METHOD AND PROCEDURE

The main purpose of the study was to analyze the relationship of fear of death and its cognitive, emotional and behavioural correlates. Keeping in view the objectives of study the procedure for sample selection and data collection was completed. Appropriate statistical techniques were selected according to the objectives of study for analyzing the data.

SAMPLE

Purposive sampling method was used to select a sample size of 200 females, which comprised of 100 females professionally exposed to death/dying (Group-I) and 100 females not exposed to death/dying in last 2 years (Group-II) from urban areas of Punjab and Chandigarh. All the subjects were in the age group of 25-45 years. All the subjects selected for the study were married with at least one issue, having minimum qualification up to graduation level.

Inclusion criteria:

All married females with at least one issue, in the age group of 25-45 years with minimum qualification up to graduation level.

Exclusion criteria:

Females who had witnessed the death of first degree relative or of a close significant member of family in last two years in both the study groups.
Females suffering from any mental or chronic medical illness were also excluded.

### Table-1
**Sample Characteristics**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Total Sample N=200</th>
<th>Group I (females exposed to death/dying) n=100</th>
<th>Group II (females not exposed to death/dying) n=100</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Age (yrs.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-30</td>
<td>68</td>
<td>34 %</td>
<td>41</td>
</tr>
<tr>
<td>30-35</td>
<td>81</td>
<td>40.5 %</td>
<td>38</td>
</tr>
<tr>
<td>35-40</td>
<td>30</td>
<td>15 %</td>
<td>13</td>
</tr>
<tr>
<td>40-45</td>
<td>21</td>
<td>10.5 %</td>
<td>08</td>
</tr>
<tr>
<td>Educational qualification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td>110</td>
<td>55 %</td>
<td>60</td>
</tr>
<tr>
<td>Post-graduate</td>
<td>90</td>
<td>45 %</td>
<td>40</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>121</td>
<td>60.5 %</td>
<td>55</td>
</tr>
<tr>
<td>Sikh</td>
<td>71</td>
<td>35.5 %</td>
<td>39</td>
</tr>
<tr>
<td>Christian</td>
<td>08</td>
<td>04.0%</td>
<td>06</td>
</tr>
</tbody>
</table>

Sample characteristics have been elaborated in [table-1](#). Majority of the subjects in total sample were in the age group of 30-35 years (40.5%) and least in the age group of 40-45 years (10.5%). On the other hand, in group-I
(females exposed to death and dying) the maximum subjects were in the age group of 25-30 years (41%) and in group-II (females not exposed to death and dying in last 2 years) maximum subjects were in the age group of 30-35 years (43%). Minimum number of subjects were in the age group of 40-45 years in group-I and group-II i.e. 8% and 13% respectively.

While looking at the educational qualification of the subjects maximum subjects in sample as a whole were graduates i.e. 55% and 45% of the total subjects were post-graduates. In group-I 60% of the subjects were graduates and only 40% were post-graduates. Whereas in group-II the number of graduate and post-graduate subjects were same 50% in each category.

Religious background of the subjects as depicted in table-I shows that 60.5% subjects in total sample were Hindus and 35.5% were Sikhs and only 4% belonged to Christianity. In group-I and group-II again the maximum number of respondents were Hindus i.e. 55% and 66% respectively. 6% and 2% subjects belonged to Christianity in both the groups i.e. group-I and group-II respectively.
Table-2
Homogeneity of Both the Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample N=200</th>
<th>Females exposed to death/dying Group-I n=100</th>
<th>Females not exposed to death/dying Group-II n=100</th>
<th>Test of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Age</td>
<td>32.01</td>
<td>4.74</td>
<td>31.65</td>
<td>4.40</td>
</tr>
<tr>
<td>Number of Graduates</td>
<td>60</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Post-graduates</td>
<td>40</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hindus</td>
<td>55</td>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Sikhs</td>
<td>39</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Christians</td>
<td>06</td>
<td>02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table-2 describes the statistical results for ensuring the homogeneity of both the groups i.e. group-I (females exposed to death and dying) and group-II (females not exposed to death and dying in last 2 years) based on specific variables. The homogenous nature of these two study groups was ensured by using tests of significance. No significant difference was observed in the mean age of subjects in both the groups (t=1.101, p>.05). For educational qualification and religious background of these subjects again the data has
shown the homogenous nature of both the groups i.e. group-I and group-II 
\(\chi^2 = 2.00\) and \(\chi^2 = 3.68, P > .05\) respectively.

**TOOLS USED FOR THE PRESENT STUDY**

In the present study following tools were used:

**Background Questionnaire:**

Background questionnaire was developed to collect information about socio-demographic characteristics of the subjects and to ascertain the status of exposure to death/dying in last two years. Questions about the health status of the subjects were also incorporated. The questionnaire comprised of total eight questions. Four questions were about socio-demographic profile and two about their exposure to death/dying in last two years. Another two questions were added to explore the health status of the subjects.

**The Revised Collett-Lester Fear of Death and Dying Scale (Lester, 1990):**

The Collett-Lester Fear of Death and Dying Scale (1969) was devised to provide a comprehensive measure of death anxiety that distinguished between the fear of death and fear of dying, and which also measured both these fears for oneself and for others. The revised scale (1990) used in this study has four subscales i.e. Fear of death of self, Fear of dying of self, Fear of death of others and Fear of dying of others. Each subscale comprises of 8 items and scoring is based on 5 point Likert scale ranging from not disturbed (1) to extremely disturbed (5). The test-retest
reliability using Pearson correlations for various sub-scales were adequate; specifically these were 0.85 for death of self, 0.79 for dying of self, 0.86 for death of others, and 0.83 for dying of others. The item to item correlations ranged from 0.36 to 0.78 (the median correlation was 0.625) (Lester, 1990). Good construct validity has also been reported by the author.

**Hope Scale (Snyder et al., 1991):**

The hope scale used in this research work is based on Snyder’s theory of hope (Snyder et al., 1991). Number of items in this scale are 12. This hope scale comprises of two sub scales namely the agency subscale and pathways subscale. The total hope scale score is obtained by adding four agency items and the four pathways items. Four items have been added by the author as distractors to make the content of the scale less obvious. The highest possible hope scale score is 32 and lowest score is 8. Author has documented that research on the hope scale indicates acceptable internal reliability, the coefficient alpha being acceptably high (Cronbach’s alphas of 0.74 and 0.84 respectively). Authors have conducted factor analysis that has confirmed the identifiability of the two components as well as the appropriateness of their overall summation to yield a total hope score.

**Alienation Scale (Reddy, 1973):**

This scale has been developed by Reddy (1973). It is 14 item inventory developed on the basis of Melvin Seeman’s multidimensional framework for
alienation. It is Likert type scale that gives five point summated ratings ranging from totally disagree (0) to totally agree (4). The test-retest reliability coefficient was found out to be 0.82. Concurrent validity as reported by author with Leo Srole’s scale for anomie was 0.43 (significant statistically). The relatively lower value is accounted for by the fact that Srole’s scale for anomie is concerned with only one of the five dimensions of alienation envisaged in Melvin Seeman’s multidimensional framework.

The Meaning in Life Questionnaire (Steger, Frazier, Oishi & Valler, 2006):

Meaning in Life Questionnaire (MLQ) was used to assess the presence of meaning and the search for meaning in life and has total 10 items. The MLQ consists of two subscales measuring the presence and the search for meaning in life, each containing 5 items and scoring is based on 7 point Likert scale ranging from 1 (Absolutely untrue) to 7 (Absolutely true). The MLQ has demonstrated good reliability and stability as well as robust structural validity (Steger et al., 2006). Each sub scale has shown convergent and discriminant validity as well as high test-retest reliability (Steger et al. 2006; Steger & Kashdan, 2007).

Intrinsic Religious Motivation Scale (Hoge, 1972):

This scale is used to measure the participants’ perceived internal relationship with God (Hoge, 1972). A higher score denotes a stronger perceived internal relationship with God. The scale is 10 items; 6 point Likert
scale from strongly disagree (1) to strongly agree (6). Some items in this scale are reversed scored, these items are related to external motivators for religious convictions. The scale’s reliability is measured by the author using Kuder Richardson method and it is 0.901. In item to item scale correlations with total 10 items the alpha coefficients ranged from 0.60 to 0.85. Author ensured concurrent validity of the scale by calculating the correlations between the earlier scales and the 10 item intrinsic religious motivation scale. The Feagin Intrinsic Scale and Allport–Ross intrinsic subscales are strongly correlated, alpha coefficients are .871 and .863 respectively.

**The Health Promoting Lifestyle Profile II (HPLP II) (Walker & Polerecky, 1996):**

HPLP II (Walker and Polerecky, 1996) is a measure of health promoting behaviour patterns. The 52 item HPLP II is composed of a total health promoting behaviour scale and six sub scales to measure behaviours in the theorized dimensions of health promoting lifestyle: namely spiritual growth, interpersonal relations, nutrition, physical activity, health responsibility and stress management. Content validity for the scale was established by literature review and content experts’ evaluation. Construct validity was supported by factor analysis that confirmed a six dimensional structure of health promoting lifestyle, by convergence with the personal lifestyle questionnaire (r=0.678). Criterion related validity was indicated by significant correlations with concurrent measures of perceived health status.
and quality of life ($r=0.269$ to $0.491$). The alpha coefficient of internal consistency for the total scale was $0.943$; alpha coefficients for the subscales ranged from $0.793$ to $0.872$. The 3-week test-retest stability coefficient for the total scale was $0.892$ (Walker, Sechrist & Pender, 1987; Walker & Polerecky, 1996).

**COLLECTION OF DATA**

The study consisted of seven questionnaires including a background questionnaire (which included demographic questions, questions about experience with death and dying and questions related to health status of the subjects). Other tools used in this study are The Revised Collett-Lester’s Fear of Death and Dying Scale (Lester, 1990), Hope Scale (Snyder et al., 1991), The Meaning in Life Questionnaire (Steger, Frazier, Oishi & Kaler, 2006), Alienation Scale (Reddy, 1973), Intrinsic Religious Motivation Scale (Hoge, 1972) and The Health Promoting Life Style Profile II (HPLP II) (Walker & Polerecky, 1996). A pilot study was carried out before starting the data collection for main study to check the relevance of the scales.

All the participants were contacted individually by the researcher. After explaining the purpose of the study, subjects’ verbal consent was taken to participate in the study. Only the subjects interested to participate in the study were recruited and a packet containing seven questionnaires was given personally to each subject to fill their responses. After completion the set of
questionnaires was collected and checked for any items that may not have been responded.

STATISTICAL ANALYSIS

Normal distribution of the data was ensured using descriptive statistical measures. Both the groups were compared for different dimensions of death anxiety using t-tests (paired & unpaired). Intercorrelations between study variables were computed in sample as a whole as well as in both the groups. Regression analysis was carried out to see the contribution of hope, alienation, meaningfulness in life, intrinsic religiosity and health promoting behaviours to fear of death (Gupta, 1991 & Wright, 1997).
Figure-4
Distribution of subjects according to Age Groups
(N=200)

Figure-5
Distribution of subjects according to Age Groups in group-I (n=100)

Figure-6
Distribution of subjects according to Age Groups in group-II (n=100)
Figure-7
Distribution of subjects according to Education Level
(N=200)

Figure-8
Distribution of subjects according to Education Level in group-I (n=100)

Figure-9
Distribution of subjects according to Education Level in group-II (n=100)
Figure-10
Distribution of subjects according to Religion
(N=200)

Figure-11
Distribution of subjects according to Religion in group-I (n=100)

Figure-12
Distribution of subjects according to Religion in group-II (n=100)