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## Collet-Lester Fear of Death Scale Validation and Gender-Based Comparison of Death Anxiety, Suicide Ideation and Life Satisfaction in University Students

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**Abstract:** The current research was purposed to establish the validity of Collet-Lester fear of death scale and to compare death anxiety, suicide ideation and satisfaction with life in male and female students of Ahwaz Islamic Azad University. The research samples consisted of validity evaluation phase sample (with 200 subjects: 100 males and 100 females) and hypothesis testing sample (with 400 subjects: 200 males and 200 females). All the subjects were selected via simple and stratified random sampling procedures, respectively among enrolled students of Ahwaz I.A.U for academic year 2007-08. To collect data, Collet-Lester Fear of Death Scale (CL-FODS), Templer Death Anxiety Scale (DAS; to evaluate concurrent validity of CL-FODS), Beck Scale of Suicide Ideation (BSSI) and Pavot and Diener Satisfaction With Life Scale (SWLS) were implemented. The CL-FODS reliability coefficients were obtained by Cronbach Coefficient Alpha and halving methods (respectively: 0/89, 0/68). It has also been found that CL-FODS, significantly associated with Templer Death Anxiety Scale (at p-value  $\leq 0/0001$ ) with correlation coefficient of 0/568 as concurrent validity. The results showed that quite acceptable high validity and reliability were obtained for CL-FODS. The outcome by multivariate analysis of variance (MANOVA) also revealed that there were significant differences between male and female death anxiety (and its subscale: your own death, your own dying, the death of others and the dying of others) and satisfaction with life. Both groups did not differ significantly in suicide ideation.

**Key words:** Death anxiety, suicide ideation, life satisfaction, validity and reliability

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### INTRODUCTION

Death, being largely beyond personal control, generates great concern and anxiety among most human beings (Rasmussen and Christiane, 1996). However, the level at which death anxiety is experienced and expressed appears to vary greatly from individual to individual. Assessment of death anxiety is an important issue in both empirical research and therapeutic applications. To date, there are different direct and indirect methods of assessing death anxiety (Conte *et al.*, 1982; Lester, 1967; Lester and Templer, 1992, 1993; Lonetto and Templer, 1986; Neimeyer, 1994, 1997-1998). As Neimeyer and Van Brunt (1995) pointed out, however, more than 95% of published studies to date have relied on some form of direct questionnaire.

Death anxiety questionnaires can be classified into unidimensional and multi-dimensional scales. In the unidimensional strategy, a limited number of studies have used a single Likert item asking for a self-rating of fear of death (Abdel-Khalek, 1998; Bengtson *et al.*, 1977;

Holmes and Anderson, 1980; Kalish, 1986). In response to the criticism of the unidimensional scales, various multi-dimensional questionnaires have been published (Hoelter, 1979; Lester, 1990, 1991; Neimeyer, 1994; Wong *et al.*, 1994). The Collet-Lester Fear Of Death Scale (CL-FODS) is one of the multi-dimensional classic instruments used in assessing attitudes toward death and which is unique in that it distinguishes between death and the process of dying for both oneself and others. It is thus organized into four separate subscales: fear of death of self, fear of dying of self, fear of death of others and fear of dying of others. Collett and Lester (1969) suggested that death anxiety is a multi-dimensional concept that can have different causes, leading a person to react differently to the idea of death as a state and also to the process of dying. Likewise, attitudinal and emotional reactions could be different when dealing with oneself or with other people. The first version of the CL-FODS (Collett and Lester, 1969) contained 36 items, with a different number of items for each of the subscales (9, 10, 6 and 11 items, respectively). Later, Lester (1990,

1994) presented a revised version in which all the subscales had the same number of items (eight) and the scoring system had also been simplified. Lester (1994) carried out factor analysis based on 8 items in each subscale after deleting the items that conflicted with the theoretical formulation of the 4 factors. However, the studies conducted by other authors pose doubts as to the factorial validity of the CL-FODS (Loo and Shea, 1996; Mooney and O'Gorman, 2001).

Death anxiety research has highlighted the link among death anxiety, overall psychological health and exposure to life-threatening events. This link bears potentially important implications for suicide ideation research. According to the two-factor model of death anxiety (Gilliland and Templer, 1985-1986; Lonetto and Templer, 1986), the degree of death anxiety is determined by two factors; one is general psychological health and the other is life experiences related to death. That is, the degree of death anxiety is associated with our pervasive psychopathological condition or with, for example, life-threatening experiences. Death anxiety differences may be associated with social factors including religiosity, the cultural meaning of death and quality of life. But do the dichotomous sexes differ in death anxiety? Some researchers obtained yes: Suhail and Akram (2002), Tang *et al.* (2002), Depaola *et al.* (2003), Sarvandian and Hassanpor (2003), Twelker (2004), Abdel-Khalek (2005, 2006), Abdel-Khalek and Lester (2006), Lester *et al.* (2007) and Madnawat and Kachhawa (2007) came to such an end.

Suicide has been described as the end of a continuum that begins with suicidal ideation, continues with planning and preparing for suicide and ends with threatening, attempting and completing suicide (Kachur *et al.*, 1995). Although, some young people make impulsive attempts, many more have suicidal thoughts and engage in behaviors along this continuum before attempting suicide or without ever attempting suicide. Although, some researchers believe that attempted suicide may be a phenomenon separate from completed suicide, there are risk factors in common. A history of suicide attempts is statistically correlated with an increased risk for further attempts that may result in death. Thus, professionals seeking to prevent suicide focus on groups and individuals with an increased risk for suicide, particularly those reporting suicidal ideation, intent, plans and prior attempts, as well as symptoms of depression. Some researchers suggested that college campuses may inadvertently contribute to the development and exacerbation of students' stress disorders-including suicidal behaviors-that are consequences of perceived or real stress (Seiden, 1971).

Alpass and Neville (2005) investigated that suicidal ideation was related to income, stress, loneliness; hopelessness, depression and negative affect, but was unrelated to age, self-reported health, or social support. Those reporting a previous psychological problem had significantly higher suicidal ideation scores. Although, the most common reasons for suicidal thoughts and attempts are psychological problems (feelings of depression, hopelessness, meaninglessness and emptiness) some researchers found gender differences. Jamshiedzadeh *et al.* (2001), Shaffer *et al.* (2001), Park *et al.* (2005), Salari-lak *et al.* (2005), Fedorowicz and Fombonne (2007), Eskin *et al.* (2007), Gabilondo *et al.* (2007) and Lee *et al.* (2007) concluded gender differences in their studying of suicide ideation.

Life satisfaction is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive affect and negative affect (Diener, 1984). Although satisfaction with current life circumstances is often assessed in research studies, Diener *et al.* (1999) also include the following under life satisfaction: desire to change one's life; satisfaction with past; satisfaction with future; and significant others' views of one's life. Theory and research from fields outside of rehabilitation have suggested that subjective well-being has at least three components, positive affective appraisal, negative affective appraisal and life satisfaction. Life satisfaction is distinguished from affective appraisal in that it is more cognitively than emotionally driven (Corrigan, 2000). Life satisfaction can be assessed specific to a particular domain of life (e.g., work, family) or globally. Reliable and valid measures of life satisfaction are available. The Satisfaction with Life Scale (SWLS) is a global measure of life satisfaction. SWLS is a measure of life satisfaction developed by Ed Diener and colleagues (Diener *et al.*, 1985). The Satisfaction with Life Scale shows good psychometric properties and has been used in a number of organizational work-family studies (Judge *et al.*, 1994). Life satisfaction is related to better physical (Veenhoven, 1991) and mental health (Beutell, 2006), longevity and other outcomes that are considered positive in nature. Men and women are similar in their overall levels of life satisfaction (Diener *et al.*, 1999). While, women do report more positive and negative affect; Chipper (2001) and Karami-Noori *et al.* (2002) put yes to the ends of the questions on gender differences existence in their life satisfaction study. Married people are more satisfied with their lives and those with life-long marriages appear to be the most satisfied (Evans and Kelly, 2004).

To validate Farsi version of Collet-Lester Fear of Death Scale and to compare death anxiety, suicide ideation and satisfaction with life in male and female Ahwaz Islamic Azad University students were our concerns. So, we tried to find out if Farsi version of CL-FODS retains (acceptable) reliability and validity? And if any differences between male and female students' death anxiety (and its component subscales: death of self, dying of self, death of others and dying of others), suicide ideation and life satisfaction were exist?

To put the research into practice and to investigate relatively definitive respond to the raised questions the pentamerous hypothesis were proposed:

- Farsi Version of CL-FODS maintains (acceptable) reliability
- Farsi Version of CL-FODS maintains (acceptable) validity
- There exists a difference between male and female students' death anxiety and its component subscales (death of self, dying of self, death of others and dying of others)
- There exists a difference between male and female students' suicide ideation
- There exists a difference between male and female students' life satisfaction

## **MATERIALS AND METHODS**

The research was a multistage study. At the first step an exploratory design and for the second step a Post hoc research design were pursued. The first step was a scale validation of Farsi version of Collet-Lester Fear of Death Scale, which was accomplished via a linguistic validation and the Cronbach Coefficient Alpha, split-half reliability coefficient and concurrent validity (by computation the correlation coefficients of the Farsi form with Templer Death Anxiety Scale (DAS)). Afterward the research compared death anxiety, suicide ideation and satisfaction with life in male and female students of Ahwaz Islamic Azad University by comparing their statistical indices such as their means score.

The research samples consisted of validity evaluation phase sample (with 200 subjects: 100 males and 100 females) and hypothesis testing sample (with 400 subjects: 200 males and 200 females). All the subjects for the both stages were selected via simple and stratified random sampling procedures respectively among enrolled students of Ahwaz I.A.U for academic year 2007-08. To collect data, Collet-Lester Fear of Death Scale (CL-FODS), Templer Death Anxiety Scale (DAS; to evaluate

concurrent validity of CL-FODS), Cattel General Anxiety Scale (on validity evaluation phase sample for discriminant validity), Beck Scale of Suicide Ideation (BSSI) and Pavot and Diener Satisfaction with Life Scale (SWLS) were implemented. The CL-FODS reliability coefficients were obtained by Cronbach Coefficient Alpha and halving methods (respectively: 0/89, 0/68). It has also been found that CL-FODS, significantly associated with Templer Death Anxiety Scale (at  $p \leq 0/0001$ :  $p = 0/0001$ ) with correlation coefficient of 0/568 as concurrent validity. And significantly less associated with Cattel General Anxiety Scale ( $PC = 0/201$  at  $p < 0.005$ ).

**Participants:** The universal population of the established research included the entire students of Ahwaz Islamic Azad University enrolled for 2007-08 academic year. To avoid validity coefficients dummy increment (Anastasi, 1992) an allocated separate sample was taken into concern in validity evaluation phase. So, the research samples consisted of validity evaluation phase sample (with 200 subjects: 100 males and 100 females) and hypothesis testing related variables sample (with 400 subjects: 200 males and 200 females). To elude any bias with respect to the existing literature on death anxiety and the associated variables all the psychology, nursing and theology study fields students were excluded in the validity evaluation phase sample. 200 subjects (100 males and 100 females) were selected randomly via simple sampling among all other major fields' students enrolled for 2007-08 academic year for validity evaluation phase sample.

The sample was grouped into four age ranges as following:

The 15-19, 20-24, 25-29 and 30 and upper; 20-24 years age range was the most frequent group with 63% and the 30 years and upper had the least frequency (11%) in the males of total sample. 20-24 years age range was also the most frequent group with 67% and the 30 years and upper had the least frequency (2%) in the females of total sample.

The others variables related hypothesis testing sample subjects were selected through stratified random sampling procedures among B.S and B.A students of Ahwaz Islamic Azad University enrolled for 2007-08 academic year. Four hundred subject students (200 male and 200 female) were randomly selected by stratified sampling procedure from different departments according to specific portion of each department to devise the rest of hypothesis testing sample. Sixty five students (25 male and 40 female) from Agriculture and Natural Resources Department; 65 students (25 male and 40 female) from Law

and Political Science Department; 55 students (20 male and 35 female) from Psychology and Educational Sciences Department; 30 students (10 male and 20 female) from Economy and Administration Science Department; 35 students (10 male and 25 female) from Literature and Human Science Department, 25 students (10 male and 15 female) from Basic Sciences Department; 100 students (100 male) from Technology and Engineering Department and 25 students (25 female) from Nursing and Midwifery Department

The later sample was also grouped into four age ranges as following: 15-19, 20-24, 25-29 and 30 and upper; 20-24 years age range was the most frequent group with 72.8% and the 15-19 years group had the least frequency (5.1%) in the males of total sample. 20-24 years age range was the most frequent group with 65.3% and the 30 years and upper had the least frequency (4.7%) in the females of total sample. 12 subjects did not mention their ages.

Sixty two students (15/5% of the total sample) were married, while 338 were single (84/5%).

One hundred and twenty five of the sample just experienced recent death of their relative but the others (275) had not such an experience. Nineteen subjects eye-witnessed their close relative death but 106 were not present in dolorous arena of the dying of others. According to their responds 311 of the subjects (80/20%) were not recently suffering a worrisome disease but 77 individuals (19/8% of the total sample) facing such a sore conditions. Twelve did not specify whether or not they recently infected by a worrying malady.

A multiple choice question was forwarded to the subjects on their attitude toward ideal death/dying. One hundred and fifty six participants (39% of the total sample) picked up dying without pain option. 29/9% (that means 118 subjects) of the allocated answers belonged to dying without disturbing relatives option. Being prepared for death (dying restfully and having reputable funeral) was taken by 46 (11/6%) of the respondents as ideal death/dying. While 77 students, in another words 19/5% of the participants attributed having control over private affairs when dying option to ideal death/dying, 5 did not pick up any suggested respond.

To collect data, Collet-Lester Fear of Death Scale (CL-FODS), Templer Death Anxiety Scale (DAS; to evaluate concurrent validity of CL-FODS), Beck Scale of Suicide Ideation (BSSI) and Pavot and Diener Satisfaction with Life Scale (SWLS) were implemented. The researchers initiated demographics information questionnaire regarding sex, age, marriage status and so on was administrated as well. The data were speculated to delineate the sample characteristics.

## RESULTS

The results showed that quite acceptable high validity and reliability for Farsi version of the CL-FODS were obtained. The outcome by multivariate analysis of variance (MANOVA) also revealed that there were significant differences between male and female death anxiety (and its subscale: your own death, your own dying, the death of others and the dying of others) and satisfaction with life. Both groups did not differ significantly in suicide ideation.

While, prior research has focused on death anxiety in general, more recent studies have recognized the need for multilevel measures for assessing the fear of death. A 32-item questionnaire used in the present investigation produced four subscales-evaluation of death in death of self (subscale I), dying of self (subscale II), death of others (subscale III) and dying of others (subscale IV). The Collett-Lester Fear of Death Scale (CL-FODS) consists of 4 subscales: death of self, dying of self, Death of others and dying of others. The aim of this study was to develop a Farsi (Persian) version of the CL-FODS and to explore its psychometric properties. The revised version of the scale was translated into Farsi from English. Then, the back translation technique was carried out. A sample of 200 Iranian I.A.U students (100 males and 100 females) responded to the CL-FODS Farsi Version, along with 2 instruments assessing death anxiety and general anxiety. Good internal consistency and satisfactory Cronbach Coefficient Alpha and split-half reliability coefficients of the four subscales of the Farsi CL-FODS were achieved.

The internal consistency of the Farsi CL-FODS version that is Maqias Eztarab Marg-Collett-Lester (0.77) matches that found for the original scale.

Its correlations with death anxiety (via calculating Pearson correlation with Templer Death Anxiety Scale) were higher than that with general anxiety (through computation the Pearson association coefficient with Cattel General Anxiety Test), supporting its discriminant validity ( $PC = 0/568$  at  $p < 0.0001$  compare to  $PC = 0/201$  at  $p < 0.005$ ).

To translate the Collett-Lester Fear of Death Scale (CL-FODS) into the Farsi Version Maqias Eztarab Marg Collett-Lester, linguistic validity was first established by back translation. The Farsi version was reviewed and edited by five Ph.D psychologist professionals and then was compared with the original English version.

All the 32 items of the CL-FODS were translated from English into Farsi individually by three bilingual experts. Afterwards, five professionals Ph.D psychologists reviewed the translation. Process of revisions and

modification were accomplished until a final definitive version had been reached. Then, the preliminary Farsi version was translated back into English (Brislin, 1970, 1980) and compared with the original English version. The two forms displayed very good similarity. Afterward Cronbach Coefficient Alpha and split-half reliability coefficient were calculated for the entire scale and its four components individually. A total score numbers of 0/89 and 0/68 were achieved in order as pretty adequate for the whole scale. The Cronbach Coefficient Alpha and Split-half reliability coefficients of the four subscales: death of self, dying of self, death of others and dying of others attained the satisfactory 0.77, 0.75, 0.78, 0.75 and 0.63, 0.60, 0.68 and 0.77, respectively. The Cronbach Coefficient Alpha and split-half reliability coefficient of the entire scale for the female and the male were also calculated. The female gained 0.91, 0.84 and the male achieved 0.74, 0.56 in the order mentioned.

To ascertain the concurrent validity of the entire scale and its four components subscales by computation the associations of the Farsi form with (1) Templer Death Anxiety Scale and (2) Cattell General Anxiety Test, the correlations coefficients were evaluated.

The whole scale gained 0.568 while death of self, dying of self, death of others and dying of others acquired 0.48, 0.33, 0.40 and 0.53 correlations coefficients, respectively as the concurrent validity. The correlation coefficients as the concurrent validity for the entire scale in the female and the male were 0.515, 0.602, respectively. These results justify the use of the CL-FODS in Farsi-speaking health care professionals for the purpose of assessing attitudes toward death and dying in self and others. The statistical indices, suicide ideation and life satisfaction are shown in Table 1.

As it was brought into view in Table 2 the validity coefficient of Farsi Version of CL-FODS (correlation with Templer Death Anxiety Scale-DAS) in the female and the male are 0/515, 0/602, respectively. The validity coefficient for the total sample was attained equal to 0/568 that denoted the quite acceptable validity of Farsi Version of CL-FODS. Hence, the first hypothesis was reconfirmed.

The Cronbach Coefficient Alpha and Split-half Reliability Coefficient of the entire scale for the total sample were 0.91, (for the female and the male 0.84, 0.89, respectively) and 0.68 (for the female 0.74 and the male 0.56) in the order mentioned (Table 3). So, reliability of Farsi version of CL-FODS was substantiated and the second hypothesis was confirmed as well.

As it shown Table 4, the significance levels ( $p < 0.05$ ) of all the tests indicated that the male and the female students differ significantly at least in one of the compared variables (death anxiety, suicide ideation and

Table 1: The statistical indices (Mean, SD, minimum, maximum and the numbers of the subjects for death anxiety (and its subscales), suicide ideation and life satisfaction

Variables	Subjects	Statistical indices				
		Mean	SD	Min.	Max.	No.
CL-FODS (death anxiety)	Male	116/08	18/33	60	160	200
	Female	126/71	17/90	64	160	200
	Total	121/39	18/86	60	160	400
Death of self	Male	25/40	6/47	8	40	200
	Female	27/50	6/69	8	40	200
	Total	26/45	6/66	8	40	400
Dying of self	Male	28/54	6/14	8	40	200
	Female	31/09	6/49	8	40	200
	Total	29/82	6/44	8	40	400
Death of others	Male	31/80	6/02	13	40	200
	Female	34/91	4/84	17	40	200
	Total	33/36	5/67	13	40	400
Dying of others	Male	30/12	6/36	10	40	200
	Female	33/21	3/15	17	40	200
	Total	31/66	5/98	10	40	400
Suicide ideation	Male	2/04	3/86	0	30	200
	Female	1/68	2/99	0	19	200
	Total	1/86	3/46	0	30	400
Life satisfaction	Male	20/60	6/14	5	34	200
	Female	21/98	5/83	5	35	200
	Total	21/29	6/02	5	35	400

Table 2: The correlations coefficients (concurrent validity) with DAS

Validity coefficient (correlation with Templer DAS)	r			p-value
	Female	Male	Total	Total
CL-FODS	0/515	0/602	0/568	0/0001
Subscale I Death of self	-	-	0/48	0/0001
Subscale II Dying of self	-	-	0/33	0/0001
Subscale III Death of others	-	-	0/40	0/0001
Subscale IV Dying of others	-	-	0/53	0/0001

Table 3: The Cronbach Alpha, split-half reliability coefficients and the correlations coefficients (concurrent validity) with DAS

Scale	Method		Concurrent validity with templer DAS	p-value
	Cronbach coefficient alpha	Split-half reliability coefficients		
CL-FODS (Farsi version)	0.89	0.68	0.568	0.0001
Death of self	0.77	0.63	0.480	0.0001
Dying of self	0.75	0.60	0.330	0.0001
Death of others	0.78	0.68	0.400	0.0001
Dying of others	0.75	0.77	0.530	0.0001

Table 4: The results of multivariate analysis of variance (MANOVA) on death anxiety, suicide ideation and life satisfaction scores of the male and female subjects

Test	Magnitude	df of the hypothesis		F-value	p-value
		hypothesis	the error		
Pillai's trace	0.096	3	396	14.06	0.0001
Wilks' lambda	0.904	3	396	14.06	0.0001
Hotelling's trace	0.107	3	396	14.06	0.0001
Roy's largest root	0.107	3	396	14.06	0.0001

life satisfaction). To find out the differences, the results of between subjects effects tests shown in Table 5.

According to the data embedded in Table 5; there exist a significant difference between female and male

Table 5: The results of between subjects' effects on death anxiety, suicide ideation and life satisfaction of the male and female subjects

Variables	Sum of squares	df	Mean of squares	F-value	p-value
Death anxiety	11310/32	1	11310/32	34/45	0/0001
suicide ideation	12/25	1	12/25	1/02	0/312
life satisfaction	189/06	1	189/06	5/26	0/022

Table 6: The results of multivariate analysis of variance (MANOVA) on Death Anxiety subscales scores of the male and female subjects

Test	Magnitude	df of the hypothesis	df of the error	F-value	p-value
Pillai's trace	0.098	4	395	10.73	0.001
Wilks' lambda	0.902	4	395	10.73	0.001
Hotelling's trace	0.109	4	395	10.73	0.001
Roy's largest root	0.109	4	395	10.73	0.001

Table 7: The results of between subject's effects on death anxiety subscales of the male and female subjects

Variables	Sum of squares	df	Mean of squares	F-value	p-value
Death of self	441	1	441	10/17	0/002
Dying of self	650/25	1	650/25	16/27	0/0001
Death of others	961	1	961	32/16	0/0001
Dying of others	957/90	1	957/90	28/56	0/0001

students with respect to their death anxiety ( $F = 34/45$ ,  $p < 0.05$ ); therefore the third hypothesis was confirmed. That means, concerning the mean scores of the male (116/08) and the female (126/71), the male subjects suffered less death anxiety.

No any significant difference was found in the suicide ideation between the both genders ( $F = 1/02$ ,  $p = 0/312$ ). So the fourth hypothesis was rejected. In another words, with respect to mean scores of the male (2/04) and the female (1/68), they acquired alike means in suicide ideation.

As shown data in Table 5 bringing to view, the female differed significantly from the male, referring to their satisfaction with life indices ( $F = 5/26$ ,  $p < 0.05$ ); hence the last hypothesis was also consolidated. The female subjects mean (21/98) surpassed their counterparts male mean score (20/60) regarding the satisfaction with life. That means the female pleased their life more than the male students.

As it could be observed from the inserted data (Table 6) the results (the significance level of the tests at  $p < 0.05$ ) indicated that there were a significant difference between male and the female, at least in one of the dependent variables (death anxiety component subscales: death of self, dying of self, death of others and dying of others). The results of between subjects effects tests were demonstrated in Table 7.

Referring to the indicated results (Table 7) there was a significant difference between male and female in death of self ( $F = 10/17$ ,  $p < 0.05$ ) subscale. Therefore, the sub-hypothesis was supported. That means, concerning the mean scores of the male (25.40) and the female (27.50), the male subjects suffered less death of self anxiety.

As the resulting indices showed the male and the female differed significantly in dying of self ( $F = 16/27$ ,  $p < 0.05$ ) subscale. Hence the sub-hypothesis was confirmed too. On another words, with respect to gained mean of the male (28.54) and the female (31.09), the female compared to the male bore higher level of dying of self anxiety.

Regarding the data shown in Table 7, there existed a significant difference between male and female in death of others ( $F = 32/16$ ,  $p < 0.05$ ) subscale. So the sub-hypothesis was also strengthened. To be uttered differently, concerning the males mean score (30.12) and the females' (33.21); the males experienced much less death of others anxiety.

With respect to dying of others ( $F = 28/56$ ,  $p < 0.05$ ) subscale F ratio of male and female subjects, they held a significant difference in the mentioned subscale that is dying of others. Therefore, the sub-hypothesis was consolidated as well. To be restated by different words. In reference to the mean scores of the male students (25.40) and the females (27.50); the female underwent higher dying of others anxiety than their male sample mates.

## DISCUSSION

Based on the results obtained in the present sample of I.A.U students, it could be concluded that the Farsi version of the CL-FODS has good psychometric properties. That is, it had good internal consistency and acceptable temporal stability (Table 1). The correlations (Table 3) of the four subscales of the CL-FODS with death anxiety and Cattell General Anxiety Scales were similar to those obtained in other studies (Abdel-Khalek, 2006), denoting convergent validity of the scale. It is particularly noteworthy that the correlations between the four CL-FODS subscales and temple death anxiety were higher than those with Cattell General Anxiety, denoting discriminant validity of the scale in its Farsi form. Besides, a Farsi version of the CL-FODS can promote cross cultural research on death attitudes, as well as enhance the study of death attitudes in Iranian society different communities.

Major life transitions; such as leaving home and going to college, may increase the intensity or severity of existing psychological difficulties or trigger new ones. Moreover, leaving family and peer supports to enter an unfamiliar environment with higher academic standards can deepen depression or increase anxiety. Undiscovered, unaddressed and unmet mental and behavioral health problems among college students can interfere with academic success. Parental pressure to succeed and economic pressure to successfully complete a course of education and training in a shorter period of time also increase stress. College campuses may contribute to the

development and escalation of students' stress disorders; including suicide ideation that are consequences of perceived or real stress. While Death anxiety research revealed the association among death anxiety, overall psychological health and exposure to life-threatening events, Suicide ideation as life-threatening and life experiences related to death should concern all the college campus mental health researchers.

While in the established research both groups; male and female students did not differ significantly in suicide ideation the female exceeded the male in life satisfaction and death anxiety. This fact denoted that the females are more worry of missing either current life circumstances and/or their global future by death since they were satisfied with their life.

Present findings contradicted by Jamshiedzadeh *et al.* (2001), Shaffer *et al.* (2001), Park *et al.* (2005), Salari-lak *et al.* (2005). Fedorowicz and Fombonne (2007), Eskin *et al.* (2007), Gabilondo *et al.* (2007) and Lee *et al.* (2007) outcomes on gender differences of suicide ideation in their studying. While accorded Chipper (2001), Karami-Noori *et al.* (2002) gender differences existence in their life satisfaction study. As a possible explanation we may discuss the more life satisfaction in the research female sample. The current research results on gender difference in death anxiety also reconsolidated Suhail and Akram (2002), Tang *et al.* (2002), Depaola *et al.* (2003), Sarvandian and Hassanpor (2003), Twelker (2004), Abdel-Khalek (2005, 2006) Abdel-Khalek and Lester (2006), Lester *et al.* (2007) and Madnawat and Kachhawa (2007).

### CONCLUSION

The collet-lester fear of death scale has the feature to measure and evaluate the trans-cultural death anxiety in both male and female. Death anxiety emerges in any stage of life and sexes and cultures; while literature on the relationship between death anxiety and age appears to demonstrate a moderate inverse relationship. The results justify the use of the CL-FODS in Farsi-speaking health care professionals for the purpose of assessing anxiety toward death and dying in self and others.

While taking the social expenditure of high education into concern, investing in college campus mental health programs, death anxiety decrement and suicide prevention programs can yield benefits far beyond the contribution these programs make to the personal well-being of students. They can help ensure that the social investment in high education is returned to the society in the form of academically successful and emotionally sound college graduates ready to contribute as members of families, communities and the workforce.

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