, some respondents were fearful of the uncertainty surrounding one’s death. Part of this fear involved not knowing how one will die, particularly as it might involve a traumatic event like a heart attack or accident. Another basis of this fear was uncertainty about when we die. Thus, the unpredictability of death, and therefore life, seemed to underpin most respondents’ fears concerning this theme (e.g., “it could happen to anyone, anywhere, without warning” and “being there one minute, and gone the next”).

Conversely, a minority of respondents feared the possibility of having a predictable, certain death. That is, what they found most fearsome was the possibility that they may know in advance that they were dying. For example, being a cancer sufferer and being given a prognosis of a certain amount of time to live was seen as more fearsome than a sudden unforeseen death: “The thought of having something and knowing you have this long to live scares me.”

UNKNOWN AFTERLIFE

Similar to the fearsome uncertainties surrounding the event of death itself, many respondents also expressed fears regarding not being certain about what happens after death. Aspects of this theme included not knowing whether heaven and/or hell really exist, and whether we continue to exist in some way after death either physically or spiritually. For example, “The unknown...that there may not be anything else for us”; “It’s just the unknown, do we go somewhere or do we disappear”; and “Where does your soul go? Is that it? What happens to my body once I’m dead?”

FINALITY OF DEATH

So while some respondents were fearful of an unknown afterlife, others had no doubt about the afterlife but were fearful of the
perceived nothingness that death brings, the absolute finality of death. For some respondents it was difficult to accept that, with death, “life’s just over.” For others, it was almost incredible to consider the end to their physical and spiritual existence, their mind and body, as well as to their existence in society. For these individuals, the futility and pointlessness of life was part of what they feared. For example, “how suddenly you don’t think or feel anymore”; “no longer thinking, breathing, and being forgotten”; and “we love so deeply and struggle so much but in the end it’s all gone.”

UNFULFILLED LIFE

Related to the idea that death is completely final, respondents also expressed fears that life may be unfulfilled at the time of death, particularly if death comes at a relatively young age. The idea of dying before having accomplished what is important to the individual was central to this theme. For example, “that I will die before I am ready and have done everything I want to do in life,” “thoughts of regret of a wasted life,” and “to die and have not accomplished or experienced something I find of value.”

PAIN OF DEATH

Whilst a few respondents did not fear their own death, many others fear the possibility of a physically painful death. This pain was most feared if it were to be extreme in intensity or of long duration. For example, “the thought of a painful slow death,” “that I will experience intense amounts of pain before I actually die,” and “dying in pain.”

LOSS OF LOVED ONES

For many respondents, what they feared about death related to the pain of loss or detachment from loved ones: either in anticipation of leaving loved ones behind when they die (“not seeing everyone I love anymore” and “not seeing the important things in the lives of my family”); or, on the other hand, the pain of loss when a loved one dies (“the loss of a loved to me is almost unbearable” and “my own death doesn’t worry me as much as the death of someone that is close to me”); or finally, the fear that their own death would create pain and suffering for loved ones (“the pain
and suffering of the ones left behind” and “I am afraid to cause pain to others if I die”).

**High vs. Low Fear of Death Groups**

In order to explore possible differences in the relative emphases placed on themes between those with high and low fear of death, participants were grouped according to mean scores for the combined Death and Dying of Self scales, and each group was also split according to gender. Those scoring above the mean were grouped as *high fear* and those scoring below the mean were grouped as *low fear*. Chi-square analyses were conducted separately for men and women by each theme, where fear of death (high vs. low) was the grouping variable. This process was also conducted based on the mean scores for the combined Death and Dying of Others scales. Frequencies of responses are presented in Table 2. There were equal numbers of women in high and low fear groups for both analyses. However for men, there were equal numbers of participants across high and low Death and Dying of Self groups, but fewer men in the low fear group than in the high fear group for Death and Dying of Others (30% and 70%, respectively). Only two analyses revealed significant group differences (see Table 2), however, in some cases this was most likely due to a lack of power from small and unequal group sizes (i.e., only 5 men in the low fear of others group).

In terms of uncertainty of death, the frequency of responses was similar across Death/Dying of Self and Other groups, but more prevalent for high fear than low fear participants. Overall, this was the least common theme. Finality of death was the second least common theme, and overall, the frequency of responses was similar across both self and others analyses. No men, and few women, in both low fear groups reported this theme. However in the high fear groups, there were similar frequencies of responses to the unknown afterlife and unfulfilled life categories (approximately 25% of participants).

The unknown afterlife was a moderately common theme and again, overall frequencies of responses were similar across both self and others analyses. However, women with high fear of own death/dying were less likely than those with high fear of others death/dying to respond with this theme. An unfulfilled life was
<table>
<thead>
<tr>
<th>Group</th>
<th>Uncertainty of death</th>
<th>Unknown afterlife</th>
<th>Finality of death</th>
<th>Unfulfilled life</th>
<th>Pain of death</th>
<th>Loss of loved ones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own death and dying</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High fear: Men (n = 8)</td>
<td>12.50</td>
<td>25.00</td>
<td>20.0</td>
<td>25.0</td>
<td>20.0</td>
<td>25.0</td>
</tr>
<tr>
<td>High fear: Women (n = 32)</td>
<td>21.90</td>
<td>15.60</td>
<td>28.1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>21.9</td>
<td>18.8</td>
<td>37.5</td>
</tr>
<tr>
<td>Low fear: Men (n = 9)</td>
<td>0.00</td>
<td>22.20</td>
<td>0.0</td>
<td>33.3</td>
<td>33.3</td>
<td>55.6</td>
</tr>
<tr>
<td>Low fear: Women (n = 31)</td>
<td>9.70</td>
<td>32.30</td>
<td>6.5&lt;sup&gt;b&lt;/sup&gt;</td>
<td>19.4</td>
<td>32.3</td>
<td>57.6</td>
</tr>
<tr>
<td>Total</td>
<td>13.75</td>
<td>23.75</td>
<td>17.5</td>
<td>22.5</td>
<td>26.3</td>
<td>43.8</td>
</tr>
<tr>
<td>Other death and dying</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High fear: Men (n = 12)</td>
<td>8.30</td>
<td>25.00</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
<td>33.3</td>
</tr>
<tr>
<td>High fear: Women (n = 32)</td>
<td>21.90</td>
<td>25.00</td>
<td>21.9</td>
<td>21.9</td>
<td>15.6&lt;sup&gt;b&lt;/sup&gt;</td>
<td>37.5</td>
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<tr>
<td>Low fear: Men (n = 5)</td>
<td>0.00</td>
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<td>0.0</td>
<td>40.0</td>
<td>40.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Low fear: Women (n = 31)</td>
<td>7.60</td>
<td>22.20</td>
<td>12.9</td>
<td>19.4</td>
<td>35.5&lt;sup&gt;b&lt;/sup&gt;</td>
<td>51.6</td>
</tr>
<tr>
<td>Total</td>
<td>13.80</td>
<td>23.75</td>
<td>17.5</td>
<td>22.5</td>
<td>26.3</td>
<td>43.8</td>
</tr>
</tbody>
</table>

Note. Chi-square analyses with significant group differences; <sup>a</sup><sup>χ<sup>2</sup></sup> (1) = 5.31, <sup>p</sup> = .023, <sup>b</sup><sup>χ<sup>2</sup></sup> (1) = 3.28, <sup>p</sup> = .056.
also a moderately common theme overall. Generally, there were similar frequencies of responses across groups, except for men who were low in fear of death/dying, who were the most likely to report this theme. Similarly, the pain of death was a moderately common theme. Generally, similar frequencies of responses were evident across high fear of death/dying groups. However, both men and women in the low fear of death/dying groups were more likely to report this theme.

Consistent with the quantitative results discussed above, showing that individuals tend to fear others’ death or dying regardless of the degree to which they fear their own death, the loss of loved ones theme was the most prevalent amongst all respondents with almost 50% of respondents making a comment in this category. Except for the high fear of own death/dying in men, this category was the most common for all other groups and generally it was more likely to occur in the low fear of death/dying groups. This is most likely due to the fact that, whereas high fear of death participants tended to report a variety of fears across several themes (and thus responses were more dispersed), often the loss of loved ones was the only theme commented on by participants in the low fear groups. Indeed, all of the respondents in the low fear groups who stated that they did not fear their own death did express fears regarding the effect their death would have on others, and/or the pain they would experience with the loss of a loved one. For some, this stance involved having a very clear view on the natural course of life, of which death is simply a part, whereas for others this wasn’t necessarily bound in a positive view of or acceptance of death, but rather was based on the contemplation of something far worse, the death of a loved one.

**Discussion**

The present study explored the relationship between the fear of one’s own death and dying and that of others, using participant responses on the CLFD and to the question, “Which aspects of death do you find the most worrying or fearsome?” Before discussing the findings in relation to this aim, it is first important to note whether the responses in the present study are similar to other general participant groups used in previous research, as it is essential
that any additional findings are not simply an artifact of this particular group.

The mean scores on the CLFD scales are consistent with prior research, in terms of both the magnitude of scores and the pattern amongst the four scales, with the Death of Others and Dying of Others scores being the highest and the Death of Self and Dying of Self scores being the lowest (e.g., Mooney & O’Gorman, 2001). Scale reliabilities were also consistent with previous reports, showing a moderately high degree of internal consistency (Abdel-Khalek & Lester, 2004; Lester, 1994). Gender differences were found, and these were also consistent with other studies, with women showing a higher level of fear of death in general compared to men (Lester, 1994; Loo & Shea, 1996).

The fear of death themes identified in the qualitative data are also consistent with previous research and the items or dimensions included in measures developed from that research; for example, the Multidimensional Orientation Toward Dying and Death Inventory (MODDI-F; Wittkowski, 2001), the Fear of Personal Death Scale (FPDS; Florian & Karvetz, 1983), the Leming Fear of Death Scale (LFDS; Leming & Dickinson, 1985), and the Reasons for Death Fear Scale (RDFS; Abdel-Khalek, 2002b). Specifically, the FPDS contains many of the themes that emerged from the present study, including the loss of self-fulfilment, self-annihilation (e.g., the cessation of the ability to think and experience), transcendental consequences (e.g., uncertainty of afterlife), and the severing of ties with loved ones. Three of the four RDFS factors also resonate with the current themes, including fear of pain and punishment, fear of losing worldly involvements, and parting from loved ones. Similarly, the majority of scales included in the LFDS also map to the key themes identified in the present study: fear of pain, fear of isolation, separation and loneliness, fear of afterlife concerns, fear of the finality of death, and fear of leaving loved ones.

The consistency of data reported here with previous research provides an indication that the current sample of respondents do not represent an unusual group, and therefore the findings may be interpreted with some confidence. As stated previously, the relationships amongst the CLFD scales representing fear of one’s own death and dying and that of others have typically been examined using correlational analyses. These indicate that the
relationships are positive and linear such that, for example, as fear of own death increases, so does fear of others’ death. The results of the present study however have demonstrated that although this kind of relationship is very clear for the death and dying scales within the self dimension, and also within the others dimension, it is not so clear between these two dimensions themselves.

Whilst correlations between, for example, Death of Self and Death of Others scales and Death of Self and Dying of Others scales indicate moderate to strong positive relationships, chi-square analyses show a more elaborate set of patterns. As would be expected given correlations between the scales, those who have a high fear of their own death will also most likely have a high fear of others’ death, and a high fear of others’ dying. However, unlike the correlations indicate, those who have a low fear of their own death are almost equally likely to be high or low in fear of others death or others dying (rather than being more likely to be low in fear of others death or dying). So if magnitude of fear is not the only element that explains the relationship between fear of own death/dying and fear of others death/dying, what other factors are important?

In asking participants to respond to the open-ended question above, it was hoped to elicit the things about death that first come to mind as being fearsome, and that these data would help to explain the relationship between fear of own death and fear of others’ death. As research has already shown that people’s fear of death is multidimensional in nature it was not surprising that responses to this question were varied, and indeed, as already noted, the themes that did emerge from the data were similar to those already discussed in the literature. However, consideration of these themes in relation to high and low fear of own death, as well as gender, has provided a basis for further elaboration of this relationship. First, having little fear of one’s own death does not require having little fear of death in general; all respondents in this category indicated that they did fear some aspects of death but that these were related to the loss of loved ones or the pain that loved ones might suffer as a result of one’s own death. This makes sense in light of the chi-square analyses indicating that many with a low fear of their own death actually have a high fear of others death and/or dying. Loss of loved ones, through one’s own death or the death of others, was not only the most prevalent theme for
the low fear group, but it was also the most frequent response for the high fear group. Again, given the quantitative data, this is not surprising. Mean scores on the Death of Others and Dying of Others scales were higher than the Death of Self and Dying of Self scales, and in practical terms, the chi-square analyses indicate that it is likely that more people have a high fear of others’ death and dying than a high fear of their own death. Moreover, both women and men scored highest on the Death of Others scale and the difference between genders was least marked for this scale compared to the other CLFD scales.

Gender differences in death anxiety research have tended to be inconclusive and sometimes contradictory, where, for example, some studies show that overall women fear death more than men whereas others report no differences (e.g., Neimeyer, 1994). The findings here are no different in this respect. For example, inconsistent with the present study, previous research has reported that women show greater fear of pain in relation to death than do men (Cicirelli, 1998). Also, in a study of personal meanings of death, Holcomb, Neimeyer, and Moore (1993) found that women were more likely than men to view death as involving high certainty and continued existence, whereas in the present study women were more likely than men to worry about the possible uncertainty of death and the finality of death. Further, in his study of personal meanings of death and fear of death, Cicirelli (1998) found that women were more likely than men to view death in terms of the finality of existence. In addition, he found no gender differences regarding the fear of leaving loved ones. Although the current study is consistent with this latter finding, it is inconsistent with other research which has found that men tend to view death as having less personal impact on them, in comparison to women who view death in highly emotional and negative ways (e.g., Holcomb et al., 1993). It is likely, as suggested by others, that rather than gender itself being an influential factor on death anxiety, such gender differences may in fact be driven by other related variables, such as locus of control (Neimeyer, 1994) or attachment style (Beggs, 2000; Waskowic & Chartier, 2003).

There are a number of issues with the present study that should be considered, however, in the interpretation of these results. First, as is typical of much research of this nature, the sample of respondents does not include the full spectrum of age
groups, nor does it have equal numbers of men and women. Obviously, as age and gender have previously been found to influence death anxiety by some studies (Neimeyer et al., 2004), it is important that future work attempts to investigate the relationship between fear of own death and fear of others’ death with a broader age range and more equal proportions of men and women. Also, the qualitative data presented here were derived from questionnaire responses to an open-ended question rather than from in-depth interviews, and as such a richer and more thorough exploration of the meanings underpinning individuals’ responses could not be examined. In order to fully understand individual’s fears about death, a more in-depth approach needs to be taken. Also, there is always the possibility that participants’ responses were influenced by the ordering of the survey components. Future research should consider a counterbalanced design or alternative ordering of questions in order to further establish the validity of the present findings.

Together, however, the results of the present study point towards one key finding—individuals tend to fear the death of others regardless of the degree to which they fear their own death, and that the detachment or separation from others through death (either one’s own death or the death of another) is one of the most fearsome aspects of death, a fear that is shared by the majority of respondents. It is no wonder, therefore, that continuing the bond between living and deceased has become an important theme in the bereavement literature and it is now recognized that maintaining some degree of attachment is a normal part of adjusting to the loss of a loved one (Field, 2006a). Various cultures and religions have evolved beliefs and customs relating to the ongoing relationship with the dead for many centuries, but current media trends also appear to indicate increasing interest in the general public for continuing to have contact with loved ones who are deceased. For example, a plethora of television dramas and talk-show programs feature mediums claiming to connect with the other side (e.g., Edward, 2003).

Perhaps the findings of the present study demonstrate one way in which research on death anxiety can inform research and practice in grief and bereavement. For instance, although continuing bonds in bereavement is acknowledged to be normative and adaptive, recent research has also discussed conditions where this may in fact be maladaptive (e.g., Field, 2006b; Klass, 2006).
Neimeyer, Baldwin, and Gillies (2006) suggested that the greatest difficulties in grieving arise when the individual has an inability to make sense of the loss of their loved one. The ability to make sense of the loss may be greatly influenced by an individual’s beliefs and fears about death, and so perhaps further knowledge about the fears associated with death, in particular the leaving, or loss, of loved ones as indicated by the present study, may assist future developments in therapeutic interventions. Indeed, Field (2006a) suggested that it is necessary for research to continue to identify and elucidate the kinds of interventions needed to promote healthy continuing bonds in the bereaved.

References


