MEASURING FEAR OF DEATH: A RELIABILITY STUDY*

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SUMMARY

An increase in interest in death education among helping professionals and a concern for a lack of reliability and validity data on some instruments measuring attitudes about death is reviewed. The Collett-Lester Fear of Death Scale and the Lester Attitude Toward Death Scale were administered twice to 20 graduate level male and female counselor trainees over a six-week interval. Test-retest reliability coefficients on all scales and subscales were significant but low to moderate only.

A. INTRODUCTION

Researchers who investigate attitudes toward death emphasize the need for standardized measures of the fear of death (5, 13). For more than a decade, a lack of concern for the reliability and validity of instruments measuring this concept is reported (4, 5, 10, 13). In addition, Kastenbaum and Costa call for systematic comparison and cross-validation of direct and indirect measures of death concern (10). Although reviews of the topic of fear of death indicate that several of these instruments have definite and, in some respects, serious limitations pertaining to reliability and validity (10, 13), the present study is concerned primarily with the reliability of only one such scale.

Two serious limitations of the Collett-Lester Fear of Death Scale are evident (17). First, the apparently previously unreported test-retest reliability of the scale noted by Dickstein (4) is a major deficiency. Second, the reliability of the four types of fear of death assessed by this instrument cannot be assumed on the basis of the empirically demonstrated reliability of other fear of death scales because the latter yield only single global scores. In spite of these limitations, the Collett-Lester scale continues to be used (16, 19).

An increasing interest is developing in the attitudes toward death held by

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various professional groups (12, 20). Research on attitudes about death continues with medical personnel (19, 21), and an increased interest in education about death is noted among social workers (11), recreational therapists (2), occupational therapists (7), teachers (8), and counselors (9, 22). As professionals are encouraged to come to terms with their own feelings in order to enhance more effective functioning with both dying patients and their families (7, 11, 12), reliable measurement of these feelings and attitudes becomes important. It is necessary that the verification of acceptable test-retest reliability precede claims of validity for instruments measuring attitudes about death. The Collett-Lester scale was developed using undergraduate students (3); however, in light of the trend noted in the literature, it appears appropriate to use professionals in training for a reliability study of this instrument.

This study is an investigation of the test-retest reliability of the Collett-Lester Fear of Death Scale. In addition, the other Lester death instrument, the Attitude Toward Death Scale (18), was administered.

B. Method

1. Subjects

The sample of 20 (11 female and nine male) graduate students were enrolled in two counseling courses at Texas A&M University. The subjects were told that the study was an investigation of the attitudes toward death of potential counselors, and they were given freedom to decline to participate; all chose to participate.

2. Procedure

The Collett-Lester Fear of Death Scale (17) and the Lester Attitude Toward Death Scale (18) were both administered in a group situation, and a code was used to preserve response anonymity. The Collett-Lester scale has four separate measures of death fears. It attempts to distinguish between the fear of death and the fear of the process of dying and to differentiate between these fears according to whether they are for oneself or for others (3). The Lester scale is a measure of general fear of death. The second administration of both scales occurred six weeks after the first administration. Data from one subject who was not retested were dropped.

C. Results

The intercorrelations between the four Collett-Lester subscales and the correlations of each subscale with the Lester scale were calculated with use
of the correlation procedure Pearson/Spearman (1). Although both procedures are reported (17, 18), Pearson product-moment correlations were used in this study.

The Collett-Lester test-retest product-moment correlation coefficients were .60 ($p < .01$) for Death of Self; .51 ($p < .05$) for Death of Others; .47 ($p < .05$) for Dying of Self; and .73 ($p < .001$) for Dying of Others. For the Lester Attitude Toward Death Scale the test-retest reliability was .81 ($p < .001$).

The intercorrelations between subscales on the data of the first test administration of the Collett-Lester scale ranged from .06 to .55. Correlations were particularly low (e.g., .25, .06, .22) when the type of fear (of death or of dying) differed. The two highest correlations (.55 and .53) occurred between the scales with shared measurement of type of fear.

Retest data yielded significant coefficients ($p < .05$) between the subscales sharing measurement of referents: i.e., Death of Self vs. Dying of Self ($r = .53$); Death of Others vs. Dying of Others ($r = .49$). The significant correlation between Death of Self vs. Dying of Others ($r = .53$) which appeared only in the retest data was discrepant.

The correlations between each Collett-Lester subscale and the Lester scale did not yield significant coefficients. The highest correlation appeared between the Lester scale vs. the subscale Death of Others (.38), followed by the correlations with Dying of Others (.29), Death of Self (.22), and Dying of Self (.08).

**D. Discussion**

It is apparent that both the Collett-Lester Fear of Death Scale and the Lester Attitude Toward Death Scale have good test-retest reliability which is generally comparable to other instruments measuring attitudes toward death (i.e., 4, 5, 23). The coefficient of .81 is considerably higher than the previously reported reliability coefficient of .58 for the Lester scale (18).

The low intercorrelations between the Collett-Lester subscales in the first test administration data support the potential usefulness of differentiating the four specific fears (3). In like manner, the subscales sharing a common process (death/dying) or a common referent (other/self) tend to reflect this shared aspect with higher intercorrelations. In the data of the second test administration, the high correlation ($r = .53$) between Death of Self and Dying of Others appears to weaken the support for such conclusions. A similar phenomenon ($r = .58$) previously appeared, however, in retest data obtained from a sample of 25 undergraduate females (3). Although the previous researchers did not discuss this discrepancy, the restriction of the
phenomenon to the second administration of the instrument may limit the concern of researchers because a single administration of the instrument appears to be typical in death attitude research studies (i.e., 6, 14, 15).

Although this small sample yielded low correlations between the general attitude toward death and specific Collett-Lester subscale scores, concurrent validity is claimed within several larger samples of both undergraduate and graduate students, faculty, and suicide prevention center personnel (18). Cross-validation with larger samples of appropriate professionals is recommended for further clarification of concurrent validity. Although sex differences regarding attitudes toward death are generally accepted (13), the reliability of death attitudes scales does not appear to be affected by sex differences (4). Research with samples counterbalanced for sex is preferred; however, professional groups may not be comprised of sufficient numbers to permit such sampling procedures. Replication of reliability and validity studies with large samples of adults with whom these instruments have potential for use are still necessary.

REFERENCES


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