

Spanish Adaptation of the Multidimensional Fear of Death Scale

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ABSTRACT

This paper aims to develop a Spanish version of the Multidimensional Fear of Death Scale (MFODS) and explore its psychometric properties. The MFODS includes eight independent subscales that measure specific aspects of fear of death. A total of 677 participants ($M_{age}= 35.9$, $SD= 14.47$), grouped into three samples (undergraduate students and adults from training and employment workshops, people with mental disorders, and social care providers), responded to the Spanish version of the MFODS and to two instruments to assess attitudes towards death. The factor structure obtained supported structural stability. A high order bi-factorial structure appeared. Both internal consistency and reliability indices were obtained. A moderated convergent validity was calculated. These results justify the usefulness of MFODS to assess attitudes towards death among Spaniards.

Key words: fear of death, anxiety, MFODS.

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Novelty and Significance

What is already known about the topic?

- Anxiety or fear of death can endanger people's well-being if they are not dealt with properly as they can prevent them from fully participating in life.
- Hoelter's MFODS assesses eight death fear factors, replicated by several researchers using university students samples.

What this paper adds?

- This is the first adaptation of the MFODS with different Spanish samples, including students, general population, social professionals and clinical population.
- Second order factor analysis have proved to be quite useful in the explanation of part of our results and, to date, they seem to be novel.

Throughout history human beings have built and internalized various ways of experiencing death. However, despite the similarities displayed in different cultures, the perception of death has been influenced both by the particular way in which it has been conceptualized and by the social context experienced (Gire, 2014). Emotions such as anxiety or fear of death, whether they are conscious or not, can endanger people's well-being if they are not dealt with properly as they can prevent them from fully participating in life. In this sense, the obsessive fear of death could lead to psychological overexertion oriented towards coping strategies such as denial or avoidance of thoughts related to death. Some people express their fear of death indirectly, either as a generalized unease or masked as another psychological symptom, whereas other people experience their fear of death through more explicit and conscious anxiety. For some the fear of death turns into terror, thus causing unhappiness and impeding fulfillment (Yalom, 2008). Therefore, the assessment of attitudes towards death should be a crucial objective since it could help with the development of individual well-being (Borges, 2016).

In recent decades the measurement instruments of attitudes towards death have resulted in both an improvement of their psychometric qualities and a greater specificity of the areas evaluated (Neimeyer, Moser, & Wittkowski, 2003). It is important to point

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out that self-report measures are susceptible to social desirability and conscious denial of death anxiety (De Raedt, Koster, & Ryckewaert, 2013; Pyszczynski, Greenberg, & Solomon, 1999). Nevertheless, they remain an appropriate methodological resource for researchers and professionals.

The Multidimensional Fear of Death Scale is a classic instrument developed by Hoelter (1979) and designed to measure the fear of death. The first version of the MFODS (Hoelter, 1979) was performed on a sample of 375 students who were given a questionnaire containing 42 items. A factorial analysis with varimax rotation yielded eight clearly defined factors: fear of the dying process, fear of the dead, fear of being destroyed, fear for significant others, fear of the unknown, fear of conscious death, fear for the body after death and fear of premature death. The internal consistency showed a mean of .75.

A few years later, Walkey (1982) attempted to replicate this structure through a factorial analysis with varimax rotation. The first 5-factors structure of Hoelter (1979) was reproduced and obtained a Cronbach's alpha average of .75 approximately, thus coinciding with the original study.

Moore and Neimeyer (1991) presented a revised version in which all subscales had the same number of items (eight) and the scoring system had also been simplified. In addition, they identified a general orthogonal factor that allowed a global interpretation of the fear of death. The instrument was applied to 106 students at two time points over 3 weeks and had a correlation of .85. Holcomb, Neimeyer, & Moore (1993) found correlations between the different MFODS factors and the categories of content analysis of unstructured narratives on the meaning of death. Therefore, these results provided more clarity to the convergent validity and temporal stability of MFODS.

In the European context, Roff, Butkeviciene, & Klemmack (2002) marginally replicated the MFODS structure identified by Hoelter using a sample of 130 Lithuanian students and nursing, medical, rehabilitation, and social workers (85% women, $M_{age}=28$ years). Participants reported difficulties in understanding the items on the Fear of Conscious Death subscale and the results of the analysis showed that their weights were lower than those of the others. We explain to them that the factor is defined as the fear of being alive after being pronounced dead.

Previous studies on the Spanish translation of measures on attitudes towards death (Neimeyer, 1997) have contributed to the development of research in Spain. It is Collet-Lester Fear of Death Scale CL-FODS (adapted by Tomás Sábado, Limonero, & Abdel-Khalek, 2007). Similarly, we have developed an adaptation of the MFODS with the aim of improving the transcultural contribution through new research on attitudes towards death. Factor structure, psychometric properties and convergent validity have been analysed in this study. We believe this is the first adaptation of the MFODS with samples from Spaniards. Its application in such heterogeneous samples (general and clinical populations as well as social/health providers) should facilitate its use in different contexts. However, comments on the three subsamples used in this study will be provided in a forthcoming publication.

METHOD

Translation of the Scale

Through the back-translation method, the original 42 elements of MFODS were translated by two bilingual translators and two expert psychologists, from English to

Spanish and Spanish to English. Subsequently, the consistency between the two results was confirmed. Previous studies (Neimeyer, 1994) have recommended the removal of item 9 (I am afraid of meeting my creator) so as to increase the internal consistency. Nevertheless, to compare future studies the numbers of the items must reflect the numbering of original scale. Therefore, a total of 41 items were completed. Participants in the pilot study contributed to the adaptation of some items (19 and 39). Thanks to the back-translation method, a mistake that appears in a Spanish version (Neimeyer, 1997) was detected in the element 10 of the original scale (“I am afraid of being buried alive”); it had been translated as “I’m afraid of being burned alive”. In addition, the translation of the original item 19 (“People should have autopsies to ensure that they are dead”) was replaced by an alternative one that would best fit medical practice (“Further tests should be done to confirm the death of a person”). It would be a senseless strategy to perform an autopsy to determine that someone has died since the act itself would cause death. Its purpose should be to certify whether a person is alive or not and not to find out the cause of death. The original item 39 (“I am afraid of things which have died”) generated doubts for both its non-specificity and the use of the term ‘things’, which in Spanish usually refers to inanimate objects, thus making the fear of lifeless entities incongruous. This is why we opted for the statement “I am afraid of the death of living beings (e.g. animals)”.

Participants

Sample consisted by 677 volunteers (54.8% female) age ranged 18-85 ($M=35.09$; $SD=14.47$) from *Islas Canarias (España)*: 239 were undergraduate students from different backgrounds (University of Elderly, English Studies, Social Work, Psychology, Engineering as well as a range of professions), 103 adults from training and employment workshops (gardening, construction, healthcare, marketing and renewable energy), 166 relatives of psychology students; 87 patients from private and public mental health care institutions which had been diagnosed of at least one mental disorder (Moods disorders such as depression, cyclothymia and dysthymia; Neurotic and stress-related disorders like agoraphobia, generalised anxiety, obsessive-compulsive disorder, hypochondriasis and mixed anxiety depressive disorder; and Eating disorders like anorexia and bulimia), and 82 social/health-care providers. The informed consent was obtained from all participants included in the study. All procedures were in accordance with the ethical standards of the institutional research committee, and with the 1964 Helsinki declaration.

Instruments

Psychological assessment included the following scales:

Multidimensional Fear of Death Scale (MFODS, Hoelter, 1979). A self-report scale consisting of 42 items to which participants respond on a 5-point scale ranging from 1 (total disagreement) to 5 (total agreement). The items are grouped into 8 subscales (Fear of the dying process, Fear of the dead, Fear of being destroyed, Fear for significant others, Fear of the unknown, Fear of conscious death, Fear for the body after death and Fear of premature death). Mean alpha was .75 (Hoelter, 1979; Walkey, 1982).

Collet-Lester Fear of Death Scale (CL-FODS, adapted by Tomás Sábado, Limonero, & Abdel-Khalek, 2007). A multidimensional classic instrument used to assess attitudes towards death. It consists of 28 items using a 5-point Likert format ranging from 1 (not) to 5 (very), which assess four subscales: Death of self, Dying of self, Death of others and Dying of others. The internal consistency of the scales was, respectively, .91, .89, .72, and .87 (Lester, 1994).

Death Attitude Profile-Revised (DAP-R, Wong, Reker, & Gesser, 1994), a 32-item multidimensional measure of attitudes towards death. The five scales, based on items rated on a 7-point Likert-type scale from 1 (strongly disagree) to 7 (strongly agree), are Fear of death, Death avoidance, Approach acceptance, Escape acceptance and, Neutral acceptance. Alpha coefficients ranged from .65 (neutral acceptance) to .97 (approach acceptance). Scales “Fear of Death” and “Death Avoidance” were used in this study.

Procedure

After the pilot study used to test viability of instrument, participants were selected from a convenience sampling. Using telephone, e-mail and the classroom context, we contacted several health-care providers, police officers and Universities from *Islas Canarias (España)*. The collaboration was both voluntary and anonymous and signed informed consent forms were mandatory. The students, workers and health-care providers filled out all instruments in a formative context. Patients carried out the survey after the psychological diagnosis was made and before any psychological or pharmacological interventions. The patients had requested psychological help from the local health care system. Finally, students asked their relatives to complete the instruments at home. The respondents did not receive any compensation for completing the survey.

RESULTS

Using SPSS 21.0, a confirmation of the data accuracy was carried out by means of the Kaiser-Meyer-Olkin test ($KMO = .91$) and the Bartlett sphericity test ($p < .01$). Subsequently, an oblique rotation exploratory factor analysis with maximum likelihood was made (eigenvalue equal or higher than 1). The selected items were supposed to load equal or higher than .30 on one factor. In those cases, when an item loaded on two or more factors, the highest score was selected. Table 1 shows the eight-factor structure which explained a 43.25% of variance.

The first component accounted for 23.13% of the variance, with significant loadings of eight items, and it was labelled Fear of the dying process. The second component, Fear of the unknown, included 4 items and explained a 7.32% of the variance. The third component, which explained 4.29% of the variance, consisted of five items which assessed Fear for significant others. The fourth component (4.16% of variance) was labelled Fear of being destroyed and included three elements. Four items loaded on the fifth component, which accounted for 3.58% of the variance, labelled Fear of the Dead. The sixth component was responsible for 3.37% of the variance, was comprised of three items and was called Fear of a conscious death. The seventh component had loadings of four items, accounted for 3.08% of variance and it was labelled Fear of a premature death. Finally, the eighth component was made up of seven items, explained 2.83% of the variance and was called Fear for the body after death. Eigenvalues ranged from 5.90 for Fear of the dying process (component 1) to 2.70 for Fear of being destroyed (component 4).

Items 25, 26, and 36 did not significantly load on any factor and were removed from the final questionnaire.

Pearson's correlation coefficients between the eight components were used to a varimax second order factor analysis. Table 2 includes loadings and communalities of eight first order component grouped into two-factor structure and organised by loadings values. The first second order components consisted of Fear of dying process, Fear of a premature death, Fear for significant others, Fear of the dead, and Fear of a conscious

Table 1. Factor Structure (oblique rotation) with maximum likelihood of the Spanish form of the MFODS (items of original scale of Hoelter, 1979 and, Spanish version of Borges, 2016).

	Factors								h^2
	1	2	3	4	5	6	7	8	
18. I am afraid that death is the end of one's existence. <i>Me asusta que la muerte sea el final de la existencia.</i>	-.86	-.36	-.25	.22	-.29	-.42	-.16	-.23	.76
5. I am afraid that there is no afterlife <i>Me asusta que no haya vida después de la muerte.</i>	-.79	-.29	-.26	.19	-.23	-.38	-.09	-.23	.63
30. I am afraid that there may not be a Supreme Being <i>Tengo miedo de que no exista un Ser Supremo.</i>	-.66	-.14	-.27	.02	-.29	-.37	-.05	-.15	.47
24. I do not like the thought of being cremated. <i>No me gusta la idea de ser incinerado.</i>	-.40	-.02	-.32	.01	-.13	-.25	-.10	-.06	.17
8. I have a fear of not accomplishing my goals in life before dying <i>Me asusta no cumplir mis metas en la vida antes de morir.</i>	-.25	-.83	-.05	.26	-.28	-.19	-.17	-.30	.69
21. I am afraid I will not have time to experience everything I want to <i>Me asusta no tener tiempo de experimentar todo lo que quiero.</i>	-.34	-.80	-.05	.29	-.24	-.20	-.20	-.32	.65
4. I have a fear of people in my family dying <i>Tengo miedo de que muera alguien de mi familia.</i>	-.34	-.47	-.03	.39	-.17	-.20	-.25	-.45	.56
12. I am afraid I will not live long enough to enjoy my retirement <i>Me asusta no vivir el tiempo suficiente para disfrutar mi jubilación.</i>	-.40	-.44	-.13	.22	-.25	-.33	-.07	-.39	.37
3. I would like to donate my body to science <i>Me gustaría donar mi cuerpo a la ciencia.</i>	.19	-.04	.77	.05	.04	.20	.07	-.02	.61
15. I do not want medical students using my body for practice after I die <i>No quiero que los estudiantes de medicina usen mi cuerpo para hacer prácticas cuando muera.</i>	-.28	-.18	-.68	.11	-.11	-.31	-.08	-.16	.52
33. I do not want to donate my eyes after I die <i>No quiero donar mis órganos después de morir.</i>	-.24	.00	-.65	.02	-.04	-.28	-.04	-.10	.43
37. If I die, my friends would be upset for a long time <i>Si muero mis amigos estarían tristes durante mucho tiempo.</i>	-.16	-.29	.02	.70	-.18	-.11	-.27	-.19	.53
17. If I were to die tomorrow, my family would be upset for a long time <i>Si me muriera mañana mi familia estaría triste durante mucho tiempo.</i>	-.13	-.32	-.03	.67	-.10	-.08	-.29	-.25	.49
16. If the people I am very close to were to die suddenly, I would suffer for a long time <i>Si las personas próximas a mi murieran de repente, sufriría durante mucho tiempo</i>	-.26	-.34	-.13	.58	-.20	-.21	-.31	-.33	.59
34. I sometimes get upset when acquaintances die <i>A veces me entristezco cuando mueren conocidos.</i>	-.14	-.13	-.06	.42	-.09	-.02	-.11	-.25	.21
41. I am afraid I may never see my children grow up <i>Tengo miedo de no poder ver crecer a mis hijos.</i>	-.29	-.39	-.13	.40	-.27	-.15	-.14	-.38	.35
38. I hope more than one doctor examines me before I am pronounced dead <i>Espero que me vea más de un médico antes de que certifiquen mi muerte.</i>	-.31	-.28	-.18	.27	-.69	-.35	-.20	-.29	.57
19. People should have autopsies to ensure that they are dead <i>Se debería hacer más pruebas para confirmar mejor el fallecimiento de una persona.</i>	-.26	-.31	-.02	.17	-.60	-.21	-.24	-.26	.41
6. There are probably many people pronounced dead that are really still alive <i>Probablemente se ha certificado la muerte de mucha gente que aún está viva.</i>	-.19	-.14	-.03	.07	-.47	-.11	-.06	-.14	.23
40. The thought of my body decaying after I die scares me <i>Me asusta la idea de que mi cuerpo se pudra después de mi muerte.</i>	-.52	-.25	-.30	.16	-.27	-.74	-.24	-.24	.60
35. The thought of being locked in a coffin after I die scares me <i>Me asusta la idea de que me encierren en un ataúd cuando muera.</i>	-.44	-.20	-.27	.16	-.37	-.64	-.15	-.23	.49
11. I dread the thought of my body being embalmed some day <i>Me aterra el pensamiento de que embalsamen mi cuerpo algún día.</i>	-.41	-.24	-.28	.10	-.28	-.60	-.19	-.28	.44

Table 1. Factor Structure (oblique rotation) with maximum likelihood of the Spanish form of the MFODS (items of original scale of Hoeller, 1979 and, Spanish version of Borges, 2016). (Cont.)

	Factors								h^2
	1	2	3	4	5	6	7	8	
7. I am afraid of my body being disfigured when I die <i>Me asusta que se desfigure mi cuerpo cuando muera.</i>	-.39	-.25	-.24	.10	-.30	-.57	-.14	-.23	.37
20. The thought of my body being found after I die scares me <i>La idea de que mi cuerpo sea encontrado después de morir me asusta.</i>	-.47	-.28	-.23	.11	-.29	-.50	-.22	-.26	.37
2. I dread visiting a funeral home <i>Me aterra visitar un tanatorio.</i>	-.29	-.28	-.11	.19	-.16	-.41	-.31	-.19	.25
28. It doesn't matter whether I am buried in a wooden box or steel vault <i>No importa si soy enterrado en una caja de madera o una tumba de acero.</i>	.11	.02	.15	.03	.02	.40	.07	-.02	.15
32. It would bother me to remove a dead animal from the road <i>No me preocuparía quitar un animal muerto de la carretera.</i>	.06	.18	.02	-.13	.07	.21	.57	.08	.34
23. Discovering a dead body would be horrifying experience <i>Descubrir un cuerpo muerto podría ser una experiencia horrible.</i>	-.32	-.35	-.11	.31	-.29	-.29	-.50	-.39	.43
14. Touching a corpse would not bother me <i>No me pondría nervioso tocar un cadáver.</i>	.08	.05	.10	-.15	.09	.08	.44	.08	.21
39. I am afraid of things which have died <i>Tengo miedo de la muerte de seres vivos (por ejemplo animales).</i>	-.34	-.32	-.14	.26	-.30	-.33	-.40	-.28	.36
13. I am afraid of dying in a fire <i>Me asusta morir en un incendio.</i>	-.24	-.32	-.14	.34	-.25	-.20	-.18	-.72	.56
31. I have a fear of suffocating (including drowning) <i>Tengo miedo de asfixiarme (incluido ahogarme).</i>	-.33	-.31	-.10	.31	-.26	-.21	-.17	-.67	.52
29. It scares me to think I may be conscious while lying in a morgue <i>Me asusta pensar que puedo estar consciente mientras yazzo en el depósito de cadáveres.</i>	-.36	-.27	-.04	.16	-.56	-.21	-.15	-.65	.59
22. I am afraid of experiencing a great deal of pain when I die <i>Me asusta experimentar mucho dolor cuando muera.</i>	-.19	-.39	-.07	.26	-.13	-.13	-.24	-.65	.49
10. I am afraid of being buried alive <i>Me asusta ser enterrado vivo.</i>	-.22	-.27	-.07	.18	-.43	-.14	-.08	-.64	.49
42. I have a fear of dying violently <i>Tengo miedo a morir violentamente.</i>	-.28	-.38	-.17	.38	-.24	-.27	-.27	-.60	.52
27. I am afraid of dying of cancer <i>Me asusta morir de cáncer.</i>	-.32	-.26	-.12	.26	-.10	-.14	-.29	-.50	.47
1. I am afraid of dying very slowly <i>Tengo miedo de morir muy lentamente.</i>	-.15	-.35	.03	.21	-.13	-.12	-.14	-.44	.27
25. Since everyone dies, I won't be too upset when my friends die <i>Puesto que todo el mundo se muere, no estaré demasiado triste cuando mis amigos mueran.</i>	.04	.21	-.09	-.31	.13	.04	.27	.12	.20
26. I would be afraid to walk through a graveyard, alone, at night <i>Me asustaría caminar solo por un cementerio de noche.</i>	-.24	-.19	-.06	.16	-.20	-.21	-.30	-.26	.26
36. No one can say, for sure, what will happen after death <i>Nadie puede decir con seguridad qué ocurrirá después de la muerte.</i>	-.13	-.19	.04	.28	-.12	-.07	-.06	-.22	.12
	4.90	4.24	2.39	3.21	3.18	4.01	2.26	5.03	
	.74	.74	.73	.69	.62	.77	.57	.84	
	Eigenvalues								
	Alpha								

Table 2. Second Order Rotated Matrix of the Spanish form of the MFODS.

Factors MFODS	Components		<i>h</i> ²
	I Fears before death	II Fears after death	
F8 Fear of Dying Process	.76	.38	.57
F2 Fear of Premature Death	.75	.43	.56
F4 Fear for Significant Others	.69	.27	.48
F7 Fear of the Dead	.55	.41	.32
F5 Fear of Conscious Death	.50	.40	.27
F6 Fear of the Body after Death	.56	.79	.66
F1 Fear of the Unknown	.46	.68	.48
F3 Fear of Being Destroyed	.18	.45	.20
Eigenvalues	2.72	2.03	
% of variance	37.33	7.32	
Alpha	.88	.84	

death. This factor was called Fears Before Death. The other second-order component was labelled Fears After Death, and included Fear of being destroyed, Fear of the unknown, and Fear of the body after death. Cronbach's alphas for both second-order factors were adequate (respectively, .88 and .84).

These second-order factors correlated $r = .52$ ($p < .001$). The third order factor analysis indicated the existence of a General Factor of Fear of Death, with an internal consistency $\alpha = .90$.

A total of 206 participants of Group 1 filled out the MFODS a second time after 8 weeks. Table 3 shows means and standard deviations as well as test-retest reliability of first-order and second-order factors. Both factors had an adequate trans-temporal stability but Fears After Death ($r_{FII} = .72$, and sub-factors $r_{average} = .68$) had higher reliability than Fears Before Death ($r_{FI} = .57$, and sub-factors $r_{average} = .56$).

Table 3. Statistics Descriptive and Test-Retest Reliability of Spanish version of MFODS.

Factors MFODS	<i>M</i>	<i>SD</i>	<i>r</i> Test-retest (8 weeks) (<i>n</i> = 206)
FI Fears before death	89.94	14.69	.57
F8 Fear of Dying Process	32.57	6.38	.58
F2 Fear of Premature Death	14.75	3.61	.58
F4 Fear for Significant Others	20.66	3.17	.41
F7 Fear of the Dead	12.54	3.62	.56
F5 Fear of Conscious Death	9.42	2.85	.65
FII Fears after death	34.76	10.56	.72
F6 Fear of the Body after Death	16.88	5.92	.64
F1 Fear of the Unknown	9.98	4.01	.70
F3 Fear of Being Destroyed	7.90	3.37	.69
FG General Factor Fear of Death	124.70	22.11	.68

Note: All *p* values were significant with $p \leq .001$.

CL-FODS and DAP-R were used to analyse convergent validity of the Spanish adaptation of MFODS. Theoretically, the three instruments assess similar constructs, attitudes to death. Pearson's correlations between CL-FODS and DAP-R with MFODS are shown in Table 4.

All of *r* were statistically significant with $p < .001$. However, some points must be made. First, Pearson's correlations were positive and moderate. Second, convergence for Fears Before Death were higher with CL-FODS ($r_{average} = .44$) than with DAP-R ($r_{average} = .35$). Third, correlations of F4 (Fear for Significant Others) were very small

Table 4. Pearson correlations between Subscales of the MFODS, CL-FODS and DAP-R.

		MFODS							
		FI Fears Before Death					FII Fears After Death		
		F8	F2	F4	F7	F5	F6	F1	F3
CL-FODS	Fear of death of self	.48	.58	.45	.42	.38	.55	.51	.21
	Fear of dying of self	.59	.52	.40	.40	.35	.39	.30	.11
	Fear of death of others	.54	.53	.54	.49	.37	.42	.36	.15
	Fear of dying of others	.57	.48	.45	.49	.29	.43	.36	.14
DAP-R	Fear of death	.46	.52	.38	.43	.32	.21	.68	.58
	Death avoidance	.33	.31	.28	.33	.22	.13	.36	.40

Notes: All *p* values are significant with $p \leq .001$; F1= Fear of the Unknown; F2= Fear of Premature Death; F3= Fear of Being Destroyed; F4= Fear for Significant Others; F5= Fear of Conscious Death; F6= Fear of the Body after Death; F7= Fear of the Dead; F8= Fear of de Dying Process.

(ranged from .21 to .11). And fourth, removing F4, convergence of Fears After Death was smaller with CL-FODS ($r_{average} = .41$) than with DAP-R ($r_{average} = .50$).

DISCUSSION

Based on the results obtained from the present study it can be concluded that the Spanish version of the MFODS has good psychometric properties. On the one hand, the scale shows a fairly high internal consistency ($\alpha = 0.90$) that has been improved compared to previous studies, even taking into account that the participants were not exclusively university students, as recommended by Hoelter (1979) in his original study. On the other hand, the reliability indices were satisfactory, except for F4, Fear for significant others, since the trial-repetition period took 8 weeks and previous studies (Neimeyer, 1994) took only three weeks. The factorial structure obtained from MFODS has reproduced the same first order factors as in the study of Hoelter (1979). However, unlike these, two second-order factors (Fears Before Death and Fears After Death) have proved to be quite useful in the explanation of part of our results and, to date, they seem to be novel. Additionally, a third-order global factor of fear of death was obtained, as seen in other publications (Neimeyer, 1994).

Correlations between the eight subscales of MFODS and CL-FODS and DAP-R showed an acceptable convergent validity of the Spanish version.

Finally, we emphasize that not only does the Spanish adaptation of the MFODS provide up-to-date data on fear of death experienced by people with a heterogeneous profile but also this factorial hierarchy offers a remarkable interpretive versatility for researchers and professionals who wish to assess both specific and generic factors. We conclude that it is necessary to confirm the present factor structure in order to encourage future research.

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