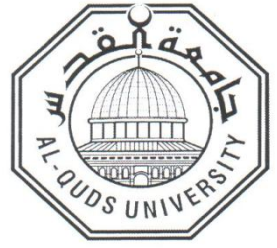


Al-Quds University
Deanship of Graduate Studies



**The Relationship Between Locus of control and Death Anxiety
Among University Students in Gaza Strip**

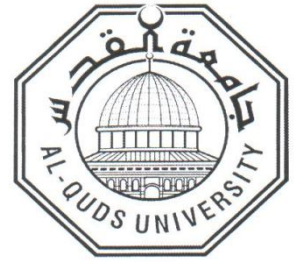
Ahmed Mohammed Ahmed Ghunaim

M.Sc. Thesis

Jerusalem – Palestine

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Al-Quds University
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The Relationship Between Locus of control and Death Anxiety Among
University Students in Gaza Strip

Submitted by

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BSc. Of nursing – Islamic university, Gaza

Supervisor

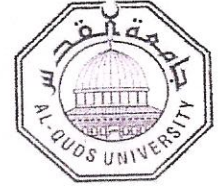
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A Thesis Submitted in Partial Fulfillment of Requirement for the Degree
of Master in Community Mental Health

1433/2012

Al-Quds University



Deanship of Graduate Studies

Community Mental Health

Thesis Approval

**The Relationship Between Locus of Control and Death Anxiety
Among University Students**

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Jerusalem- Palestine

1433/2012

Declaration

I certify that this entire thesis submitted for the degree of master is my own work and has not written to me in whole or in part, by any other person(s), and that this thesis (or any part of it) has not been submitted for a higher degree or qualification to any other university or institution.

Signed

Ahmed Mohammed Ghunaïm

Dedication

To my parents souls, and to my brothers and sisters

Also,

*I would like to thank my wife and my kids; Mohammed
and Logain for their patience*

And

To everyone who contributed to get this a reality.

Ahmed Mohammed Ahmed Ghunaim

Acknowledgment

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Also, special thanks to Dr. Osama Hamdona.

Ahmed M. Ghunaim

Abstract

This study aims to assess the relationship between locus of control and death anxiety among university students in Gaza strip.

A quantitative cross-sectional study was conducted in order to reveal the main variables that affect and affected by death anxiety. The instrument that was used in this study was self-constructed questionnaire, the questionnaire contained three sections; socio-demographic section, locus of control scale and death anxiety scale. All students (400) who learn in universities of Gaza governorate (Islamic university, Al-Azhar University, Al-Aqsa University and Open Al-Quds University) were selected by stratified random sampling, all study sample (400) responded and completed self-administered questionnaire, with a response rate 100%.

There are no significant differences in the level of locus of control (internal-external) among university students due to sex, age, faculty, marital status, residency, academic level, governorate, birth order and religious commitment. But there are significant differences in the level of locus of control (internal-external) among university students due to university and losing a dear person during period of last year.

There are no differences in the level of death anxiety among university students due to sex, age, faculty, marital status, losing a dear person during period of last year, academic level, governorate, university, birth order , university and religious commitment. But there is significant difference in the level of death anxiety among university students due to citizenship.

There is a significant difference at in the level of death anxiety due to locus of control (internal and external), and the difference in favor of External.

There is a positive relationship between locus of control and death anxiety .

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Chapter one

Introduction

The word death evokes feelings and thoughts that are uncomfortable and anxiety evoking for a great number of people. The topic of death often creates fear, pain, denial and angima. Death has, in all societies, been a major subject of study for ethnologists, philosophers, physicians, sociologists and psychologists. Death is a subject we do not want to talk about. We tend to repress thoughts of death. Particularly of our own death.

The anxiety dominates in the modern time, because of the exaggerative and rapid events, so all individuals became at risk of anxiety to the extent that scientists call it "the curse of our time". It's important to mention that this anxiety as double-edged weapon, while Freud and May emphasized that it threatens the human and it has negative effects, Kjard says that moderate anxiety is the basis of achievement, creativity, and success (Akel, 1981). In the recent years, anxiety from death was so common. Where the phenomenon of death is inevitable for each human in this life, it was and still affect on the behavior and thoughts of human being. It is a phenomenon that has played and continues to play a crucial role in human thinking, behavior and emotions since ancient times, but this phenomenon, in spite of the utmost importance in people's lives, it was exposed to changes that reflected many different points of views, either acceptance or refusal replies, because it has many clue meanings (El-Helo, 2001).

The normal anxiety from the death is an acceptable thing but the exaggerated one indicates in to neurotic illnesses (Khaliq, 1987).

Many theories focused on the subject of death anxiety for example, psychoanalytic theory viewed death instinct and the instinct of life the base of human psychological life. Despite that each and every one of them is working contrary to other work. The instinct of life aimed at the continuation of life, working in accordance with the principle of pleasure taken by Freud interpreted mainly by the psychological phenomena and neurotic illnesses. Death instinct aimed to the demolition and end of life. And if instinct of death went abroad, it will appear in the form of desire of aggression, destruction and hatred (Freud, 1982). If the death instinct turned to the inside, it would seemed in the form of pathologic anxiety and conflict between the instinct of life and death instinct, but instinct of death is working in silence(Freud, 1982).

Templer was the first who defined concept of death anxiety, through his study which aimed to build a tool to the relationship between death and deteriorating of psychological condition of the person going to die, which called the stage of the last minute. (Templer, 1970).

In 1987, Abdel-Khaliq built the anxiety of death scale which consisted of 15 paragraphs covering three areas: continuing to think about death, the control of the idea of death, and repetition the idea of death (Khaliq, 1998).

Abdel Khaliq indicates that our attitudes towards death are contradictory, we recognize it, and we yet do not deny it, we hate it, and if we expect it, we would like to delay its coming, although we acknowledge inevitability of it, but we in the midst of life deliberately forget it (Khaliq, 1987).

Interesting in locus of control started in the framework of social learning theory, to occupy an important place in research on social psychology and personality. Social learning theory assumes that the various forms of human behavior that he has learned are affected by a number of important mental variables such as prediction and motivation, and represent consolidation variables and what it means from the implications of such power of these variables and the direction of its impact (Moataz, 2000).

The source of the control is a fundamental element of personality components, the individual believe that there is strong factors which control the main results in his life, if internal factors (skills, ability and efficiency), or external factors (chance, accident and luck), and members of internal control are characterized or distinguished from members of external control in several areas, including mental health and compatibility, they have more self-respect, more conviction and satisfaction of life, they are more relaxed, calmer and more self-confident, more stable and less depressed (Suheir, 1995).

While this study is addressed to link the locus of control and death anxiety among Palestinian students, and it's a unique study in the Palestinian community because of the suffering from occupation oppression for many years, according to the researcher's knowledge, there is no similar study in the Palestinian environment This current study aims to examine the relationship between the locus of control and death anxiety among the students of the Palestinian universities in Gaza strip.

1.2Research Problem

Death anxiety is one of the most important issues that affects the behavior, the attitudes and the believes of human beings, which contribute to the outcomes of the human's behavior

who can control his daily life from work, learning and relationships. A subject of death anxiety is in need to know the relationship between it and the other variables that affect the level of anxiety from the research point of view, and it needs more research particularly in Gaza Strip because of hard security conditions like bombing and invasions of occupations, the researcher noted that people of Gaza Strip mention death in most their talking and show their fear from it. So, the researcher decided to examine phenomena of death anxiety. Many international studies have handled the subject of death anxiety but few studies have handled the relationship between death anxiety and locus of control. In the Middle East, there are few studies that handled the subject of death anxiety but the studies that handled the relationship between death anxiety and locus of control according to the researcher's knowledge are nil. And in the Palestinian environment there is a very rare studies have handled the subject of death anxiety, and the studies that handled the relationship between death anxiety and locus of control are totally nil. So, the current study is to explore the level of death anxiety and its relationship with locus of control in the Palestinian environment.

1.3 Study importance

According to the researcher's knowledge this study is unique, and according to researcher knowledge it is the first in Palestine because it will handle the relationship between death anxiety and locus of control. This study may raise the awareness of mental health workers to help those students to cope with the effect of death anxiety, and may assist the professionals of psychotherapy to find solutions for those who are affected by death anxiety. The current study handles university students which they are the most important component in Palestinian community and they are represent the youth.

1.4 Objectives

1.4.1 Aim of the study

The overall aim of the study is to examine the relationship between locus of control and death anxiety among university students of the four levels in Gaza Strip.

1.4.2 Specific objectives

The study aims to achieve the following objectives:

1-To assess the level of death anxiety(high-low)among the university students

2-To assess the relationship between (internal-external) locus of control among university students and independent variables such as sex, age, university, governorate, academic level, birth order, marital status, religion commitment, faculty, citizenship and losing a dear person during a period of last year.

3-To assess the relationship between (high-low) death anxiety among university students and independent variables such as sex, age, university, governorate, academic level, birth order, marital status, religion commitment, faculty, citizenship and losing a dear person during a period of last year.

4-To assess the relationship between (internal-external) locus of control and (low-high) death anxiety.

5-To find out the correlation between (internal-external) locus of control and (low-high) death anxiety.

1.5 Questions of the study

Research problem represented in the following main question:

Is there a statistically significant relationship between the locus of control and death anxiety among universities students in Gaza strip?

From the main question the following questions were branched:

1- What is the level of (low-high) death anxiety among university students?

2- Is there a significant difference in (internal-external) locus of control among university students due to study variables such as sex, age, university, governorate, academic level, birth order, marital status, religion commitment, faculty, citizenship and losing a dear person during a period of last year?

3- Is there a significant difference in the level of death anxiety (low-high) among university students due to study variables such as sex, age, university, governorate, academic level, birth order, marital status, religion commitment, faculty, citizenship and losing a dear person during a period of last year?

4- Is there statistically significant difference in the level of death anxiety (low-high) due to locus of control (internal-external)?

5- Is there statistically significant correlation between (internal-external) locus of control and death anxiety (low-high)?

1.6 Study limitations

1-The study focused only on universities in Gaza strip, so generalization of the findings may be limited.

2-The study was cross sectional, while the time may affect the variables of the study.

1.7 Study boundaries

Geographical boundary: the researcher applied current study in universities of Gaza strip which are Islamic university, Al-Azhar university, Al-Aqsa university and Open Alquds university

Time boundary : study was applied at second semester from academic year 2010-2011.

Human boundary: the study was applied on student of Gaza universities.

Chapter two

Literature review and conceptual framework

This chapter included two parts which are literature review and conceptual framework, conceptual framework will demonstrates the relationship between independent variables which are gender, age, university, governorate, educational level, faculty, birth order, citizenship, religious commitment, marital status and losing a dear person and its effect on death anxiety and locus of control, and the previous studies that handled the relationship between locus of control and death anxiety . Literature review part is to demonstrate theoretical elements of all study.

2.1 Literature review

2.1.1 Locus of control

Locus of control is relatively recent concept in the field of psychology, this concept has derived originally from the social learning theory formulated in the fifties from the last century by Julian Rotter, and it based on the division of locus of control to the internal and external (Al-Manaai, 2001).

Locus of control concept has developed to represent an important area in the research of social and personal psychology. The theory of social learning assumes that the various forms of human behavior learned by human are affected by a number of psychological variable tasks, such as expectation and motivation, and represent the variables of consolidation and what it means from the implications of such power of these variables and direction of its impact (Moataz, 2000).

Locus of control concept originated in the framework of social learning theory of Rotter which assumes that the behavior patterns that are learned are affected of by a number of important psychological variables such as expectation, motivation and reinforcement (Moataz & Abdellatef, 2001).

2.1.1.1 Definition of locus of control

Worell and Stilwell (1981) see that locus of Control describes the general expectation of the person about the relationship between effort, skills and aim for success and achievement. For example, students with internal locus of control attribute their success or their failure to their efforts but students with external locus of control attribute their failure

to the external environment such as luck , chance and the difficulty of the test (Desoqi, 1989).

Mores (1982) sees that locus of control depends on the effect of consolidations in behavior, where tend those with internal control to see themselves responsible for the destiny and bonuses, and promotions come as a result of their hard work. On the contrary, he believes that those with external chance and luck control their behavior, and promotions came to make a suitable (Cheung et. al. 2007).

The concept of locus of control is affected by the nature of society as a relative cultural concept. For example individuals in industrialized societies are less vulnerable to the factors of luck and destiny and they have views of internal control more than rural communities and communities of the desert which have the external control views, social values, norms, customs, traditions, culture, and methods of managements of parents all have a significant effect on personality traits and the type of used control (Karsli and Anli, 2010).

There are four categories of variables in the theory of social learning which are behaviors, expectations, consolidations and psychological attitudes. The most basic forms of the general equation of behavior is that for the full potential for behavior to occur in a specific psychological position is a function for expectation, and the behavior will lead to a specified consolidation in this position and to the value of this consolidation (Salem and Awad, 1994).

Rotter defined locus of control as the generalized belief that behavioral outcomes are under one's personal control (internal control) rather than depending on outside forces, luck, or powerful others (external control) (Rodriguez, 2001) .

Ahmed (1999) defined locus of control as a generalized expectation that works across a large number of positions that are related to the existence of powerful self-control by individuals on what happens to them in their environment or in their world or personal lack of such control.

And Barakat (2000) defined locus of control as that the way in which individuals perceive the events of reinforcement that occur in his life.

Moreover, Al-Ahmad (1999) defined locus of control, as the concept that some individuals attribute their success in different life situations to themselves (internal control), while others attribute it to the external forces (external control),

Finally, Abu Nahia defined locus control as an expression of individual to his feelings about the extent of being able to control the external events that can affect him in the light

of locus of control alternatives (the category of internal control and category of external control) (Abo Nahia, 1994).

Also, there is no important difference between the last definitions, general meaning of locus of control in last definitions is that locus of control deals with an individual's personal attribution of success or failure. Those with internal locus of control believe that events in their lives are under their control while individuals with external locus of control believe that their lives are dominated by the environment or other power.

2.1.1.2 Types of locus of control

1- Internal locus of control

Zayat (2002) defined it as the individual's belief that the sources of success and failure lies within themselves, and that they had received as a result of the formation of self-confidence in the face of different situations and the ability to take responsibility.

While Suleiman and Tawfiq (1995) see that the center of internal control is the belief that the individual can make his or her decisions and employs his behavior to achieve this resolution depending on himself.

2- External locus of control

Aljondi (1995) sees that it is a belief forming by somebodies that the sources of success and failure are from outside, so they depend on faith, luck or chance, and it is a result of negative upbringing reflection in the formation of personality with weak self-confidence.

Khalaf-Allah (1993) defined it as the belief that there is a real power outside the individual, therefore, its resolutions strongly depend on other power than the self.

And Ghareeb (2002) sees that the locus of control is the extent of individual's awareness that there is a causal link between his behavior and what followed the behavior of reward or reinforcement.

2.1.1.3 Attribution (Mumlin, 2001)

Weiner developed a theoretical framework that has become very influential in social psychology today. Attribution theory assumes that people try to determine why people do what they do, that is, interpret causes to an event or behavior. A three-stage process underlies an attribution:

1. behavior must be observed/perceived

2. behavior must be determined to be intentional
3. behavior attributed to internal or external causes

Weiner's attribution theory is mainly about achievement. According to him, the most important factors affecting attributions are ability, effort, task difficulty, and luck.

Attributions are classified along three causal dimensions:

1. locus of control: Refers to the existence of two types of attributions which are Interior attributions (emotional, personality, and capacity), and external attributions (such as external pressure).
2. Stability: The issue of stability and changing differs between the external causes to internal reasons. For example there are some external causes that are stable (the rules and laws), and the other are changeable (economic and social conditions surrounding the individual).
3. Controllability: There are some reasons that individuals are aware that they are under their control such as skills efforts and the others are not under their control like luck power of other.

2.1.1.4 Cultural influences on control concept

The growth and application process of control concept has undergone to West socio-cultural emphasis, which the control of person to events and attitudes is the best scenario (Lefcourt, 1982).

Marks sees that western culture give a high value to personal independence, and this value affected the growth of locus o control concept. The continual emphasis on self-control in the field of psychology is equivalent to the preoccupation of the Western society by independency (Lefcourt, 1982).

The Western reality from which the concepts of control (internal or external) has emerged have been affected by the ethics of the Protestant doctrine and American traditional values , which believes that individual should be more influential or more ability to be aware that he is the determinate to his fate if he wanted to live in peace (Lefcourt, 1982).

Jonson, Olsen & Hughes (1990) in Marks (1998) see that cultural factors affect the locus of control with regard to the belief in internal and external control, and they has said that the belief in fate, chance and luck as elements of external control reflects the entrance of Burberry for life, and described in general these communities as communities incompetent

unlike communities that believe with internal control characterized by productivity and efficiency.

Also, Marks (1998) indicated that external control may reflect cultural values and beliefs, and the characterization with external control may be effective way to believe and live in peace in other attitudes and cultures (Desoqi, 1989).

According to Darwish (2001) that the overall context of the effects of culture on the concept of internal control versus external control stance suggests that the implications may not apply to Arab cultures such application to the Western culture, and therefore it must be cautious in the transfer concept and its implications to the Arab culture.

This is confirmed by the study of Martin and Hall (1992) that the locus of control and ethnic identity for the African Americans descent are usually associated with the belief by chance or fate, or linked to external control (Darwish, 2001).

2.1.1.5 Factors that affect human perception of internal-external locus of control(Abo-Nahia, 1984)

1- Ability: It is the belief of the individual that the things that occur to him in his environment or his own life are the result of the work being done by himself, the grades which obtained are related to the manner that he does his duty, and that he has a freedom of choice in the determination and the selection of his friends, because the planning for the future make things change for the better.

2- Influential people: The individual's beliefs that what happens in his life and the environment is determined by the special people of influence or authority (e.g. parents, teachers or adults).

3- Fatalism: The individual's beliefs that things occur in his life or local environment are destined and written and that if done wrong it cannot change. Also they believe that there was no need for hard attempts because everything is destined.

4- World's fair: The individual's belief that there is a fair and equitable in the local environment and what happens is the result of his doing, and the disasters and the miserable events in their lives are occurred as a result of their mistakes.

5- Disability: The individual's belief that the blame, punishment and contempt of others are usually without real reason or reasonable and it is difficult for an individual to change the views of others towards him.

6- Hard world: The individual's belief that his/her local environment is difficult and complex and it cannot be controlled and his effects on the things that occur to him is low so that his life was governed by a small contingent and chance events.

7- General interior: Individual's belief that he can determine what will happen in his life and his/her local environment always determine by his actions and special abilities.

8- Opportunity: The individual's belief that his life and surrounding environment are governed by chance and contingent events and that luck and chance employ a big role in his life.

2.1.1.6 Characteristics of people with internal locus of control (Abo-Sacran, 2009)

They are individuals who believe that they have the ability to control their behavior and the variables that face them and follow their belief in the possibilities to predict the outcome of their behavior. Also they:

1. Have more concentration and attention to different aspects which provide them with useful information for future behavior.
2. Take steps characterized by efficiency and ability to improve their environment.
3. Put great value to their skills reinforcements and they are more interested in their abilities and also failing.
4. Resist attractive attempts to influence on them.

2.1.1.7 Characteristics of people with external locus of control (Abo-Sacran, 2009)

They are individuals who believe with the control of luck, chance, powerful of others and the situations on their life variables and follow that the inability to predict the outcome of their behavior. Also they:

1. Have a negative public attitudes and lack of participation and production.
2. Return positive or negative incidents beyond the personal control.
3. Lack sense of internal capacity.

4. Have lower degree of sense of personal responsibility for the results of their actions.

2.1.1.8 Benefits of an internal locus of control (Cvetanovski and Jex, 1994)

Individuals who identify with an internal locus of control tend to take more responsibility for their actions, good and bad. For example, if a person is late for work, she will easily admit that he should have left earlier in order to be on time, rather than blame forces such as weather and traffic. This type of individual is often more punctual, and more intrinsically driven to complete tasks to a higher standard than an individual with an external locus of control. He is often dependable, and self-motivated and likely to be ambitious and successful.

2.1.1.9 Benefits of an external locus of control (Cvetanovski and Jex, 1994)

An individual with an external locus of control is often seen as humble and agreeable. He may often share praise with those around her who really did very little to help out with a given project. This type of individual, while taking little credit for successes or failures, can be laid-back and enjoy a happy, relaxed life.

2.1.1.10 Locus of control (internal-external) in social learning theory

In social learning theory the possibility of behavior to occur in a particular psychological situation is a function or expectation that the behavior will lead to a particular reinforcement in this situation and the value of this reinforcement for individual when individual recognize that the two situations are similar, then his expectations will be generalized from situation to another, for a particular type of reinforcement or a particular group of reinforcements.(Abo-Nahia, 1984)

2.1.1.11 Rotter's theory for locus of control (internal-external)

The concept of locus of control was derived by the psychologist Rotter through his theory in social learning. He intended that locus of control is the way that is used by an individual to recognize reinforcement events that happened to him in his life. Rotter sees that locus of control as a variable of personality variables interest with beliefs which individual hold it about the factors that are the most tolerant to the results in his life, through his recognition

to the causal relationship between behavior and its outcome and that is makes individuals differ in the interpretation of a perceived meaning of events for them because of the nature of the expected reinforcement of these events, they more likely to repeat the new behavior if it strengthened positively (Eldeeb, 1997).

2.1.2 Anxiety

Anxiety is the characteristic of modern era, and then this era was called the era of anxiety and tension, because the anxiety usually generates tension, at a time, which human achieved good things of life that he did not achieve in any previous era, The easiness of communication and transition in the modern era has made the human feels involved in problems of the world in which he lives (El-Helo, 2001).

The world is characterized by changeable intensity, many challenges and contradictions. These challenges make the human does not live only the present, but it looks to the future and the individual is often worried about the future, and then the individual fear what the future holds (Khaleq, 2002).

Any conflict occurs in any spot from the earth has an impact on different regions of the world and a multiplicity of wars and instability of politic and economic make the human worry about the future. This phenomenon is more clearly in poor countries where the lack of personnel to the thinking skills that enable them to deal with the challenges and the contradictions and overcome them (Khaleq, 1991).

Usually the individuals worry if they encountered a particular situation where they face in it a psychological conflict, and often the individual is unable to confront it, and still hesitant, tensed and worried to face this situation (Ginsburg and Silverman, 2000).

Usually anxiety accompanied by visceral and nervous activity, so all the organs of the body affected by anxiety, and then the anxiety makes the body of the individual in the state of mobilization. This mobilization if it takes a long time it will strain and exhaust the body and drain his energy. So the anxiety often conducts the individual to the state between physical and nervous fatigue (Lief, 1967).

2.1.2.1 The concept of anxiety

It is the state that felt by the individual if his security is threatened or jeopardized or insulted or was thwarted his quest or he found himself in a sharp struggled position (Kafafi, 1990).

Anani defined anxiety as a warning signal of a disaster to occur. And a sense of loss in the position of great motivation with inability to concentrate and inability to reach a fruitful solution. (Anani, 2000)

And (Wortman: 1992) as the fear of reasons that are not clear, or the fear of what will happen in the future, a condition characterized by attack or more of the grief, or anguish and disappear, which continue for a day or more or a period of up to two weeks.

2.1.2.2 Types of anxiety

Anani (2000) indicated two basic types of anxiety which are:

1. Normal anxiety or objective: This type is closer to fear, because its source is known and clear.
2. Abnormal or neurotic Anxiety: This kind of anxiety the patient does not realize his illness, and he feels with a state of fears of the mysterious.

Frued has divided anxiety into three types: (Kafafi, 1990)

1-Realistic anxiety: It is sometimes called real anxiety and this occurs in the situations of expectation or fear of losing something such as anxiety of the success in the new work, or a test or important news, but the source of this anxiety will be external and exists in the life of the individual.

2-Neurotic anxiety: It serves as a fear from the expression of anti-social, aggressive, and sexual attitudes that is a picture of impulsive acts.

3-Moral anxiety: This type arises as a result of a warning or blaming of super ego of individual when he recognizes or thinks that his behavior is inconsistent with standards and values that held by the super ego, and this type comes from internal and represented by shame, guilt and disgust.

Lark has divided anxiety into three sections: (Abdelkhaleq, 2004)

1. Generalized anxiety disorder.
2. Panic disorder (paroxysmal anxiety).
3. Phobic anxiety disorder.

American Psychiatric Association (1994) divided anxiety into:

1. Generalized Anxiety Disorder (GAD): Most people experience anxiety at some point in their lives and some nervousness in anticipation of a real situation. However, if a person cannot shake unwarranted worries, or if the feelings are jarring to the point of avoiding everyday activities, he or she most likely has an anxiety disorder. GAD is characterized by excessive, unrealistic worry that lasts six months or more.
2. Obsessive compulsive disorder (OCD): In OCD, individuals are plagued by persistent, recurring thoughts (obsessions) that reflect exaggerated anxiety or fears. Typical obsessions include worrying about being contaminated with germs or fears of behaving improperly or acting violently. The obsessions may lead an individual to perform a ritual or routine (compulsions) such as washing hands, repeating phrases, or hoarding.
3. Panic attacks and panic disorder: which is a repeated episodes of intense fear that strike often and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal distress, feelings of unreality and fear of dying.
4. Post traumatic stress disorder (PTSD): PTSD can follow an exposure to a traumatic event such as a sexual or physical assault, witnessing a death, the unexpected death of a loved one, or natural disaster. There are three main symptoms associated with PTSD which are reexperience of the traumatic event such as flashbacks and nightmares, avoidance behaviors such as avoiding places related to the trauma and hyperarousal such as detachment from others and physiological arousal such as difficulty of sleeping, irritability or poor concentration.
5. Phobias: A phobia is an unrealistic or exaggerated fear of a specific object, activity, or situation that in reality presents little to no danger. Common phobias include fear of animals such as snakes and spiders, fear of flying, and fear of heights. In the case of a severe phobia, one might go to extreme lengths to avoid the thing feared.
6. Separation anxiety: Separation anxiety is a normal part of child development. It consists of crying and distress when a child is separated from a parent or away from home. If separation anxiety persists beyond a certain age or interferes with daily activities, it may be a sign of separation anxiety disorder.
7. Social anxiety / social phobia: Social anxiety disorder (SAD) is characterized by extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule. This intense anxiety may lead to avoidance behavior. Physical symptoms associated with this disorder include heart palpitations, faintness, blushing and profuse sweating.

2.1.2.3 Causes of anxiety

First: Genetic factors

The studies have shown that families that suffer from this disease transmits the disease through their generations and anxiety occur as a result of an imbalance in the chemical processes in the brain, including neurotransmitters like Gamma-Amino Regulating Ones Level of Butyric Acid (GABA) (Al-Lail, 1997).

Second: Psychological factors

- 1- Suffering from poverty, oppression, disease and deprivation.
- 2- Mysterious future that unspecified features and due to lack of planning and not set realistic goals.
- 3- Incidence of certain diseases that threaten human life, such as sugar, heart, blood vessels and cancer.
- 4- Family and social problems which result in most of the deterioration of the financial situation and the inability to meet the requirements of daily life and increased work hours in excess on the expense of leisure and transfer to the worries of work to home and vice versa.
- 5- Other factors which becomes a condition requiring medical intervention and management such as financial problems, which are not limited to the poor or the rich people who afraid to loss his money and trade (Al-Lail, 1997).

2.1.2.4 The clinical manifestations of psychological anxiety

Psychological anxiety patient complain from many symptoms, the most important are speed up the heart rate, tension, tingling hands, the pain of sporadic, headaches, insomnia, excessive sweating, numbness of hands, frequent urination, appetite disorder, the problems of different diseases and mood disorder (Abdel-Khaleq, 2004).

Wortman et al (1992) identified symptoms of anxiety which are:

1. Loss of pleasure.
2. Easily anger.
3. Difficulty concentrating.
4. Eating disturbance.
5. Sleep disturbance.
6. Lack of vital energy, activity and perseverance.

7. Muscle tension and excessive motor activity.
8. Thinking about death and suicide.

2.1.2.5 Theories that interpret anxiety

2.1.2.5.1 Psychoanalysis theory

Freud indicated that anxiety appears originally as a reaction to a situation of danger facing the human, if this situation finished symptoms of anxiety will decreased or disappeared, but if the source of anxiety returned to the individual, symptoms of anxiety will appear again.(Shenawi, 2000)

While **Adler** finds that children often feel their weakness and inability if compared themselves with the adults, and lead to the individual's sense of inferiority in the future. They try to be compensate by earning the love and friendship of others, but if the compensation failed the individual will reexperienc anxiety. Adler showed that the anxiety arises when the individual's sense with organic or social or mental inferiority, which may be affected by it, especially in childhood.(Dafedof, 2000)

However, **Ottorank** indicated that birth trauma and not odeba complex is the main problem for humans. It moves in the unconscious, that the original anxiety resulting from the separation from the mother uterus. He assumed that child before its birth was blessed with pleasure and happiness in the paradise uterus and his birth is the removal of him from this paradise, so he feels with strong shocking and the result is feelings of anxiety. This comes the first experience of separation to repeat human feeling with anxiety.(Desuqi, 1995)

In addition, **Horney** indicated that normal human behavior is based on the feeling of secure and that the basis of anxiety due to the inability of the individual to access to the state of secure, which returns to his relations with his parents. This leads to the formation of a hostile theory to the world because he is considerate it as enemy threatened him (Mashikhi, 2009)

Finally, **Sullivan** sees that anxiety is a power which has an effect on the formation of self and psych but it is hindered power because it reduces the strength of observation and reduce the ability to distinguish, and hinder the understanding and access to information. Sullivan believes that the psychology of the child consists of a special system with approval

of parents for acts of the child which lead to feelings with happiness, and those acts that do not receive approval, generate a sense of anxiety.(Abo-Eta, 2004)

2.1.2.5.2 Behavioral theory

The behavioral school indicated that anxiety as a learned behavior from the environment the individual lives in, under the condition of positive and negative reinforcement. Behaviorism doesn't believe in the unconscious motivations, and doesn't see that the effective powers in personality in images of three systems (Id, Ego and Super ego) as in analysis theory. They explain anxiety in the light of classical conditioning, joining of new stimulant with original stimulant, and the new stimulant becomes able to generate response particular to original stimulant. This means that neutral stimulant can join with another stimulant that has the ability to produce fear, so the neutral stimulant gains character of frightening original stimulant and becomes able bringing fear response.(Kefafi, 1990)

2.1.2.5.3 Humanist theory

Humanitarianism indicated that anxiety as a fear from future and what human lives from events that threaten his existence or his entity. So anxiety generates from human expectations to what may be happen, and anxiety doesn't result from the individual past. And they sees that human is the only organism recognizes that he has inevitable end, and death may occurs at any moment, and expectation of death is the basic stimulant of anxiety for human.(Shenawi, 2000)

2.1.2.5.4 Cognitive theory

Beck cognitive model of anxiety

Beck confirm that expectation of individual to the dangers and the evils is the basic ingredients to distinguish patients with anxiety. Anxiety has depends on how individual aware of these risks and appreciation to it, the individual in the state of anxiety is concerned firstly with the possibility of exposure to danger or harm. The main idea to human is the presences of danger threaten his health, family, property, social and professional position and other threats. Tragic thinking is from the common cognitive mistakes in patients of anxiety that mean the expectation the worst results. Overestimate to the dangers that may occur to the individual in the future, making him a permanent skepticism in his ability to confrontation and resistance, which cause him ongoing anxiety. (Blkelani, 2008)

Lazarus cognitive model of anxiety

Lazarus distinguishes between two basic processes:

1-Preliminary assessment: this means the estimation to the extent of situation threat (determine the situation and estimation to extent of possibility of threat and the extent of proximity and intensity). Preliminary assessment is affected by two factors:

- a- Factors related to the character of the individual and include his beliefs and assumptions.
- b- Factors related to the situation and include the nature of the event, or expected threat and the possibilities of its occurrence.

2-Secondary assessment: this means the estimation of individual to his possibilities and capabilities (power assessment\ defense ability to invalidate the risk and contain it).

(Belkelani, 2008)

Ellis divides anxiety into two forms

A-Discomfort anxiety which is emotional stress result when the individual feels:

- His comfort or his life is threatened.
- Should get what he wants.

B-Ego anxiety which is emotional stress result when the individual feel:

- His self value and personality are threatened.
- He must do good performance and approved by others. (Desoqi, 1995)

2.1.3 Death anxiety

The problem of life and death occupied large space from thinking of philosophers and intellectuals, emerged metaphysical contemplations and where said philosophical views, and put the various trends of thought through the long intellectual history of human.

(Abdel-Khalek, 1998)

Since the dawn of history, human civilizations consider the greatest attention to the phenomenon of death, an expression for their absolute faith in life after death, which led to devote their efforts and their potential to build structures, temples and pyramids in honor to their kings, their priests and the elite of them.(Abdel-Khalek, 1987)

The viewer to the great effects that left by old human civilizations behind, confirming that death was given their great interest that stem from the belief about life after death. Also

confirmed the heavenly religions in their messages to the eternal life after death, and the fate of body after death is dissolution, while the spirit ascend to the God to be held accountable in the light of what happened in the life of the world (Siegel, 1980).

Interest in research related to death anxiety has emerged after World War two and its effect from disaster, destruction, pain and death of millions of people, in order- to understand the close relationship between psychological factors, social, economic, and the idea of death.(Abdel-Hamed, 1995)

Templer (1970) is from the pioneers of researchers who addressed to the definition of the concept of death anxiety through his study, where he built a tool to reveal the relationship between death and deteriorating of psychological condition among dying person. It was called the last minute, that represented by the loss of the ability to communicate as a result of deterioration and loss, which touch human-self because he enter the human in the stage of death.

Psychologists confirmed that human anxiety during the life of the individual in the world take two different pictures: fear of life picture, and fear of death picture. Fear of life is the anxiety from progress and individual independence, and fear of death just is the opposite. It is the fear of lateness and the loss of the individuality as the individual is fear to lose in total or as fear from individual independence and return to a state of dependency (Elhelo,et. al., 2001).

2.1.3.1 Meaning of life

The meaning of life is an important concept presented by Viktor Frankl the owner of theory of Logotherapy as one of the most important theories in the humanitarian direction in counseling and psychotherapy.It deals with the study of the human as spiritual experience beside that he is an installation from biological, mental and cognitive accepting to change, growth and sublimation. And that man does not seek only to satisfy his instincts or to creating conditions of social living, because this alone is not happiness and does not please him, but he cares mainly to be there is a significance and meaning to his life and purpose and value going to it (Frankle, 1982).

Human found that life in every sense of the pain and suffering is worth to living, and the faith in the meaning of life gives the human the ability of giving and sublimation on self, which influence the extends to include the whole humanity (Abdel-Aziz: 2001).

Frankl (1982) indicated that life has common concept and multi-responses and describes life experience that has a purpose and value, the existence of human is self-sublimation and

a transcendence of self more than self-fulfillment. The concentration only on the goals of self-fulfillment does not lead to the discovery and achieving the meaning of life for human. That life always retains with the meaning whether the human believes in his existence and directed his efforts to discover the meaning of his own, or take it that the meaning of life is the product of his efforts and devoted his life to make this meaning. In the end, the value of life increases whenever the human holding to this special meaning, which this meaning become prepares to him the stronger motivations for life on a positive, humanitarian and effectively level. (Maamaria, 2007).

2.1.3.2 Meaning of death

The idea of death is central to the various members of the human race since the inception of human life. The lives of individuals on the planet do not last forever, but it must end. Every human aware to death fact, and he sees it applied to other people before he recognize it by himself (Abed-El Khaliq : 1999).

The idea of death is repulsive idea with its detail and very disturbing. Its means is linked to many violent emotions, feelings of emotion and negative trends. Death is not an accident, it is completely breaking the rhythm of life, stop its circle, and make it stands rigid at the date it is impossible to overcome it. The trend toward the death is contradiction, need attention and human recognize the origin of contradiction, he don't deny it. However, human hate and abhor it. (Abdel-Khalek: 1987).

2.1.3.3 Death anxiety and fear

There is a debate between researchers about the concept of death anxiety, some researchers believe that the fear of death is the same as death anxiety, so each concept is synonymous with another and united with it in the meaning for example. For example, Wass indicate that we might use the term fear with a certain meaning (fear of individual from enemy, from earthquakes, from lion), and using anxiety to the mysterious threat. However, we tend newly to use both terms in the same meaning (R. Viswanathan, 1996).

Donnly (1978) discriminated between fear and anxiety, and he indicated that in fear state we face specific something, it may be physical pain or loss of a friend, and in each of these that cases there is something we might face or analyzed or attack and we sure of its existence, either in the state of anxiety the subject is wandered and not clear.

2.1.3.4 Definition of death anxiety

Death anxiety was defined by some researchers including Templer (1972) who defined it as an unpleasant emotional experience revolves around the death and related topics, and this experience may lead to accelerated death.

Wass 1979 defined it as an emotional experience including fear from self and identity losing and totally non existence (Abo-Salama, 2009).

While Hoelter (1979) defined it as an emotional response include of subjective feelings of lack of pleasure, and intentional engage in hoping or expecting any figure of the many manifestations linked with death.

And Abdel-Khaleq (1999) defined it as a type of general anxiety which refers to the unpleasant emotional state and feelings of doubt, the inability and fear, and focus on everything related to death and dying with the person himself or his family. It is possible that life events raise this case of unpleasant emotional state and raises its degree.

But Eed (1993) defined death anxiety as a feeling dominate on individual that death lurks to him, where he was and wherever he went, in his wake and sleep, in his silence and his movement and his thinking, which makes him sad.

Finally Shuqeer (1996) defined death anxiety as unpleasant emotional state resulting from the fear response of individual towards everything related to death, and negative estimate for death and what is expected after death fate.

A complex phenomenon that represents the blend of many different thought processes and emotions are the dread of death, the horror of hysical and mental deterioration, the essential feeling of aloneness, the ultimate experience of separation anxiety, sadness about the eventual loss of self, and extremes of anger and despair about a situation over which we have no control.(Firestone, 2009)

2.1.3.5 Human civilizations and religions and the idea of death

The idea of death controls human as it, that happen at every moment, and this concept has its roots in the minds of humans which human face difficulty to change this idea about death. The primitive human believe that sudden death is related to hidden power like any disease and it doesn't relate to natural causes. The primitives believes that death is a result of the effect of evil enemy in a form of human or spiritual. They believe that they are born immortal (Abdelwahab, 2000).

The discovery of the inevitability of death was in the oldest Iraqi documents through epic of Gilgamesh when he addressed his closed friend Enkidu after he died, saying (what this sleeping which predominate and enable you. If I die is my fate will be like your fate. I wander around in forests afraid from death). The consolation of human in death was represented by the belief in the resurrection and immortality, as it is very clear in the ancient Egyptian civilization, such as building pyramids and mummification. Also it is found in the thought of Babylonian and Assyrian as well as in the other heavenly religions later which did not consider the death as the absolute end to life, but the transition of the soul to a new style of life which called (the underworld) in the ancient civilization and (the hereafter) in the heavenly religions. The ancient myths describes life in the underworld as depressed; soil is their eating and the feverish is the drink, but there are exceptions based on the method of death and the number of children. For example those who have four sons drank cold water and who died in the fighting sitting on couches and drink pure water (Nayal, 1991).

Ancient writings on pyramids, tombs and temples have described the afterlife which human stands in front of 40 judges, one of them catch scale for weighing the good and bad actions, which human goes either to the killing fields which called by Egyptians the fields of (Yarrow), that means to paradise or to hell. The heavenly religions went on the same way, but attributed these beliefs to the sky. Judaism came with the idea of immortality and resurrection as stated in verse 19 of chapter twenty-sixth of the book of Isaiah: live your dead, live bodies. Christianity has considered the execution of Christ, his ascension and his return is a victory over death. Islam confirmed on the inevitability of death: Deaths overtake you even if you in Bruges. And death in Islam is destiny and wisdom of God, that human lives fleetingly life in this world and live immortal life in the afterlife (Maameria, 2007).

Death according to Christians is the lifting of the spirit of the body who is made from dust, and spirit go to her appropriate place, either to the place of the righteous or the wicked place (Iwees, 1999).

In pre-Islamic era, the idea of death was inspire the imagination of many poets, in the blink of Torfa Eben-Abed as a model the idea of death control his blink, when he is young poet when he talked about the death while the only talkers about death are the old people and patients. He believes that the real death is psychological not physical, and the death is age travel has a specific beginning and end. Zuhair Ibn Abi Salma sees that death is a camel cannot see, beat this and kill this (Abdel-Khaleq, 1987).

2.1.3.6 Theories that interpret death anxiety

There are varied approaches and theories that explain death anxiety, its symptoms, causes and treatment. The view of the **school of psychoanalysis** explain the death on the basis that the instincts are the source and guidance of behavior, which regulates the dynamics of personality, and the goal of behavior is the satisfaction of needs associated with these instincts. Instincts are aggregate in two main groups ; the first group is Eros group which focused on sexual instinct or the instinct of life and works on self-preservation which called Libido. The second group is Thanatos group which is death instincts and it opposes to the instinct of life and lead everything that is alive to its last non-organic state including vandalism, aggression, destruction, coercive impulsive and trying to end a life. (Elfeqi: 1990)

Behavioral theory explains death as strong stimulant experience by every individual in his life and leads to a different responses. Death at the behavioral level is the loss of full consciousness or feeling, and the brain stops the performance of high mental function. They study behavior that represented in the responses of individuals who lost a close relative or friend from grief to depression and suicide or attempt suicide. (Abed-Elkhaleq: 1987)

However, **school of humanist** sees that death is no exist threat, and is the nothingness and full dissolution of personality, and that death prevents the individual from self-actualization. So existential frustration is arises, the sense of life meaning and the struggle is the essence of humanity motivation and this is crucial in determining the quality of life. Finally, the **existential** focused that individual need to accept the inevitability of death, and he should determine the meaning of human existence in the fact of his death. The fact of death gives life meaning more than emptying from its meaning, that is by concentrating the light on the uniqueness of each person and individuality and by uniting everyone in human society (Abed-Elkhaleq, 1998).

2.1.3.7 Death in Islam

Death anxiety has dominated great attention among the thinkers, philosophers and theologians in the east and the west since a long time, and about the controversy that has provoked by the issue of death among researchers and scientists. Sheikh Mohammed Shaarawi indicated that no issue took a controversy between people such as the issue of death and life, and when we want to know the secret of life and death must be take that

from God in the creation of life and death, and every day human move from life to death when he go to sleep, and move from death to life when he wake up (Shaarawi, 1991). The view the Islamic religion about the fact of death, where death said its word and its derivatives in several themes of the Holy Quran and the verses are 165 times, and some of these verses:

"Every soul shall have a taste of death....."

Al-Emran surah: verse 185

"Wherever ye are, death will find you out, even if ye are in towers built up strong and high....."

Al-Nesa surah: verse 78

"The Death from which ye flee will truly overtake you....."

Al-Jumua surah: verse 8

"And the stupor of death will bring Truth this was the thing which thou wast trying to escape"

Qaf surah: verse 19

And the Sunnah stresses on mention the death and it is coming fact no doubt in it, The Messenger of Allah peace be upon him, said "multiply remember of death defeated, that is mean the death" Narrated by Al-Tirmidhi.

Reward and punishment makes purpose and meaning to human life, if the work of the individual are purely to God he do not suffer from death anxiety. The religion was the cure for the human soul, treat on the way of God. And not on the deficient human way because it aims to build a human being is characterized by moral character, sublimation and mental health (Iwees, 1999).

2.1.3.8 Reactions of individual to death anxiety

In reacting to death anxiety, most people regress and become emotionally cut off. To varying degrees they choose to depersonalize. Their defensive posture tends to limit their capacity to relate to others, restricts their ability to make choices, and narrows their life experience. Rigid belief systems offer some respite from death fears but often inspire distrust and hatred. Many religious wars involving mass destruction have been fought over sectarian systems of thought. Because death anxiety exists on an unconscious as well as on a conscious level, most people would say they do not consciously think about death (Abdel-

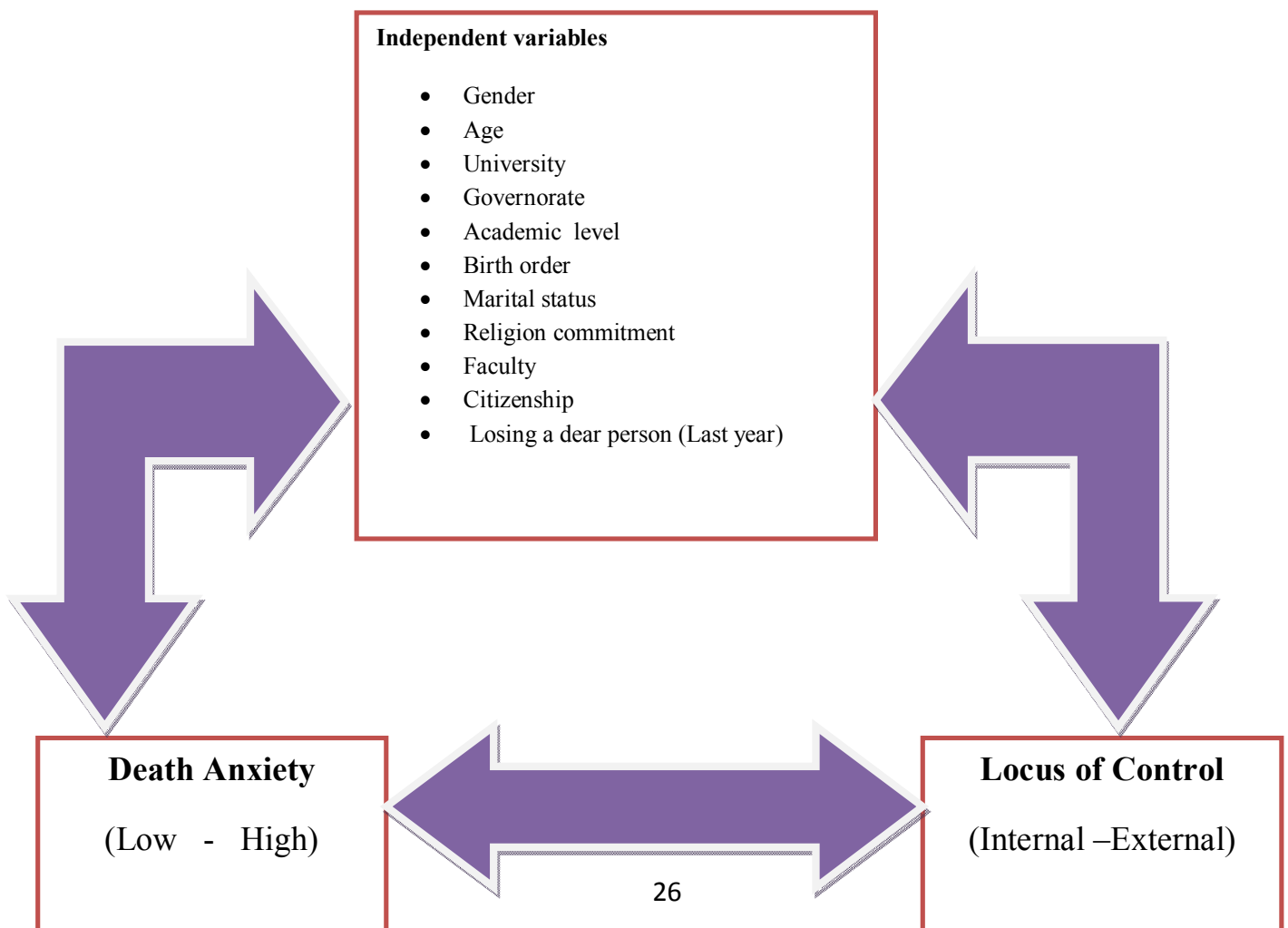
Khaleq, 1987). However, on an unconscious level, the fear of death influences significant aspects of their lives and motivates many of their actions. People avoid death anxiety in a variety of ways such as relaxation, developing social and functional skills, social communication and leave negative thinking . Although this defended approach does help to avoid anxiety states, it has numerous costs in terms of the damage inflicted on the individual, the family, and the children. Unlike the example above, most people respond negatively to being confronted with death awareness (Firestone, 2009).

2.1.3.9 Causes of death anxiety

In the search for the causes of death anxiety, Jacques Choron put three main factors to rational causes of death anxiety and fear from it (Abdelwahab, 2000):

- 1- What happen after death
- 2- Event of death itself
- 3- Drop out existence

2.2 Conceptual framework



The researcher in this study tried to clarify the relationship between independent variables and both of locus of control and death anxiety, and the relationship between the locus of control and death anxiety.

2.2.1 Independent variables

Gender: There are some studies handled the relationship between gender and locus of control, most of these studies showed that females are external Locus of control such as Dixon(1976), Sherman (1997), Lao (1977), Desoqi (1989), Johnston and Sherman (1993), Rubenstein (2004) Nielsen and Long (1981) and Frusher (1984). And few of them showed that there was no difference between males and females such as the study of Freedman (1992), Levin (1992) and Miksza (2006). There are some studies handled the relationship between gender and death anxiety, there are studies showed that females have higher death anxiety than males such as the study of Fishman (1992), Aday (1985), Russac, et. Al. (2007), Abed-Elhamid (1995), Elhelo (2001), Hickson (1988), Viswanathan (1996), Berman and Hays (1973) and Thabet, et. Al. (2009). Some studies showed that males have higher death anxiety than females such as the study of Perkins (1972) and Hintz (1993). And some studies showed that there was no difference between females and males in death anxiety such as the study of Pepitone (1981), Nehrke (1978) and Trent, et. Al. (1980).

Age: the researcher divided the sample into two stages from 17 to 20 and from 21 to 24. There are some studies handled the relationship between age and the locus of control, some of them had confirmed that when human became older the internal locus of control would raised such as the study of Lao (1976), Crandalle and Kathovesky (1965), Hickson (1988), Shogran, et. Al. (2010) and ButGuinn, et. Al. (2006). And there are studies showed that there is no difference in the locus of control due to age such the study of Perry (2011). There are some studies handled the relationship between age and death anxiety, some of them had confirmed that when human became older death anxiety would be less such as the study of Abdel-Khaleq (1991), Russac, et. Al. (2007), Kastenbaun (2000), Hickson (1988), Nehrke, et. al. (1978) and Quinn and Reznikof (1985). And there are studies showed that there is no difference in death anxiety due to the age such the study of Templer (1984).

University: The study included the four universities in Gaza strip which are the Islamic University, Al-Azhar University , Al-Aqsa University and Al Quds Open University. There are studies have handled the relationship between death anxiety and the type of university, such as the study of Abed-Elhamid (1995) which showed that there was no difference in death anxiety due to the type of university.

Governorate: Governorates of Gaza strip are the North , Gaza, Middle and South. Some studies have handled the relationship between place of residence and death anxiety such as the study of Elhelo (2000) which showed that there is a difference in the level of death anxiety due to the place of residence.

Academic level: the levels means the years of learning in university which are first, second ,third and fourth.

Birth order: It is a first, middle, and last, the researcher considered that those who are between the first and the last are the middle.

Marital Status: married or single, where some studies have handled the relationship between marital status and death anxiety , some of them showed that married couples have high death anxiety such as the study of Glas (1990). And some studies showed that there is no relationship between marital status and death anxiety such as the study of Cole (1978).

Religious commitment: The researcher divided it into three sections; very, moderate and none. Some studies have handled the relationship between death anxiety and religious commitment, most of them confirmed that when a person's religious commitment is higher death anxiety would be less such as the study of Lundh and Radon (1998), Alvarado (1995), Abedelaziz (2001), Jad (1994) and Joen (1996). And some studies showed that there is no difference such as the study of Rasmussen and Johnson (1994) .

Faculty: the researcher divided faculties into scientific faculties which are pharmacy, engineering, application medicine science, nursing and science, and art faculties which are education, literary, business and legislation and law . Some studies showed that there is a difference between faculties in the locus of control such as the study of Fredman (1992). And some of them showed that there was no difference such as the study of Fitts (1989). There are some studies showed that there is a difference in death anxiety due to the type of faculty, such as the study of Florian and Harvev (1984). And some studies showed that there is no difference in death anxiety due to the type of faculty, such as the study of Abed-Elhamid (1995).

Citizenship: which is two types either refugees or citizens, which the refugees those who

were expelled from their towns or villages in 1948, while the citizens those who not exposed to occupation in 1948.

Loss of a dear person: which is two types ; lost or not lost a dear person. There are some studies showed that person who has lost dear one has a high death anxiety such as the study of Ens and Bond (2005) and Azaiza, et. al. (2011).

2.2.2 Previous studies that handled the relationship between locus of control and death anxiety

Abu Nahia (1994) defined the locus control as an expression of individual to his feelings about the extent of being able to control the external events that can affect him in the light of locus of control alternatives (the category of internal control and category of external control).

Internal locus of control is a set of factors that let the person to believe that the outcome of his behaviors , good or bad, is due at the same time to himself and his abilities, his efforts, his will and his skill, where it is believed that the person is directly responsible for his actions and the results of his work (Daruzza, 2007).

External locus of control is a set of factors that let the person to believe that the outcome of his behavior, good or bad, and at the same time due to external factors, overworked, and beyond his control, he has had no income, and has no control over them or control them(Al-Gondi, 1995).

Also, Shuqeer (1996) defined death anxiety as an unpleasant emotional state resulting from the fear response of individual towards everything related to death, and negative estimate for death and what is expected after death fate.

However, the researcher had review some studies that handled the relationship between locus of control and death anxiety which are:

The study carried out by Hayms, N. et.al. (1982) that aimed to study the relationship between locus of control and death anxiety. The relationship between locus of control and death anxiety was investigated in a sample of 99 college students. The results indicate a significant relationship between an external locus of control and concern about death. In addition, there is a specific differential patterning between various dimensions of locus of control and death anxiety items. No sex differences were found for death anxiety, but significant sex differences were found on four of the seven locus of control dimensions.

The study carried out by Berman, A. and Hays, J. (1973) that aimed to study the relationship between death anxiety, belief in afterlife and locus of control. Administered a 4-part questionnaire, including Rotters internal-external control scale, the death anxiety scale, belief in afterlife scale-form A and the fear of death scale, to 300 college age. Results did not support the hypothesized relationship between belief in afterlife in an external locus of control and death anxiety or between externality and death anxiety.

The study carried out by Hayslip, B. and Stewart-Bussey, D. (1987) that aimed to study the relationship between locus of control and levels of death anxiety. In an effort to more fully understand locus of control-death fear relationships, fifty-nine individuals were administered the Levenson Locus of Control scale, the Collett-Lester and Templer scales measuring overt death fear, and a sentence completion task assessing dimensions of covert fear. Correlational analysis suggested interactions among aspects of locus of control and aspects of death fear varying along the death or dying, self or other, and overt or covert continua. These data are felt to enable one to more completely understand the role that perceived controllability of life events play in determining individual reactions to one's own or another's death.

The study carried out by Nehrke, M. et. al. (1978) that aimed to study the relationship between death anxiety, locus of control and life satisfaction in elderly. In order to test Erikson's statements regarding ego integrity versus despair, twenty men and twenty women from each of three residential settings (general community, public housing and nursing homes) were given life satisfaction, locus of control and death anxiety scales. Erikson's hypothesis of internal control, high life satisfaction and low death anxiety was supported only by the public housing data. The remaining data supported a conflicting hypothesis based on the work of Monosoff and Sterns. Although it appears that age segregated group living does desensitize the elderly to death anxiety it was necessary to propose the functioning of other variables in order to integrate these findings. It was also noted that there were no sex differences in death anxiety, that years of schooling was not related to death anxiety, and that age was negatively related to death anxiety for the total sample.

The study carried out by Sadowski, C. et. al. (1980) that aimed to study the relationship between locus of control and death anxiety. The relationship between locus of control and death anxiety was reexamined in an attempt to reconcile inconsistencies in the literature. The Reid-Ware Three Factor Locus of Control Scale and the Templer Death Anxiety Scale

were administered to 164 males and 211 female college students who ranged from seventeen to forty-nine years of age. Separate regression analyses indicated that death anxiety loaded significantly on the Fatalism dimension for males and on the Social System Control dimension for females. The Self-Control dimension was significantly related to death anxiety for both genders, and accounted for more of the explained death anxiety variance than either of the other locus of control factors. There was a positive relationship between locus of control and death anxiety.

The study carried out by Hickson, J. et. al. (1988) that aimed to study the relationship of locus of control, age and sex to life satisfaction and death anxiety. The study examined Rotter's Internal-External locus of control concept in relation to life satisfaction and death anxiety in an aged population. Age and sex of the individual were also considered. In the case of life satisfaction, a strong sex and a strong locus of control effect were found. For death anxiety, again a strong sex effect was found, but there was also a significant interaction between locus of control and age. The result indicated that there was no relationship between locus of control and death anxiety. Studies which explore the influence of life experiences, situational and environmental variables, and their effect on control orientation are also needed.

The study carried out by Viswanathan, R. (1996) that aimed to study the relationship between death anxiety, locus of control and purpose in life of physicians. The study explored gender and specialty differences in death anxiety, locus of control and purpose in life of physicians, and these variables might influence the clinical behavior of physicians regarding death notification. The subjects were 155 attending and house staff physicians who responded to mailed questionnaires. The female physicians scored higher in death anxiety than the male physicians. The psychiatrists scored higher in death anxiety than surgeons. There was a trend for interest to have scores indicating a more external locus of control. Purpose in life was inversely correlated with death anxiety and external locus of control. Death anxiety was related to the physicians' preferred mode of conveying the news of an unexpected patient death to the next of kin.

Chapter three

Methodology

This chapter presents the study methodology. It includes study design, study sample, study population, and ethical consideration. Also it presents the instruments which is used in the study and its reliability and validity, piloting, data collection process, data prescribing, and data analysis. Finally, it presents selection criteria and limitation of the study.

3.1 Study design

The study utilized cross sectional descriptive analytical design to assess the relationship between locus of control and death anxiety among university students in Gaza strip. The most important advantage of cross sectional studies is that in general they are quick and cheap. As there is no follow up, less resources are required to run the study. Cross sectional design are the best way to determine prevalence and are useful at identifying associations that can then be more rigorously studied using a cohort study or randomized controlled study. The most important disadvantage with cross sectional design is differentiating cause and effect from simple association.

3.2 Phases of the study

The first phase of the research thesis proposal included identifying and defining the problems and establishment objective of the study and development research plan.

The second phase of the research included a summary of the comprehensive literature review. Literatures on claim management was reviewed.

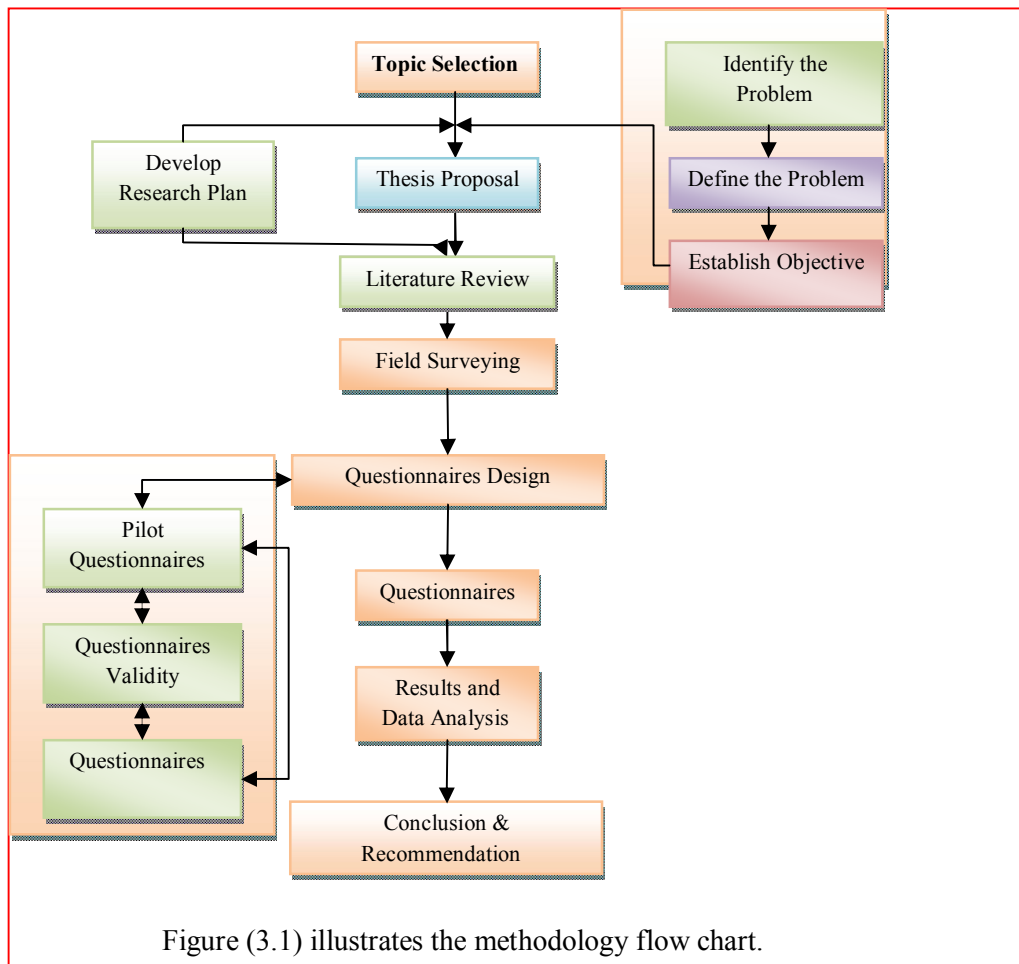
The third phase of the research included a field survey which was conducted with the relationship Between Locus of Control and Death Anxiety Among University Students in Gaza Strip

The fourth phase of the research focused on the modification of the questionnaire design, through distributing the questionnaire to pilot study, The purpose of the pilot study was to test and prove that the questionnaire questions are clear to be answered in a way that help to achieve the target of the study. The questionnaire was modified based on the results of the pilot study.

The fifth phase of the research focused on distributing questionnaire. This questionnaire was used to collect the required data in order to achieve the research objective.

The sixth phase of the research was data analysis and discussion. Statistical Package for the Social Sciences, (SPSS) was used to perform the required analysis. The final phase includes the conclusions and recommendations.

Figure (3.1) shows the methodology flowchart, which leads to achieve the research objective.



3.3 Study population

Study population consisted of the students who study at the universities in Gaza governorate; including Al-Azhar University, Islamic University, Al-Aqsa University, and Open Al-Quds University. The total number of students of mentioned universities for the academic year 2010-2011 was 56546; Al-Azhar University 11424 students, Al-Aqsa University 13219 students, Islamic University 19077 students, and Open Al-Quds University 12826 students.

3.4 Sample size and sample process

Table (3.1) sample size

University	Number of students of population study		Number of study sample		Percentage of each university from study sample	Percentage of males and females from population study	
	Male	Female	Male	Female		Male	Female
Islamic	11743	7334	52	83	33.7	38.4	61.6
Al-Azhar	5903	5521	39	42	20.4	48.33	51.67
Al-Aqsa	3816	9403	27	66	23.3	28.87	71.13
Open Al-Quds	5951	6875	42	49	22.6	53.6	46.4
Total	27413	29133	140	260	100	48.4	51.6
Total	56546		400				

The researcher used stratified random sampling, every university students were divided into males and females, every university divided into faculties, every faculty divided into sections and sections were selected randomly. Finally, the students were selected from sections by using simple random sampling by choosing one participant every ten students .

3.5 Study setting

The study was conducted at universities in Gaza governorate; Al-Azhar University, Islamic University, Al-Aqsa University, and Open Al-Quds University.

3.5.1 Al-Azhar University

Al-Azhar University was founded in 1991 as an institution of higher education to meet the ambitions of Palestinian people. The university developed rapidly, began with two faculties: the Faculty of Sharia and the law (rights now), and the Faculty of Education. In 1992 four colleges were establishment: Pharmacy, Agriculture, Science and Humanistic literature, and then seventh faculty; Faculty of Economics and Administrative Sciences was established in 1993. In 1997 Faculty of Applied Medical Sciences was establishment. In

1999 faculty of Medicine was established. And in 2001 the tenth faculty; faculty of Engineer and Information Technology was established. (Al-Azhar University, 2009)

3.5.2 Islamic University

Islamic University was established in (1978), and includes ten colleges are: Sharia, Religion origin, literature, Education, Trade, Science, Nursing, Engineering, Information Technology and Medicine. The University grants the degree of master in many disciplines. It is an independent academic institution of higher education institutions and work under the supervision of the Ministry of Education. One of the members of the Association of Arab Universities, the Association of Islamic Universities , the Association of universities of the Mediterranean and the international Association of Universities, and has a cooperative relationship with many Arab and foreign universities.(Islamic University, 2009)

3.5.3 Al-Aqsa University

Al-Aqsa University began as institute for teachers in 1955 under the management of the Egyptian government, and in 1991 developed and became college of education. And curriculum was developed and planed and sections are expanded as a result of the dramatic increase in the preparation of the students to convert them to University. And in 2001 its name became Al-Aqsa University under the supervision of the Ministry of Education and Higher Education. The University has seven scientific colleges grants bachelor's degree in 37 academic programs (Al-Aqsa University, 2009).

3.5.4 Open Al-Quds University

The idea of the establishment of the University started in 1975 based on the needs of the Palestinians for higher education, and taking into consideration their demographical, social and economical situations under the Israeli occupation. University project was approved in 1980 by UNESCO General Conference. The Palestinian National Council approved the plan in 1981, but because of unfavorable circumstances the execution of the project was delayed until 1985. in the end of 1985 a temporary office in Amman was opened with the consent of the Jordanian Ministry of Foreign Affairs. During the period from 1985 to 1991 committees of specialists were preparing academic programs and specializations, study plans, and the production of educational materials. In 1991 the University undertook its educational services with its headquarters in Jerusalem. It spread its educational regions

and study centers in major Palestinian cities that included few hundred learners. (Open Al-Quds University, 2005)

3.6 Period of the study

The study was conducted at the beginning of year 2011, at the second semester of academic year 2010-2011. After obtaining the approval of the proposal by Al-Quds University, an administrative letters were sent to the administrators of universities in May 2011. The pilot study was conducted in May 2011. Actual data was collected in Jun 2011. Data analysis and discussion was completed in November 2011. The study took almost one year from its beginning.

3.7 Selection criteria

3.7.1 Inclusion criteria

- All students who studied at the universities in Gaza governorate; Al-Azhar University, Islamic University, Al-Aqsa University, and Open Al-Quds University.
- Students of bachelor degree.
- Students who registered at the second semester from the academic year 2010-2011.

3.7.2 Exclusion criteria

- Any student study not registered at any of these universities.
- Any student not registered in the second semester from academic year 2010-2011.
- Students registered in diploma or post graduate studies.

3.8 Ethical and administrative considerations and procedures

The researcher was keen and committed to comply with all the ethical considerations need in the study. First, ethical approval was obtained from Helsinki Committee in Gaza strip to carry out the study (Annex 2). Second, an approval was obtained from Al-Quds university. Third, an approval was obtained from the administrators of universities (Annexs 4,5,6,7). Every subject in the study received an explanatory letter about the study and informed consent was obtained from the participants.

3.9 Construction of the questionnaire

Self-administered structured questionnaire was developed. The questionnaire designed to be clear with no complex terms (Annex 9). Leading, duplication and double questions were avoided. The questionnaire includes four parts;

-Information about the study.

-Socio-demographic data such as age, university, marital status, academic level, faculty, sibling order, religious level, and educational level of parents.

-Internal-External Locus of Control Scale which consist of 34 items.

-Death Anxiety Scale which consist of 32 items.

3.9.1 Internal-External locus of control scale

Internal-External locus of control scale which is constructed by Abo-Nahia (1984) was used in the study. The scale designed to be applied individually or by group, instructions of scale is limited to put screened mark (√) under the word yes if the statement suits the participant and express what he or she feel and put screened mark (√) under the word no if the statement does not suit the participant and express what he or she feels. Locus of control scale measures generalized expectations for internal versus external control of reinforcement.

3.9.1.1 Answering of internal-external locus of control scale

If the items 1, 3, 5, 8, 10, 11, 12, 13, 14, 16, 17, 18, 19, 21, 23, 24, 27, 29, 31, 33, 35, 36, 37, 38, and 39 were answered by yes it will take one degrees, but if the last items were answered by no it will take zero degree. However, if the items 2, 4, 6, 7, 9, 20, 22, 25, 26, 28, 30, 32, 34, and 40 were answered by no it will take one degrees, but if the same items were answered by yes it will take zero degree. The degrees of scale is arrange from lower to higher degree, the higher 27% of participants demonstrates external locus of control and the lower 27% of participants demonstrates internal locus of control (Glass, 1990).

3.9.2 Death anxiety scale

Death anxiety scale which constructed by Shokeer (1998) was used in the study, the scale designed to be applied individually or by group, instructions of scale is limited to put

screened mark (√) under the word agree if the statement suits to the participant and express what he or she feel and put screened mark (√) under the word not agree if the statement does not suit to the participant and express what he or she feel.

3.9.2.1 Answering of death anxiety scale

The answering of all items with (agree) give it one degree except items number 5, 14, 20, 25, 28, 29 if answer is not agree and take one degree, and the other items which answered by (not agree) take zero degree. The total average for the scale is between 0-36. If the death anxiety mean of each participant above the total death anxiety mean of total study sample, the result demonstrated high level of death anxiety. Where if the death anxiety mean of each participant was below the death anxiety mean of total sample, the result demonstrated low level of death anxiety (Williams, 2000).

3.10 Validity of the questionnaire

We can define the validity of an instrument as a determination of the extent to which the instrument actually reflects the abstract construct being examined. "Validity refers to the degree to which an instrument measures what it is supposed to be measuring". High validity is the absence of systematic errors in the measuring instrument. When an instrument is valid; it truly reflects the concept it is supposed to measure. Achieving good validity required the care in the research design and sample selection .

To insure the validity of the questionnaire, two statistical tests should be applied. The first test is Criterion-related validity test (Pearson test) which measure the correlation coefficient between each item in the field and the whole field. The second test is structure validity test (Pearson test) that used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all the fields of the questionnaire that have the same level of similar scale.

3.10.1 Internal consistency validity

Internal consistency of the questionnaire is measured by a scouting sample, which consisted of thirty questionnaires, through measuring the correlation coefficients between each paragraph in one field and the whole field. Tables No.'s (3.3-3.4) below shows the correlation coefficient and p-value for each field items. As show in the table the p- Values are less than 0.05 or 0.01, so the correlation coefficients of this field are significant at $\alpha =$

0.01 or $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table(3.2)
The correlation coefficient between each paragraph in the field and the whole field
(Locus of Control Scale)

No	Question	Pearson coefficient	p-value
1	Do you think that most of problems can solve themselves if you do not care?	0.001	0.585
2	Do you think that you can save yourself from common cold?	0.000	0.670
3	Do you think that some individuals are born lucky?	0.000	0.661
4	Do you feel in most times that your gaining high degrees mean great thing for you?	0.000	0.629
5	Do you often ask why you are blamed by others on the errors you did not commit?	0.000	0.687
6	Do you think that if individual learned his lessons well he can succeed in any subject after that?	0.000	0.747
7	Do you feel that things if started good from the morning, they will remain so throughout the day regardless of the type of work being done after that?	0.000	0.887
8	Do you feel that parents often listen to what their children say?	0.024	0.411
9	When someone punishes you, does it usually seem to you that it is without reasonable cause at all?	0.002	0.547
10	Do you usually find it hard to change an opinion or idea of your friend?	0.000	0.670
11	Do you think that the encouragement can help the team to win rather than luck?	0.000	0.672
12	Do you feel that it is almost impossible to change the opinion of your parents in a subject?	0.000	0.773
13	If you did something wrong, do you feel that you cannot make it right?	0.000	0.872
14	Do you think that most of people born with good readiness to play sports?	0.000	0.918
15	Do you think that most of other people in your age are better than you?	0.000	0.842
16	Do you feel that the best way to manage the problems is not to think about them?	0.000	0.782
17	Do you think that the blue bead and the hand make envy away?	0.000	0.807
18	When someone in your age decides to hurt you, do you feel that you cannot do little about that?	0.000	0.747
19	Do you think that the using hijab (or mascot) sometimes bring the luck?	0.000	0.912
20	Do you think that the love of people to you or not depends on your behaviors toward them?	0.000	0.901
21	Do your parents usually help you if you ask them for that?	0.000	0.840

No	Question	Pearson coefficient	p-value
22	Do you feel that when people reduce your value is usually for no reason at all?	0.000	0.803
23	Do you think that bad things which happened to you would happen if you tried to prevent it?	0.000	0.834
24	Do you think that people can achieve their goals if they continue in their attempts seriously?	0.000	0.829
25	Do you think that making a good use of your time is always useless?	0.000	0.820
26	Do you think that good happenings are results of hard work.	0.000	0.876
27	When one of your colleagues want to antagonize you, do you feel that you can do little about it?	0.000	0.638
28	Do you feel that it is easy for you to make your friends are doing what you want from them?	0.000	0.718
29	Do you feel usually that you do not say little about the home?	0.000	0.718
30	When you feel someone don't love you, do you feel that you cannot do anything about it?	0.001	0.592
31	Do you think that it was not useful to try to strive hard in school because most of the other students were better than you?	0.000	0.689
32	Do you think that planning for the future makes things change for the better?	0.000	0.710
33	In most cases, do you feel the futility of your talk about what your family decides to do?	0.000	0.796
34	Do you think that it is better for you to be smart than to be a lucky?	0.000	0.724

Most items of internal-external locus of control scale before adjustment are achieved significant correlations with the total average of the scale at significant level less than 0.01 which represented by; 1, 2, 3, 5, 6, 8, 11, 12, 13, 14, 16, 17, 18, 19, 21, 23, 24, 25, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, and 40. Just two items had achieved significant correlations at significant level 0.05 which represented by; 4, 9, and 38. While six items did not achieve the level of statistically significant which represented by; 7, 10, 15, 20, 22, and 28 so were removed.

Table(3.3)
The correlation coefficient between each paragraph in the field and the whole field
(Death Anxiety Scale)

No	Question	Pearson coefficient	p-value
1	Rarely crossed my mind the idea of death	0.355	0.040
2	I have a deep sense that I will going to die at any time	0.609	0.000
3	I have a sense of pessimism from the dead when I pray or when I see pray on dead person	0.342	0.048
4	I love to travel and to move from one place to another	0.519	0.002
5	When I sit alone with myself, I feel that death is very near to me	0.442	0.009
6	I don't like to see a dying person	0.577	0.000
7	I feel very terrified when I have a talk about death	0.355	0.040
8	When I 'am ill I think about death	0.609	0.000
9	I think much in grave punishment after death	0.000	0.613
10	I afraid to die in painful accident	0.000	0.795
11	The dreadful thing is the dying of individual because of serious and painful disease	0.000	0.757
12	Happiest times are those that I make in the participation of other joys	0.000	0.830
13	I feel with death when someone mention in front of me that someone dies	0.000	0.670
14	I don't like talking about death	0.000	0.876
15	I feel scared when people speak to me about the death of person because of serious disease	0.000	0.659
16	I 'am worry when I imagine my injury with serious disease that destroy my life	0.000	0.658
17	I feel very anxious in the presence of dying person or died person	0.000	0.765
18	Owens me a sense of death, when the caller alls for prayer for the dead	0.000	0.793
19	Every day I think about death before going to sleep	0.001	0.573
20	I fear from doing surgery for me if I need it	0.000	0.737
21	I prefer to refrain from travel and mobility to avoid death and accidents	0.000	0.708
22	Tend to feel death on my mind most of the time	0.000	0.798
23	I refuse to deal with others for fear of transmission of any dangerous disease threat to my life	0.000	0.761

No	Question	Pearson coefficient	p-value
24	My hope in life is large because long life transmit to hope	0.000	0.801
25	I feel very anxious when I imagine my injury in accident cause my death	0.000	0.707
26	Mentioned of death fear me	0.000	0.745
27	I am afraid from death in all situations	0.011	0.455
28	I feel anxious and tense when I think of the subject of life after death	0.000	0.761
29	Controls me the idea that I will die in early age	0.001	0.562
30	I feel sad and worried when the time passes quickly	0.000	0.704
31	Scared me thinking about the future	0.000	0.823
32	I prefer to refrain from travel and mobility to avoid death and accidents	0.000	0.833

Most items of death anxiety scale before adjustment are achieved significant correlations with the total average of the scale at significant level less than 0.01 which represented by; 1, 2, 4, 5, 6, 8, 10, 12, 13, 15, 16, 17, 18, 19, 21, 22, 23, 24, 26, 27, 30, 31, 32, 33, 34, 35, and 36. Just four items had achieved significant correlations at significant level 0.05 which represented by; 7, 11, 14, and 28. While five items did not achieve the level of statistically significant which represented by; 3, 9, 20, 25, and 29 so were removed

3.11 Reliability of the questionnaire

Reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring . The test is repeated to the same sample of people on two occasions and then compares the scores obtained by computing a reliability coefficient. For the most purposes reliability coefficient above 0.7 are considered satisfactory. Period of two weeks to a month is recommended between two tests Due to complicated conditions that the contractors is facing at the time being, it was too difficult to ask them to responds to our questionnaire twice within short period. The statistician's explained that, overcoming the distribution of the questionnaire twice to measure the reliability can be achieved by using Kronpakh Alpha coefficient and Half Split Method through the SPSS software.

3.11.1 Half splitting test reliability

This method depends on finding Pearson correlation coefficient between the means of odd rank questions and even rank questions of each field of the questionnaire. Then, correcting the Pearson correlation coefficients can be done by using Spearman Brown correlation coefficient of correction. The corrected correlation coefficient (consistency coefficient) is computed according to the following equation :

Consistency coefficient = $2r/(r+1)$, where r is the Pearson correlation coefficient. The normal range of corrected correlation coefficient $2r/(r+1)$ is between 0.0 and + 1.0 As shown in Table No.(3.5), and the general reliability for all items equal 0.9111 , and the significant (α) is less than 0.05 so all the corrected correlation coefficients are significance at $\alpha = 0.05$. It can be said that according to the Half Split method, the dispute causes group are reliable.

Table (3.4)
Split-Half Coefficient method

Number	Section	person-correlation	Spearman-Brown Coefficient	Sig. (2-Tailed)
1	Locus of Control Scale	0.7957	0.8862	0.000
2	Death Anxiety Scale	0.8246	0.9038	0.000
	Total	0.8368	0.9111	0.000

3.11.2 Cronbach alpha coefficient

This method is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal range of Cronbach alpha coefficient value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency. As shown in Table No. (3.6) the 2Cronbach alpha coefficient was calculated for the six fields . and the general reliability for all items equal 0.9387. This range is considered high; the result ensures the reliability of the questionnaire.

**Table (3.5)
Cronbach's Alpha for Reliability**

Number	Section	No. of Items	Cronbach's Alpha
1	Locus of Control Scale	34	0.9053
2	Death Anxiety Scale	32	0.9245
	Total	66	0.9387

3.12 Pilot study

Pilot study on 60 questionnaires was done before the starting of data collection, in order to find out the weaknesses in working, predict response rate, determine the real time needed to fill the questionnaire and identify areas of ambiguity and to test validity and reliability of the questionnaire. The sample of pilot study was students from Al-Azhar University in second semester from academic year 2010-2011. The number sample was taken unemotionally.

3.13 Response rate

400 students were included in this study and the response rate was 100%.

3.14 Data collection method

Data was collected by using self-administered questionnaire that was prepared and designed by the researcher. Participants were asked to fill the questionnaire forms which were distributed to them during their learning hours. The average time for filling a questionnaire was 15 minutes. Data collection took 20 days. The researcher trained his brother to distribute and collect data, he has a bachelor in social service.

3.15 Data management and statistical analysis

The Statistical Package for the Social Science (SPSS) program, version 18.0 was used. The stages of data analysis included: coding the questionnaires, data entry, data cleaning, constructing frequency tables for all the study variables, testing frequency and distribution of variables and conducting cross tabulation as needed.

3.16 Statistical methods

- 1- Frequencies and Percentile
- 2- Alpha- Cronbach Test for measuring reliability of the items of the questionnaires
- 3- Person correlation coefficients for measuring validity of the items of the questionnaires.
- 4- Spearman –Brown Coefficient
- 5- Independent samples t test
- 6-One way ANOVA
- 7- Scheffe test for multiple comparison between the means of samples

Chapter four

Results and Discussion

The results and the discussion chapter was divided into two parts, the first part is descriptive analysis which handled the elements of socio-demographic data which are gender, age, academic level, governorate, birth order, faculty, marital status, university, residency, losing a dear person and religious commitment. This part identified socio-demographic data by calculating frequency and percentage. The second part is inferential analysis, which handled the findings of the study questions by using t-test and one-way ANOVA.

4.1 Descriptive Analysis

4.1.1 Results from the questionnaire

Table (4.1) Distribution of participants by socio-demographic characteristics

Variables	Frequency	Percentage (%)
Gender		
Male	167	41.8
Female	233	58.3
Total	400	100
Governorate		
North	69	17.3
Gaza	198	49.5
Middle	74	18.5
South	59	14.8
Total	400	100
Academic level		
First	124	31.0
Second	90	22.5
Third	107	26.8
Fourth	79	19.8
Total	400	100
Faculty		
Scientific	185	46.2
Literary	215	53.8
Total	400	100
Age		
17-20	171	42.8
21-24	229	57.3
Total	400	100

Table (4.1) continue

University		
Islamic	135	33.8
Al-Azhar	81	20.3
Al-Aqsa	93	23.3
Open Al-Quds	91	22.8
Total	400	100
Birth order		
First	124	31.0
Middle	215	53.8
Last	61	15.3
Total	400	100
Religious commitment		
Very	27	6.8
Moderate	323	80.8
Non	50	12.5
Total	400	100
Marital status		
Married	47	88.3
not-married	353	11.8
Total	400	100
Losing of dear person		
Yes	195	48.8
No	205	51.3
Total	400	100
Citizenship		
Citizen	93	23.3
Refugee	307	76.8
Total	400	100

As shown in table 4.1 that 58.3% of the sample were females and 41.8% were males. Also, 31% of the sample was from the first academic year, 22.5% were from second academic year, 26.8 % were from the third academic year and 19.8% were from the fourth academic year.

Also, 46.3% of the sample were from the scientific faculties which are pharmacy, engineering, application medicine science, nursing and science and 53.8% were from the literary faculties which are education, literary, business and legislation and law.

Further, 42.85% of the sample were aged from 17 year to 20 year and 57.3% were aged from 21 year to 24 year.

Moreover, 17.3% of the sample were living in the North, 49.5% were living in Gaza, 18.5% were living in the Middle and 14.8% were living in the South.

In table 4.1, 33.8% of the sample were from Islamic University, 20.3% were from Al-Azhar University, 23.3% were from Al-Aqsa University and 22.8% were from Open Al-Quds University.

Also, 31.0% of the sample were the firsts in birth order of their families, 53.8% were the middles and 15.0% were the lasts.

As seen in table 4.1, 88.3% of the sample were not-married and 11.8% were married.

In addition, 48.8% of the sample lost a dear person during last year and 51.3% did not lose.

And 23.3% of the sample were citizens and 76.8% were refugees. This might reflect population distribution in Gaza strip as it is, an estimated 1.1 million people or three-quarter of population are Palestinian refugees registered with the UNRWA (UNRWA, 2009).

Finally, 6.8% of the sample were labeled themselves as very religion, 80.8% were mild and 12.5% were moderate.

4.2 Inferential analysis of the second part of the questionnaire

In this section the researcher presents the relationship between locus of control and death anxiety in addition to the relationship between socio-demographic data and each of locus of control and death anxiety.

4.2.1 Find out the level of death anxiety among university students

We test the opinion of the respondent about death anxiety and the results shown in table (4.2) as follows

The three highest statements according to weight mean as follows

1. In item No. (12) the weight mean equal " 91.25%", which is greater than 50%, that means (Happiest times when I participate the others their joys).
2. In item No. (4) the weight mean equal " 85.75%", that which is greater than 50%, means (I like the traveling and moving from place to another).
3. In item No. (2) the weight mean equal 81.75" %", which is greater than 50%, that means (I have a deep sense that I will going to die at any time).

And the three lowest statements according to weight mean as follows

1. In item No. (22) the weight mean equal " 27.00%", which is less than 50% that means (I am not tend to feel death in my mind most of the time).
2. In item No. (21) the weight mean equal " 17.75%", which is less than 50% that means (I am not prefer to refrain travel and mobility to avoid death and accidents).
3. In item No. (23) the weight mean equal " 17.75%", which is less than 50% that means (I am not refuse to deal with others because of the fear of transmission dangerous disease threat my life).

**Table(4.2) death anxiety
(sample size = 400 and No. of items 31)**

No.	Items	Sum (from 400)	standard deviation	Weight mean
1	Rarely crossed my mind the idea of death	184	0.499	46.00
2	I have a deep sense that I will going to die at any time	327	0.387	81.75
3	I have a sense of pessimism from the dead when I pray or when I see pray on dead person	175	0.497	43.75
4	I love to travel and to move from one place to another	343	0.350	85.75
5	When I sit alone with myself, I feel that death is very near to me	190	0.500	47.50
6	I don't like to see a dying person	275	0.464	68.75
7	I feel very terrified when I have a talk about death	192	0.500	48.00
8	When I 'am ill I think about death	197	0.501	49.25
9	I think much in grave punishment after death	291	0.446	72.75
10	I afraid to die in painful accident	276	0.463	69.00
11	The dreadful thing is the dying of individual because of serious and painful disease	274	0.465	68.50
12	Happiest times are those that I make in the participation of other joys	365	0.283	91.25
13	I feel with death when someone mention in front of me that someone dies	235	0.493	58.75
14	I don't like talking about death	163	0.492	40.75
15	I feel scared when people speak to me about the death of person because of serious disease	224	0.497	56.00
16	I 'am worry when I imagine my injury with serious disease that destroy my life	309	0.420	77.25
17	I feel very anxious in the presence of dying person or died person	272	0.467	68.00

No.	Items	Sum (from 400)	standard deviation	Weight mean
18	Owens me a sense of death, when the caller alls for prayer for the dead	234	0.493	58.50
19	Every day I think about death before going to sleep	170	0.495	42.50
20	I fear from doing surgery for me if I need it	198	0.501	49.50
21	I prefer to refrain from travel and mobility to avoid death and accidents	71	0.383	17.75
22	Tend to feel death on my mind most of the time	108	0.445	27.00
23	I refuse to deal with others for fear of transmission of any dangerous disease threat to my life	71	0.383	17.75
24	My hope in life is large because long life transmit to hope	243	0.489	60.75
25	I feel very anxious when I imagine my injury in accident cause my death	246	0.487	61.50
26	Mentioned of death fear me	187	0.500	46.75
27	I am afraid from death in all situations	206	0.500	51.50
28	I feel anxious and tense when I think of the subject of life after death	245	0.488	61.25
29	Controls me the idea that I will die in early age	190	0.500	47.50
30	I feel sad and worried when the time passes quickly	273	0.466	68.25
31	Scared me thinking about the future	186	0.499	46.50

For general the results for all items of the field (General impressions) show that the average mean equal 17.3 (from 31) and the weight mean equal 55.8% which is greater than " 50%" , according to previous studies, if average mean of death anxiety for total sample above the mid-range of higher degree from the scale the result demonstrate high level of death anxiety. And if the average mean of death anxiety for total sample below mid-range of higher degree from the scale the result demonstrate low level of death anxiety (Williams, 2000). That means the level of death anxiety among university students is high as shown in table (4.3). The researcher believe that the result is logic because of the circumstances surrounding us due to the Israeli practices from bombing, killing and invasions. The researcher believe that the war in Gaza in 2009 contributed to the high level of death anxiety in study sample.

Table (4.3) Value of mean, weight mean and standard deviation for death anxiety

Dependent variable	N	Highest degree of the scale	Mean	Weight mean	Std. Deviation
Death anxiety	400	31	17.3	55.8	5.684

4.2.2 Find out if there is a significant difference in Internal-External locus of control among university students due to study variables.

To find out the results, the answers of locus of control scale were descending arranged from lower degree to higher degree, the highest 27% which are 108 participants was taken to represent external locus of control, and the lowest 27% which are 108 participants was taken to represent internal locus of control. To investigate the study variables T-test and One-Way ANOVA were used.

4.2.2.1 Sex

The result illustrated in table (4.4) shows that the p-value equal 0.650 which is less than 0.05 and the absolute value of T test equal 0.455 which is greater than the value of critical value which is equal 1.98, that is means there is no significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to sex. It is in agreement with the studies carried out by Levin (1992) and Miksza (2006) which showed that there is no significant differences between males and females in locus of control. The researcher think that the result is because of the same environment and objective conditions that males and females live it in Gaza strip.

**Table (4.4)
T- Test for difference in Internal-External locus of control among university students due to sex**

scale	Gender	N	Mean	Std. Deviation	T	P-value
Internal-External locus of control	Male	102	17.902	4.660	0.455	0.650
	Female	114	17.632	4.075		

Critical value of t at df "214" and significance level 0.05 equal 1.98

4.2.2.2 Age

The result illustrated in table (4.4) shows that the p-value equal 0.142 which is less than 0.05 and the absolute value of T test equal 1.288 which is greater than the value of critical value which is equal 1.98, that's means there is no significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to age. This finding is in contrary with other studies such as Crandalle and kathovesky (1965), Lao (1976) and Hickson (1988) which indicated that internal locus of control increase with age. The researcher opinion about this result may be because of close ages, the study sample is in the period of university and they have the same growth characteristics

Table (4.5)
T- Test for difference in Internal-External locus of control among university students due to age

scale	Age	N	Mean	Std. Deviation	T	P-value
Internal-External locus of control	17-20	94	18.255	4.343	1.47	0.142
	21-24	122	17.377	4.340		

Critical value of t at df "214" and significance level 0.05 equal 1.98

4.2.2.3 University

The result illustrated in table (4.6) shows that the p-value equal 0.007 which is less than 0.05 and the value of F test equal 4.167 which is greater than the value of critical value which is equal 2.56, that's means there is a statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to university and from Scheffe test table no.(4.7) show that there is difference between "Open Al-Quds university university", and "Islamic" and the deference in favor of "Open Al-Quds university". That means that the students of Open Al-Quds university had external locus of control than students of Islamic university. The researcher believe that the result is because of the system of Open Al-Quds university is more openness and there is mixing between males and females.

Table (4.6)
One way ANOVA test for difference of the Internal-External locus of control according to university.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Internal-External locus of control	Between Groups	226.837	3	75.612	4.167	0.007
	Within Groups	3846.645	212	18.145		
	Total	4073.481	215			

Critical value of f at degrees of freedom (3,212) and sig. level 0.05 equal 2.56

Table (4.7)
Scheffe test

Mean difference	Islamic m=50.38	Al-Azhar m=51.65	Al-Aqsa m=52.45	Open Al-Quds m=52.86
Islamic		-1.272	-2.076	-2.483*
Al-Azhar	1.272		-0.804	-1.211
Al-Aqsa	2.076	0.804		-0.407
Open Al-Quds	2.483*	1.211	0.407	

*The difference is significant at 0.05 level

4.2.2.4 Governorate

The result illustrated in table (4.8) shows that the p-value equal 0.125 which is greater than 0.05 and the value of F test equal 1.824 which is less than the value of critical value which is equal 2.41, that's means There is no statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to governorate. The researcher think that the finding is because of the same circumstances that people live it in all governorates of Gaza strip. There is no boundaries or big spaces between governorates and there is high population density in Gaza strip.

Table (4.8)
One way ANOVA test for difference of the Internal-External locus of control according to governorate.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Internal-External locus of control	Between Groups	136.173	4	34.043	1.824	0.125
	Within Groups	3937.308	211	18.660		
	Total	4073.481	215			

Critical value of f at degrees of freedom (4,211) and sig. level 0.05 equal 2.41

4.2.2.5 Academic level

The result illustrated in table (4.9) shows that the p-value equal 0.532 which is greater than 0.05 and the value of F test equal 0.735 which is less than the value of critical value which is equal 2.56, that's means There is no statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to academic level. The researcher see even if the academic levels are disagree the students were from the same environment and circumstances.

Table (4.9)
One way ANOVA test for difference of the Internal-External locus of control according to academic level.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Internal-External locus of control	Between Groups	41.943	3	13.981	0.735	0.532
	Within Groups	4031.539	212	19.017		
	Total	4073.481	215			

Critical value of f at degrees of freedom (3,212) and sig. level 0.05 equal 2.56

4.2.2.6 Birth order

The result illustrated in table (4.9) shows that the p-value equal 0.366 which is greater than 0.05 and the value of F test equal 1.010 which is less than the value of critical value which is equal 3.04, that's means There is no statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to birth order. The researcher believe this result because of the families in Gaza strip are extended and the high number

of family members. Also, the high rate of poverty and unemployment may contribute to the finding of the study.

Table (4.10)
One way ANOVA test for difference of the Internal-External locus of control according to birth order.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Internal-External locus of control	Between Groups	38.280	2	19.140	1.010	0.366
	Within Groups	4035.202	213	18.945		
	Total	4073.481	215			

Critical value of f at degrees of freedom (2,213) and sig. level 0.05 equal 3.04

4.2.2.7 Marital status

The result illustrated in table (4.11) shows that the p-value equal 0.496 which is greater than 0.05 and the absolute value of T test equal 0.681 which is less than the value of critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to marital status. The researcher see the finding may be due to the high rate of not married students in study sample, and may be if the ratio between the categories was closed may be the result is different.

Table (4.11)
T- Test for difference in Internal-External locus of control among university students due to marital status

Scale	marital status	N	Mean	Std. Deviation	T	P-value
Internal-External locus of control	Not Married	193	17.829	4.336	0.681	0.496
	Married	23	17.174	4.549		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.2.8 Religious commitment

The result illustrated in table (4.12) shows that the p-value equal 0.140 which is greater than 0.05 and the value of F test equal 1.985 which is less than the value of critical value which is equal 3.04, that's means There is no statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to religion

commitment. The researcher believe that the finding is due to the high rate of moderate religious commitment from study sample, and may be if the ratio between the categories was closed may be the result is different. The religious commitment in Gaza strip may be in line with political situation.

Table (4.12)
One way ANOVA test for difference of the Internal-External locus of control according to religion commitment.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Internal-External locus of control	Between Groups	74.526	2	37.263	1.985	0.140
	Within Groups	3998.956	213	18.774		
	Total	4073.481	215			

Critical value of f at degrees of freedom (2,213) and sig. level 0.05 equal 3.04

4.2.2.9 Faculty

The result illustrated in table (4.13) shows that the p-value equal 0.264 which is greater than 0.05 and the absolute value of T test equal 1.121 which is less than the value of critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to faculty. The researcher think that the finding because the same situations they live even if the difference of faculty.

Table (4.13)
T- Test for difference in Internal-External locus of control among university students due to faculty

Scale	Faculty	N	Mean	Std. Deviation	T	P-value
Internal-External locus of control	Scientific faculty	90	17.367	4.076	-1.121	0.264
	Literary faculty	126	18.040	4.535		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.2.10 Citizenship

The result illustrated in table (4.14) shows that the p-value equal 0.400 which is greater than 0.05 and the absolute value of T test equal 0.843 which is less than the value of critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to citizenship. The researcher opinion about the finding is both refugees and citizens live in the same situations and there is mixing between refugees and citizens in work, marriage and living.

Table (4.14)

T- Test for difference in Internal-External locus of control among university students due to citizenship

Scale	Citizenship	N	Mean	Std. Deviation	T	P-value
Internal-External locus of control	Citizen	48	17.292	4.390	-0.843	0.400
	Refugee	168	17.893	4.346		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.2.11 Losing a dear person during a period of last year

The result illustrated in table (4.15) shows that the p-value equal 0.005 which is less than 0.05 and the absolute value of T test equal 2.854 which is greater than the value of critical value which is equal 1.97, that's means there is a significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to losing a dear person during a period of last year and the difference in favor of "the losing a dear person during a period of last year". The researcher believe that this finding id due to the religious adaptation, it mean the human contribute the events to the fate.

Table (4.15)

T- Test for difference in Internal-External locus of control among university students due to losing a dear person during a period of last year

Scale	losing a dear person during a period of last year	N	Mean	Std. Deviation	T	P-value
Internal-External locus of control	yes	118	18.517	4.481	2.854	0.005
	No	98	16.847	4.029		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.3 Find out if there is a significant difference in the level of death anxiety among university students due to study variables.

To answer this question, the answers of death anxiety scale were descending arranged from lower degree to higher degree, the highest 27% which are 108 participants was taken to represent high level of death anxiety, and the lowest 27% which are 108 participants was taken to represent low level of death anxiety. To investigate the study variables T-test and One-Way ANOVA were used.

4.2.3.1 Sex

The result illustrated in table (4.16) shows that the p-value equal 0.702 which is greater than 0.05 and the absolute value of T test equal 0.383 which is less than the value of critical value which is equal 1.98, that's means there is no significant difference at $\alpha = 0.05$ in the level of death anxiety among university students due to sex. Which is in agreement with the studies carried out by Pepiton (1981), Nehrke, et. al. (1978) and Fang and Hall (1977) which showed that no statistically significant differences between males and females in death anxiety. And the finding is in contrary with the studies carried out by El-Helo (2001), Viswanathan (1996) and Thabet (2009) which showed that females had more death anxiety than males, and it is in contrary with studies carried out by Hentz (1993) and Perken (1979) which showed that males had death anxiety than females. According to researcher knowledge the ratio between males and females martyrs in war 2009 is nearly closed, so booth males and females are expose to death by occupation practices.

Table (4.16)
T- Test for difference in the level of death anxiety among university students due to sex

Scale	Gender	N	Mean	Std. Deviation	T	P-value
level of death anxiety	Male	84	17.024	7.998	-0.383	0.702
	Female	132	17.424	7.155		

Critical value of t at df "214" and significance level 0.05 equal 1.98

4.2.3.2 Age

The result illustrated in table (4.17) shows that the p-value equal 0.801 which is greater than 0.05 and the absolute value of T test equal 0.253 which is less than the value of

critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in the level of death anxiety among university students due to age. Which is in agreement with the study carried out by Templer which indicated no relationship between age and death anxiety. And the finding is in contrary with the studies carried out by Russac (2007), Abdelkhaleq (1991), Kestenbaun (2000), Hickson (1988) and Nehrke (1978) which indicated that older persons had less death anxiety than young persons. The researcher believe that the finding is because of the study sample is nearly from the same age stage which is the youth which they had the same characteristics.

Table (4.17)
T- Test for difference in the level of death anxiety among university students due to age

Scale	Age	N	Mean	Std. Deviation	T	P-value
level of death anxiety	17-20	101	17.406	7.185	0.253	0.801
	21-24	115	17.148	7.756		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.3.3University

The result illustrated in table (4.18) shows that the p-value equal 0.205 which is greater than 0.05 and the value of F test equal 1.541 which is less than the value of critical value which is equal 2.65, that is means there is no statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to university. Which is in contrary with the study carried out by Abdelhamid (1995) which indicated statistically significant difference in the level of death anxiety due to university. The researcher contribute the result close of universities to each other, often the same courses, and the students had almost the same environment.

Table (4.18)
One way ANOVA test for difference in the level of death anxiety among university students according to university.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
level of death anxiety	Between Groups	256.562	3	85.521	1.541	0.205
	Within Groups	11767.864	212	55.509		
	Total	12024.426	215			

Critical value of f at degrees of freedom (3,212) and sig. level 0.05 equal 2.56

4.2.3.4 Governorate

The result illustrated in table (4.19) shows that the p-value equal 0.334 which is greater than 0.05 and the value of F test equal 1.149 which is less than the value of critical value which is equal 2.41, that's means There is no statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to governorate. The researcher think that the finding is because of no difference between governorates of Gaza strip which each are vulnerable to occupation practices. Also all governorates are integrated, and the travelling from governorate to another is very easy.

Table (4.19)
One way ANOVA test for difference in the level of death anxiety among university students according to governorate.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
level of death anxiety	Between Groups	256.404	4	64.101	1.149	0.334
	Within Groups	11768.022	211	55.773		
	Total	12024.426	215			

Critical value of f at degrees of freedom (4,211) and sig. level 0.05 equal 2.41

4.2.3.5 Academic level

The result illustrated in table (4.20) shows that the p-value equal 0.568 which is greater than 0.05 and the value of F test equal 0.675 which is less than the value of critical value which is equal 2.64, that's means There is no statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to academic level. The researcher see that the four years difference between the levels is not sufficient to change the ideas about death which is became element from the life of people in Gaza strip.

Table (4.20)
One way ANOVA test for difference in the level of death anxiety among university students according to academic level.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
level of death anxiety	Between Groups	57.345	3	19.115	0.339	0.797
	Within Groups	11967.081	212	56.448		
	Total	12024.426	215			

Critical value of f at degrees of freedom (3,267) and sig. level 0.05 equal 2.64

4.2.3.6 Birth order

The result illustrated in table (4.21) shows that the p-value equal 0.298 which is greater than 0.05 and the value of F test equal 1.216 which is less than the value of critical value which is equal 3.04, that's means There is no statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to birth order. The researcher believe that this finding due to the nature of extended family in Gaza strip and the families are large. Poverty may contribute to the finding, and the head of family can't gives attention to one without other.

Table (4.21)
One way ANOVA test for difference in the level of death anxiety among university students according to birth order.

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
level of death anxiety	Between Groups	135.791	2	67.896	1.216	0.298
	Within Groups	11888.635	213	55.815		
	Total	12024.426	215			

Critical value of f at degrees of freedom (2,213) and sig. level 0.05 equal 3.04

4.2.3.7 Marital status

The result illustrated in table (4.21) shows that the p-value equal 0.941 which is greater than 0.05 and the absolute value of T test equal 0.074 which is less than the value of critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in the level of death anxiety among university students due to marital status. Which is in agreement with the study carried out by Cole (1978) which indicated no difference in the relationship between death anxiety and marital status. And the finding is in contrary with the study carried out by Glass (1990) which indicated married persons had high level of death anxiety. The researcher contribute the finding to the same circumstances and stressful experiences that booth married and not married live in the same environment.

Table (4.22)**T- Test for difference in the level of death anxiety among university students due to marital status**

Scale	marital status	N	Mean	Std. Deviation	T	P-value
level of death anxiety	Not Married	187	17.283	7.508	0.074	0.941
	Married	29	17.172	7.417		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.3.8 Religion commitment

The result illustrated in table (4.23) shows that the p-value equal 0.877 which is greater than 0.05 and the value of F test equal 0.132 which is less than the value of critical value which is equal 3.04, that's means There is no statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to religion commitment. Which is in agreement with the study carried out by Rasmussen and Johnson (1994) which showed no relationship between death anxiety and religion commitment. And the finding is in contrary to the studies carried out by Landh and Radon (1998), Alverado (1995), Abdel-Aziz (2001), Jad (1994) and Joen (1996) which showed religious individuals had low death anxiety. The researcher believe that the finding is due to the high rate of moderate religious commitment from study sample, and may be if the ratio between the categories was closed may be the result is different. In the case of moderate religious commitment may be people contribute the events specially death to the fate.

Table (4.23)**One way ANOVA test for difference in the level of death anxiety among university students according to religion commitment.**

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
level of death anxiety	Between Groups	14.830	2	7.415	0.132	0.877
	Within Groups	12009.596	213	56.383		
	Total	12024.426	215			

Critical value of f at degrees of freedom (2,213) and sig. level 0.05 equal 3.04

4.2.3.9 Faculty

The result illustrated in table (4.24) shows that the p-value equal 0.079 which is greater than 0.05 and the absolute value of T test equal 1.765 which is less than the value of critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in the level of death anxiety among university students due to faculty. Which is in contrary with the study carried out by Florian and Harvev (1984) which showed statistically significant difference in the level of death anxiety due to type of faculty.

Table (4.24)
T- Test for difference in the level of death anxiety among university students due to faculty

Scale	faculty	N	Mean	Std. Deviation	T	P-value
level of death anxiety	Scientific faculty	102	16.324	7.446	-1.765	0.079
	Literary faculty	114	18.114	7.438		

Critical value of t at df "214" and significance level 0.05 equal 1.98

4.2.3.10 Citizenship

The result illustrated in table (4.25) shows that the p-value equal .044 which is less than 0.05 and the absolute value of T test equal 2.025 which is less than the value of critical value which is equal 1.97, that's means there is a significant difference at $\alpha = 0.05$ in the level of death anxiety among university students due to citizenship , and the difference in favor of "Refugee", that's means the refugees had death anxiety than citizens. The researcher believe that the result because of most refugees live in camps where is poverty, also the refugee think too much in the future because most of refugees has not properties in contrast to the citizens.

Table (4.25)
T- Test for difference in the level of death anxiety among university students due to citizenship

Scale	citizenship	N	Mean	Std. Deviation	T	P-value
level of death anxiety	Citizen	48	15.354	7.476	-2.025	0.044
	Refugee	168	17.815	7.411		

Critical value of t at df "214" and significance level 0.05 equal 1.98

4.2.3.11 Losing a dear person during a period of last year

The result illustrated in table (5.26) shows that the p-value equal 0.290 which is greater than 0.05 and the absolute value of T test equal 1.061 which is less than the value of critical value which is equal 1.97, that's means there is no significant difference at $\alpha = 0.05$ in the level of death anxiety among university students due to losing a dear person during a period of last year. Which is in agreement with the studies carried out by Azaiza (2011) and Ens and Bond (2005) which showed bereaved individuals had high death anxiety than non bereaved. The researcher contribute the finding to the experience of each person, which each person had the experience of losing a dear person, also the experience of loss is dominate.

Table (4.26)

T- Test for difference in the level of death anxiety among university students due to losing a dear person during a period of last year

Scale	losing a dear person during a period of last year	N	Mean	Std. Deviation	T	P-value
level of death anxiety	yes	100	17.850	7.685	1.061	0.290
	No	116	16.767	7.292		

Critical value of t at df "214" and significance level 0.05 equal 1.98

4.2.4 Find out if there is a significant difference in the level of death anxiety due to locus of control

The result illustrated in table (4.27) shows that the p-value equal 0.000 which is less than 0.05 and the absolute value of T test equal 39.222 which is greater than the value of critical value which is equal 1.97, that's means there is a significant difference at $\alpha = 0.05$ in the level of death anxiety due to locus of control (internal and external), and the difference in favor of "External ". That's means individuals with external locus of control had higher level of death anxiety than individuals with internal locus of control. Which is in agreement with the studied carried out by Trent (1980), Johnson and Sherman (1993) and Sadowski (1979) which indicated death anxiety was higher in individuals with external

locus of control than individuals with internal locus of control. And the finding is in contrary with the studies carried out by Viswanathan (1996), Berman and Hays (1973) and Hickson (1988) which indicated no difference in relationship between locus of control and death anxiety. The researcher relate this finding to the nature of persons, which persons with internal locus of control perceived the ability to manipulate his or her environment apparently helps them cope with the notion of dying which implies the total loss of personal control, while the persons with external locus of control cannot manipulate his or her environment.

Table (4.27)
T-Test for difference in the level of death anxiety due to locus of control (internal and external)

Scale	Locus of control	N	Mean	Std. Deviation	T	P-value
level of death anxiety	External	108	24.259	2.377	39.222	0.000
	Internal	108	10.278	2.841		

Critical value of t at df "214" and significance level 0.05 equal 1.97

4.2.5 Find out if there is statistically significant relationship between locus of control and death anxiety.

Pearson correlation between locus of control and death anxiety was used and the results shown in table (4.28) illustrates that the p-value equal 0.000 which is less than 0.05, and the value of Pearson correlation coefficient is equal 0.343 which is greater than the critical value which is equal 0.098 that means there is a positive relationship between locus of control and death anxiety at significant level $\alpha = 0.05$. Which is in agreement with the studied carried out by Trent (1980), Johnson and Sherman (1993) and Sadowski (1979) which indicated death anxiety was higher in individuals with external locus of control than individuals with internal locus of control. And the finding is in contrary with the studies carried out by Viswanathan (1996), Berman and Hays (1973) and Hickson (1988) which indicated no difference in relationship between locus of control and death anxiety. The researcher opinion in this finding was due to the nature of dominate culture in Gaza strip which is the Arabic and the Islamic cultures, it is normal in our culture that who contribute

his or her failure or success to external forces he or she more anxious from future. And the high rate of families with poor income make the human more anxious or fear from the future.

Table (4.27)
Correlation between locus of control and death anxiety centers

section	Statistic	death anxiety centers
locus of control	Pearson coloration	0.343
	p-value	0.000
	N	400

Critical value of r at significance level 0.05 and df equal 398 equal 0.098

Chapter five

Conclusion and Recommendations

This chapter provides the main conclusions of this study as well as some recommendations for mental health professional that may help in adopting better mental health for university students in Palestinian culture.

5.1 Conclusion

Death anxiety is a very important issue in the current situations that Palestinian peoples live. A realistic and accurate assessment of death anxiety in university students is necessary for effective management for this problem. The primary objective of this study is to understand the relationship between locus of control and death anxiety among university students.

Several factors affect and are affected by death anxiety and locus of control as age, gender, marital status, university, faculty, educational level, citizenship, losing a dear person, governorate, religion commitment and birth order.

The study showed there is no significant difference at $\alpha = 0.05$ in Internal-External locus of control among university students due to sex, age, faculty, marital status, citizenship, academic level, governorate and birth order. But there is a statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to university between Islamic university and Open-Aquds university and the difference in favor of Open Alquds university. And there is a statistically significant difference at $\alpha = 0.05$, in Internal-External locus of control among university students due to losing a dear person and the difference in favor of who loss a dear person.

There is no statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to sex, age, faculty, marital status, losing a dear person during period of last year, academic level, governorate, university, birth order, religion commitment, university and religion commitment. But there is statistically significant difference at $\alpha = 0.05$, in the level of death anxiety among university students due to citizenship and the difference in favor of refugees.

There is a significant difference at $\alpha = 0.05$ in the level of death anxiety due to locus of control (internal and external), and the difference in favor of External.

There is a positive relationship between locus of control and death anxiety at significant level $\alpha = 0.5$.

5.2 Recommendations

- 1- The revealed high death anxiety domains need to be considered by managements of universities in Gaza strip in order to maintain appropriate students mental health level.
- 2- It is recommended that mental health professionals consider appropriate treatment strategies to reduce the co-morbidity of death anxiety in university students.
- 3- Making work shop and panel discussion for university students to decrease the level of death anxiety.
- 4- The study focused only on universities in Gaza governorate, so generalization of the findings may be limited. So, the need of further studies on the societies and other groups such as school students or security persons and comparing their results with results of current study.

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Holy Quran

Hadith

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Annex 2: Helsinki Committee Approval

Palestinian National Authority
Ministry of Health
Helsinki Committee



السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ: 07/03/2011

Name: **Ahmed Ghonaim**

الاسم: أحمد غنيم

I would like to inform you that the committee has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:-

"The relationship between locus of Control and Death Anxiety among universities students in Gaza Strip".

In its meeting on March 2011 and decided the Following:-

و ذلك في جلستها المنعقدة لشهر 3 2011

To approve the above mention research study.

و قد قررت ما يلي:-

الموافقة على البحث المذكور عاليه.



Signature

توقيع

Member

Member

Chairperson

عضو

عضو

Conditions:-

- ❖ Valid for 2 years from the date of approval to start.
- ❖ It is necessary to notify the committee in any change in the admitted study protocol.
- ❖ The committee appreciate receiving one copy of your final research when it is completed.

Annex 3: An official letter of request and agreement from Islamic University chief

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

2011/5/4

حضرة الأستاذ الدكتور / كمالين شعت المحترم
رئيس الجامعة الإسلامية
تحية طيبة وبعد ...

الموضوع مساعدة الطالب أحمد غنيم

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" The relationship between locus of control and Death Anxiety among Universities students in Gaza Strip"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه يرجى التكرم والإيعاز لمن ترونه مناسباً لمساهمة مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .

علماً بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وسنطعنكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة العلمية .

وتفضلوا بقبول والفر الاحترام والتقدير ...



د. عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس - غزة
د. عبد العزيز موسى ثابت
أستاذ مشارك الطب النفسي
جامعة القدس

أ. م. م. م.
10/11/2011

نسخة الملف

Annex 4: An official letter of request and agreement from Al-Azhar University chief

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

2011/5/4

حضرة الاستاذ الدكتور/ عبد الخالق الفراهي
رئيس جامعة الأزهر
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب أحمد غنيم

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" The relationship between locus of control and Death Anxiety among Universities students in Gaza Strip"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وسنتطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،



د. عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس - غزة

د. عبد العزيز موسى ثابت
استاذ مشارك، طبيب نفسي
جامعة القدس

لدمان سه فونج اليه سبامه من
كلية جامعة الأزهر غزة
د. محمد عبد الله



Jerusalem Branch/Telefax 02-24799234
Gaza Branch/telefax 08-2884422-2884411

Sphealth@admin.alquds.edu

فرع القدس/تلفاكس 02-2799234
فرع غزة/تلفاكس 08-2884422-2884411
ص.ب/51000-القدس

Annex 5: An official letter of request and agreement from Al-Aqsa University chief

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

2011/5/4

بسم الله الرحمن الرحيم
بإحدى عدد الاستشارة واتحاد
ماتراه
2011/5/4

حضرة الاستاذ الدكتور/ سلام الأغا المحترم
قائم بأعمال رئيس جامعة الأقصى
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب أحمد غنيم

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" The relationship between locus of control and Death Anxiety among Universities students in Gaza Strip"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية الاجتماعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وسنتطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير ،،،



د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية الاجتماعية
جامعة القدس - غزة

د.عبد العزيز موسى ثابت
استاذ مشارك الطب النفسي
جامعة القدس

استاذ الدكتور/ سلام الأغا المحترم
قائم بأعمال رئيس جامعة الأقصى
تحية طيبة وبعد ،،،

نسخة/ الملف

Jerusalem Branch/Telefax 02-24799234
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02-2799234
08-2884422-2884411
51009-القدس

Annex 6: An official letter of request and agreement from Open Al-Quds University chief

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

2011/5/4

07.05.2011

الرقسم: 512001/100
للمرفقات: 5

Faxed

حضرة الدكتور/ جهاد البطش
نائب الرئيس لشؤون قطاع غزة - جامعة القدس المفتوحة
نجية طبية وبعد ،،،

الموضوع مساعدة الطالب أحمد غنيم

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

" The relationship between locus of control and Death Anxiety among Universities students in Gaza Strip"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن تروونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .

علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وستطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،

د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس - غزة

د. د. زياد المنيز
د. د. زياد المنيز
د. د. زياد المنيز

نسخة/ الملف

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ص ب/51000-القدس

Annex 7: Questionnaire in English

Al-Quds University
Deanship of Graduate Studies
Community Mental Health

Dear Students

We try through this questionnaire which offer to you to identify the locus of control among you and the prevalence of death anxiety in the slide of university students, also we want to knowing the relationship between locus of control and death anxiety among university students in Gaza strip, it is in the light of many variables. So the researcher carry this research in subject:

"The Relationship Between Locus of Control and Death Anxiety Among University Students in Gaza Strip"

To obtaining Master's degree in community mental health. This information contained in the questionnaire will use for the purpose of scientific research only. The participation in this research will not expose you to any risks. It is not necessary to put your name or your address.

We are confident in your truth in answering phrases

Note: there are no correct or wrong answer, the answer is correct as long as they honestly express your opinion, does not take long time to choose your answer, but scored first answer come to your mind after rereading the question.

Researcher:
Ahmed M. Ghunaim
0599343071

Socio-Demographic Information:

Faculty		Educational Level				Sex	
Scientific Facultie		First		Third		Male	
Literary Faculties		Second		Fourth		Female	

University				Governorate				Age
Al-Azhar		Islamic		Gaza		North		
Open Al- Quds		Al-Aqsa		Khanyounis		Middle		
						Rafah		

Religious Commitment	
Strong	
Middle	
Little	

Marital Status		Birth Order	
Married		First	
Not Married		Middle	
		Last	

Residency	
Citizen	
Refugee	

Do you lost a dear person during last year	
Yes	
No	

Locus of Control Scale:

This scale contain a group of questions that aim to know how individuals of the same age group think in specific things. There are in front to each question tow spaces in button to signs of (yes ,

no). You have to read each question carefully then tick (x) in the space below the word that represents your opinion.

Questions		Yes	No
1	Do you think that most of problems can solve themselves if you do not care?		
2	Do you think that you can save yourself from common cold?		
3	Do you think that some individuals are born lucky?		
4	Do you feel in most times that your gaining high degrees mean great thing for you?		
5	Do you often ask why you are blamed by others on the errors you did not commit?		
6	Do you think that if individual learned his lessons well he can succeed in any subject after that?		
7	Do you feel that things if started good from the morning, they will remain so throughout the day regardless of the type of work being done after that?		
8	Do you feel that parents often listen to what their children say?		
9	When someone punishes you, does it usually seem to you that it is without reasonable cause at all?		
10	Do you usually find it hard to change an opinion or idea of your friend?		
11	Do you think that the encouragement can help the team to win rather than luck?		
12	Do you feel that it is almost impossible to change the opinion of your parents in a subject?		
13	If you did something wrong, do you feel that you cannot make it right?		
14	Do you think that most of people born with good readiness to play sports?		
15	Do you think that most of other people in your age are better than you?		
16	Do you feel that the best way to manage the problems is not to think about them?		
17	Do you think that the blue bead and the hand make envy away?		
18	When someone in your age decides to hurt you, do you feel that you cannot do little about that?		
19	Do you think that the using hijab (or mascot) sometimes bring the luck?		
20	Do you think that the love of people to you or not depends on your behaviors toward them?		
21	Do your parents usually help you if you ask them for that?		
22	Do you feel that when people reduce your value is usually for no reason at all?		
23	Do you think that bad things which happened to you would happen if you tried to prevent it?		
24	Do you think that people can achieve their goals if they continue in their attempts seriously?		
25	Do you think that making a good use of your time is always useless?		

26	Do you think that good happenings are results of hard work.		
27	When one of your colleagues want to antagonize you, do you feel that you can do little about it?		
28	Do you feel that it is easy for you to make your friends are doing what you want from them?		
29	Do you feel usually that you do not say little about the home?		
30	When you feel someone don't love you, do you feel that you cannot do anything about it?		
31	Do you think that it was not useful to try to strive hard in school because most of the other students were better than you?		
32	Do you think that planning for the future makes things change for the better?		
33	In most cases, do you feel the futility of your talk about what your family decides to do?		
34	Do you think that it is better for you to be smart than to be a lucky?		

Death Anxiety Scale:

This scale contain a group of phrases, in front to each phrase are tow spaces in button to words of (Agree or Disagree), You have to read each phrase carefully then tick (x) in the space below the word that represents your opinion.

	Phrases	Agree	Disagree
1	Rarely crossed my mind the idea of death		
2	I have a deep sense that I will going to die at any time		
3	I have a sense of pessimism from the dead when I pray or when I see pray on dead person		
4	I love to travel and to move from one place to another		
5	When I sit alone with myself, I feel that death is very near to me		
6	I don't like to see a dying person		
7	I feel very terrified when I have a talk about death		
8	When I 'am ill I think about death		
9	I think much in grave punishment after death		
10	I afraid to die in painful accident		
11	The dreadful thing is the dying of individual because of serious and painful disease		
12	Happiest times are those that I make in the participation of other joys		
13	I feel with death when someone mention in front of me that someone dies		
14	I don't like talking about death		
15	I feel scared when people speak to me about the death of person because of serious disease		
16	I 'am worry when I imagine my injury with serious disease that destroy		

	my life		
17	I feel very anxious in the presence of dying person or died person		
18	Owens me a sense of death, when the caller alls for prayer for the dead		
19	Every day I think about death before going to sleep		
20	I fear from doing surgery for me if I need it		
21	I prefer to refrain from travel and mobility to avoid death and accidents		
22	Tend to feel death on my mind most of the time		
23	I refuse to deal with others for fear of transmission of any dangerous disease threat to my life		
24	My hope in life is large because long life transmit to hope		
25	I feel very anxious when I imagine my injury in accident cause my death		
26	Mentioned of death fear me		
27	I am afraid from death in all situations		
28	I feel anxious and tense when I think of the subject of life after death		
29	Controls me the idea that I will die in early age		
30	I feel sad and worried when the time passes quickly		
31	Scared me thinking about the future		
32	I prefer to refrain from travel and mobility to avoid death and accidents		

Thank you for your cooperation to contribute to scientific research

And your valuable time that granted us

The researcher:

Ahmed M. Ghunaim

Annex 8 : questionnaire in Arabic

جامعة القدس
كلية الدراسات العليا
الصحة النفسية المجتمعية

أخي الطالب/ أختي الطالبة :

نحاول بهذا الاستبيان الذي نقدمه لك التعرف على مركز التحكم لديكم ، ومدى انتشار قلق الموت في شريحة الطلبة الجامعيين ، ونرغب أيضا في معرفة العلاقة بين مركز التحكم وقلق الموت لدى طلبة الجامعات في قطاع غزة ، وذلك في ضوء متغيرات عديدة لذا فأنتني أقوم بالبحث في موضوع :
" العلاقة بين مركز التحكم وقلق الموت لدى طلبة الجامعات في قطاع غزة"

وذلك لنيل درجة الماجستير في الصحة النفسية المجتمعية ، وستستعمل المعلومات الواردة في هذا الاستبيان لغرض البحث العلمي فقط ، ونعلمك أن المشاركة في البحث لن يعرضك إلى أية أخطار تذكر ، وليس من الضروري أن تضع اسمك أو عنوانك .

كلنا ثقة بصدقكم في الإجابة على العبارات .

ملاحظة : لا توجد إجابات صحيحة وأخرى خاطئة فالإجابة صحيحة مادامت أنها تعبر عن رأيك بصدق ، ولا تستغرق وقتنا طويلاً في اختيار الإجابة. بل سجل أول إجابة ترد إلى خاطرك بعد قراءة السؤال.

الباحث:

احمد محمد غنيم

٠٥٩٧٤٥٠٨٠٨

Gunim2000@hotmail.com

يرجى تعبئة البيانات التالية

المعلومات الشخصية :

الكلية		المستوى الأكاديمي				الجنس	
	كلية علمية		الثالث		الأول		ذكر
	كلية أدبية		تاربع		الثاني		أنثى

الجامعة				المحافظة				العمر
	الأزهر		الإسلامية		غزة		الشمال	
	القدس المفتوحة		الأقصى		خانيونس		الوسطى	
							رفح	

الالتزام الديني	
	شديد
	متوسط
	قليل

الحالة الزوجية		الترتيب الميلادى	
	متزوج		الأول
	غير متزوج		الوسط
			الأخير

المواطنة	
	مواطن
	لاجئ

هل فقدت شخص عزيز خلال فترة عام سابق	
	نعم
	لا

أولاً : مقياس مركز التحكم

يحتوي المقياس التالي على مجموعة من الأسئلة تهدف إلى معرفة كيف يفكر الأفراد في مثل عمرك في أشياء معينة. ويوجد أمام كل سؤال من هذه الأسئلة فراغان أسفل كلمتي (نعم ، لا). عليك أن تقرأ كل سؤال بدقة ثم ضع علامة (X) في الفراغ الموجود أسفل الكلمة التي تمثل إجابتك.

لا	نعم	الأسئلة
		١ هل تعتقد أن معظم المشاكل يمكن أن تحل نفسها بنفسها إذا لم تهتم بها؟
		٢ هل تعتقد أنك تستطيع حماية نفسك من الإصابة بالبرد؟
		٣ هل تعتقد أن بعض الأفراد يولدون وهم محظوظون؟
		٤ هل تشعر في معظم الأحيان أن حصولك على تقديرات مرتفعة يعني شيئاً عظيماً بالنسبة لك؟
		٥ هل كثيراً ما يوجه إليك اللوم من قبل الآخرين على أخطاء لم ترتكبها؟
		٦ هل تعتقد أن الفرد إذا ذاكر دروسه جيدا يمكن أن ينجح في أي مادة بعد ذلك؟
		٧ هل تشعر أن الأمور إذا بدأت حسنة منذ الصباح فإنها تظل كذلك طول اليوم بصرف النظر عن نوع العمل الذي تقوم به بعد ذلك؟
		٨ هل تشعر أن الآباء في معظم الأحيان يستمعون إلى ما يريد أبنائهم قوله؟
		٩ عندما يعاقبك أحد، هل عادة ما يبدو لك ذلك بلا سبب معقول على الإطلاق؟
		١٠ هل تجد أنه من الصعب عليك في معظم الأوقات أن تغير رأي أو فكرة صديقك؟
		١١ هل تعتقد أن التشجيع يساعد الفريق على الفوز أكثر من الحظ؟
		١٢ هل تشعر أن من المستحيل تقريبا أن تغير رأي والديك في موضوع ما ؟
		١٣ إذا فعلت شيئاً خطأ ، هل تشعر بأنك لا تستطيع أن تجعله صواباً؟
		١٤ هل تعتقد أن معظم الناس يولدون ولديهم استعداد جيد لممارسة الألعاب الرياضية؟
		١٥ هل تعتقد أن معظم الناس الآخرين الذين في مثل عمرك أقدر منك؟
		١٦ هل تشعر أن أحسن الطرق لمعالجة معظم المشاكل هو عدم التفكير فيها؟
		١٧ هل تعتقد أن الخرزة الزرقاء والكف تبعدان الحسد؟
		١٨ عندما يقرر شخص في مثل عمرك أن يؤذيك، هل تشعر بأنك لا تستطيع أن تفعل إلا القليل تجاه ذلك؟
		١٩ هل تعتقد أن استعمال الحجاب (أو التغطية) أحياناً يجلب لك الحظ؟
		٢٠ هل تعتقد أن حب الناس لك أو عدم حبهم يعتمد على تصرفاتك تجاههم؟
		٢١ هل عادة يساعدك والداك إذا طلبت منهما ذلك؟

		هل تشعر أن الناس عندما يحتقرونك يكون ذلك عادة بلا سبب على الإطلاق؟	٢٢
		هل تشعر أن الأشياء السيئة التي تحدث لك سوف تحدث مهما حاولت أن تفعل؟	٢٣
		هل تعتقد أن الناس يمكنهم تحقيق أهدافهم إذا استمروا في محاولاتهم الجادة؟	٢٤
		في كثير من الأحيان، هل تجد أنه من غير المفيد أن تحاول الاستفادة من وقتك في المنزل؟	٢٥
		هل تعتقد أن الأشياء الجيدة التي تحدث للناس تكون نتيجة للعمل الجاد؟	٢٦
		عندما يريد أحد زملائك أن يعاديك، هل تشعر أنك تستطيع أن تفعل إلا القليل تجاه ذلك؟	٢٧
		هل تشعر أنه من السهل عليك أن تجعل أصدقاءك يفعلون ما تريد منهم؟	٢٨
		هل تشعر عادة أنك لا تقول إلا القليل فيما يتعلق بما في المنزل؟	٢٩
		عندما تحس أن شخصا ما لا يحبك، هل تشعر أنك لا تستطيع أن تفعل شيئا تجاه ذلك؟	٣٠
		هل تعتقد أنه كان من غير المفيد محاولة الاجتهاد في المدرسة لأن معظم الطلاب الآخرين كانوا أقدر منك؟	٣١
		هل تعتقد أن التخطيط للمستقبل يجعل الأشياء تتغير إلى الأحسن؟	٣٢
		في معظم الأحيان، هل تشعر بعدم جدوى كلامك بشأن ما تقرر أسرته عمله؟	٣٣
		هل تعتقد أنه من الأفضل لك أن تكون ذكياً عن أن تكون محظوظاً؟	٣٤

ثانياً : مقياس قلق الموت

يحتوي المقياس التالي على مجموعة من العبارات وأمام كل عبارة فراغان أسفل كلمتي (موافق ، غير موافق)، عليك أن تقرأ العبارات بدقة ثم ضع إشارة (X) في الفراغ الموجود أسفل الكلمة التي تتوافق مع رأيك.

غير موافق	موافق	العبارات
		١ ادرأ ما تخطر ببالي فكرة الموت
		٢ لدي إحساس عميق بأني سأموت في أي وقت
		٤ يمتلكني إحساس بالتشاؤم من الموت عندما أصلي أو أشاهد صلاة الميت
		٥ أحب الرحلات والانتقال من مكان إلى آخر
		٦ حينما أجلس وحيدا مع نفسي أشعر بأن الموت قريب مني جداً
		٧ لا أحب رؤية أحد يحتضره الموت
		٨ أشعر برعب شديد حينما يتحدث أمامي أحد عن الموت
		٩ عندما أكون مريضاً أفكر بقلق في الموت
		١٠ أفكر كثيراً في عذاب القبر بعد الموت
		١١ أخاف أن أموت بحادث مؤلم
		١٢ الشيء المرعب أن يموت الفرد بسبب إصابته بمرض مؤلم خطير
		١٣ أسعد الأوقات تلك التي أفضيها في مشاركة الآخرين أفراحهم
		١٤ أشعر بالموت عندما يذكر أمامي أن شخصاً يحتضره الموت
		١٥ لا أحب مجرد الحديث عن الموت
		١٦ أشعر بالخوف الشديد عندما يتحدث الناس أمامي عن موت أحد بمرض خطير
		١٧ أقلق عندما أتخيل إصابتي بمرض خطير يدمر حياتي
		١٨ أشعر بقلق شديد عند وجودي مع شخص يحتضره الموت أو شخص ميت
		١٩ يمتلكني الإحساس بالموت عندما ينادي المنادي بالصلاة على الميت يرحمكم الله

		دائماً أفكر في الموت قبل الذهاب إلى النوم مباشرة	٢٠
		خاف من إجراء عملية جراحية لي حتى ولو كنت مريضاً بالفعل	٢١
		أفضل الامتناع عن السفر والتنقل لتجنب الموت والحوادث	٢٢
		يغلب الشعور بالموت على تفكيري أغلب الوقت	٢٣
		رفض التعامل مع الآخرين خوفاً من انتقال أي مرض خطير يهدد حياتي	٢٤
		أملني في الحياة كبير لأن طولة العمر تبلغ الأمل	٢٥
		أشعر بالقلق الشديد عندما أتخيل إصابتي في حادث قد يسبب موتي	٢٦
		يخيفني ذكر الموت	٢٧
		أخشى الموت في جميع الأحوال	٢٨
		أشعر بالقلق والتوتر عندما أفكر في موضوع الحياة بعد الموت	٢٩
		تسيطر علي فكرة أنني سأموت في سن مبكرة	٣٠
		أشعر بالحزن والقلق حين يمر الوقت سريعاً	٣١
		يفزعني التفكير في المستقبل	٣٢

نشكركم لتعاونكم بالمساهمة بالبحث العلمي

ووقتكم القيم الذي منحتمونا إياه .

الباحث:
احمد محمد غنيم

Annex 9: Locus of control scale before adjustment

لا	نعم	الأسئلة
		١ هل تعتقد أن معظم المشاكل يمكن أن تحل نفسها بنفسها إذا لم تهتم بها؟
		٢ هل تعتقد أنك تستطيع حماية نفسك من الإصابة بالبرد؟
		٣ هل تعتقد أن بعض الأفراد يولدون وهم محظوظون؟
		٤ هل تشعر في معظم الأحيان أن حصولك على تقديرات مرتفعة يعني شيئاً عظيماً بالنسبة لك؟
		٥ هل كثيراً ما يوجه إليك اللوم من قبل الآخرين على أخطاء لم ترتكبها؟
		٦ هل تعتقد أن الفرد إذا ذاكر دروسه جيداً يمكن أن ينجح في أي مادة بعد ذلك؟
		٧ هل تشعر في كثير من الأحيان بعدم ضرورة المحاولات الشاقة لأن الأشياء لا تتغير بأي طريقة؟
		٨ هل تشعر أن الأمور إذا بدأت حسنة منذ الصباح فإنها تظل كذلك طول اليوم بصرف النظر عن نوع العمل الذي تقوم به بعد ذلك؟
		٩ هل تشعر أن الآباء في معظم الأحيان يستمعون إلى ما يريد أبنائهم قوله؟
		١٠ هل تعتقد أن الرغبات و الأمنيات يمكن أن تجعل الأشياء الحيدة تحدث؟
		١١ عندما يعاقبك أحد، هل عادة ما يبدو لك ذلك بلا سبب معقول على الإطلاق؟
		١٢ هل تجد أنه من الصعب عليك في معظم الأوقات أن تغير رأي أو فكرة صديقك؟
		١٣ هل تعتقد أن التشجيع يساعد الفريق على الفوز أكثر من الحظ؟
		١٤ هل تشعر أن من المستحيل تقريباً أن تغير رأي والديك في موضوع ما ؟
		١٥ هل تعتقد أنه من الواجب على الراشدين أن يسمحوا لأبنائهم باتخاذهم معظم قراراتهم ؟
		١٦ إذا فعلت شيئاً خطأ ، هل تشعر بأنك لا تستطيع أن تجعله صواباً؟
		١٧ هل تعتقد أن معظم الناس يولدون ولديهم استعداد جيد لممارسة الألعاب الرياضية؟
		١٨ هل تعتقد أن معظم الناس الآخرين الذين في مثل عمرك أقدر منك؟
		١٩ هل تشعر أن أحسن الطرق لمعالجة معظم المشاكل هو عدم التفكير فيها؟
		٢٠ هل تشعر أن لديك كثيراً من حرية الاختيار في تحديد من هم أصدقاؤك؟
		٢١ هل تعتقد أن الخرزة الزرقاء والكف تبعدان الحسد؟
		٢٢ هل تشعر في كثير من الأحيان أن الطريقة التي تؤدي بها عمك المنزلي لها علاقة بالدرجات التي تحصل عليها؟
		٢٣ عندما يقرر شخص في مثل عمرك أن يؤذيك، هل تشعر بأنك لا تستطيع أن تفعل إلا القليل تجاه ذلك؟
		٢٤ هل تعتقد أن استعمال الحجاب (أو التغطية) أحياناً يجلب لك الحظ؟

		هل تعتقد أن حب الناس لك أو عدم حبهم يعتمد على تصرفاتك تجاههم؟	٢٥
		هل عادة يساعدك والداك إذا طلبت منهما ذلك؟	٢٦
		هل تشعر أن الناس عندما يحتقرونك يكون ذلك عادة بلا سبب على الإطلاق؟	٢٧
		هل تشعر في معظم الأوقات أنك لا تستطيع أن تغير ما سيحدث غدا بما تفعله اليوم؟	٢٨
		هل تشعر أن الأشياء السيئة التي تحدث لك سوف تحدث مهما حاولت أن تفعل؟	٢٩
		هل تعتقد أن الناس يمكنهم تحقيق أهدافهم إذا استمروا في محاولاتهم الجادة؟	٣٠
		في كثير من الأحيان، هل تجد أنه من غير المفيد أن تحاول الاستفادة من وقتك في المنزل؟	٣١
		هل تعتقد أن الأشياء الجيدة التي تحدث للناس تكون نتيجة للعمل الجاد؟	٣٢
		عندما يريد أحد زملائك أن يعاديك، هل تشعر أنك تستطيع أن تفعل إلا القليل تجاه ذلك؟	٣٣
		هل تشعر أنه من السهل عليك أن تجعل أصدقاءك يفعلون ما تريد منهم؟	٣٤
		هل تشعر عادة أنك لا تقول إلا القليل فيما يتعلق بما في المنزل؟	٣٥
		عندما تحس أن شخصا ما لا يحبك، هل تشعر أنك لا تستطيع أن تفعل شيئا تجاه ذلك؟	٣٦
		هل تعتقد أنه كان من غير المفيد محاولة الاجتهاد في المدرسة لأن معظم الطلاب الآخرين كانوا أقدر منك؟	٣٧
		هل تعتقد أن التخطيط للمستقبل يجعل الأشياء تتغير إلى الأحسن؟	٣٨
		في معظم الأحيان، هل تشعر بعدم جدوى كلامك بشأن ما تقرر أسرتك عمله؟	٣٩
		هل تعتقد أنه من الأفضل لك أن تكون ذكياً عن أن تكون محظوظاً؟	٤٠

Annex 10: Death anxiety scale before adjustment

غير موافق	موافق	العبارات
		١ ادراً ما تخطر ببالي فكرة الموت
		٢ لدي إحساس عميق بأنني سأموت في أي وقت
		٣ أخشى أن أموت فيحاسبني الله على ذنوبي
		٤ يتملكني إحساس بالتشاؤم من الموت عندما أصلي أو أشاهد صلاة الميت
		٥ أحب الرحلات والانتقال من مكان إلى آخر
		٦ حينما أجلس وحيدا مع نفسي أشعر بأن الموت قريب مني جداً
		٧ لا أحب رؤية أحد يحتضره الموت
		٨ أشعر برعب شديد حينما يتحدث أمامي أحد عن الموت
		٩ أمتع الأوقات التي أقضيها مع الأهل أو الأصدقاء في رحلة ترفيهية
		١٠ عندما أكون مريضاً أفكر بقلق في الموت
		١١ أفكر كثيراً في عذاب القبر بعد الموت
		١٢ أخاف أن أموت بحادث مؤلم
		١٣ الشيء المرعب أن يموت الفرد بسبب إصابته بمرض مؤلم خطير
		١٤ أسعد الأوقات تلك التي أقضيها في مشاركة الآخرين أفرحهم
		١٥ أشعر بالموت عندما يذكر أمامي أن شخصاً يحتضره الموت
		١٦ لا أحب مجرد الحديث عن الموت
		١٧ أشعر بالخوف الشديد عندما يتحدث الناس أمامي عن موت أحد بمرض خطير
		١٨ أقلق عندما أتخيل إصابتي بمرض خطير يدمر حياتي
		١٩ أشعر بقلق شديد عند وجودي مع شخص يحتضره الموت أو شخص ميت
		٢٠ حياتي مملوءة بالحيوية والنشاط والرغبة في تحقيق الآمال وطولة العمر
		٢١ يتملكني الإحساس بالموت عندما ينادي المنادي بالصلاة على الميت يرحمكم الله
		٢٢ دائماً أفكر في الموت قبل الذهاب إلى النوم مباشرة
		٢٣ خاف من إجراء عملية جراحية لي حتى ولو كنت مريضاً بالفعل
		٢٤ أفضل الامتناع عن السفر والتنقل لتجنب الموت والحوادث

		المستقبل أمامي يبدو مشرقاً مملوءاً بالأحلام والآمال طويلة المدى	٢٥
		يغلب الشعور بالموت على تفكيري أغلب الوقت	٢٦
		رفض التعامل مع الآخرين خوفاً من انتقال أي مرض خطير يهدد حياتي	٢٧
		ألمي في الحياة كبير لأن طولة العمر تبلغ الأمل	٢٨
		لا أخاف الموت لأنه علينا حق	٢٩
		أشعر بالقلق الشديد عندما أتخيل إصابتي في حادث قد يسبب موتي	٣٠
		يخيفني ذكر الموت	٣١
		أخشى الموت في جميع الأحوال	٣٢
		أشعر بالقلق والتوتر عندما أفكر في موضوع الحياة بعد الموت	٣٣
		تسيطر علي فكرة أنني سأموت في سن مبكرة	٣٤
		أشعر بالحزن والقلق حين يمر الوقت سريعاً	٣٥
		يفزعني التفكير في المستقبل	٣٦

ملخص الدراسة:

هدفت هذه الدراسة لمعرفة العلاقة بين مركز التحكم وقلق الموت لدى طلاب الجامعات في قطاع غزة.

تم استخدام الطريقة الكمية المستعرضة في هذه الدراسة وذلك من اجل الكشف عن المتغيرات الرئيسية التي تؤثر وتأثر بقلق الموت، وتم استخدام الإستبانة في جمع البيانات، والإستبانة تتكون من ثلاث أقسام، القسم الأول عبارة عن البيانات الشخصية للمشاركين في الدراسة، والقسم الثاني هو مقياس مركز التحكم والقسم الثالث هو مقياس قلق الموت. جميع أفراد العينة (٤٠٠ طالب وطالبة) من جامعات محافظة غزة (الجامعة الإسلامية وجامعة الأزهر وجامعة الأقصى وجامعة القدس المفتوحة) وتم اختيارهم باستخدام الطريقة الطبقية العشوائية. جميع أفراد العينة استجابوا وقاموا بتعبئة الإستبانة وكانت الاستجابة بنسبة ١٠٠%.

نتيجة الدراسة كشفت أنه لا يوجد فروق ذات دلالة إحصائية في مستوى مركز التحكم يعود لمتغيرات الدراسة (الجنس، العمر، الكلية، الحلة الزوجية، المواطنة، المستوى الأكاديمي، المحافظة، الترتيب الميلادي، الالتزام الديني)، لكن هناك فروق في مستوى مركز التحكم يعود لمتغيري الجامعة وفقدان شخص عزيز. لا يوجد فروق ذات دلالة إحصائية في مستوى قلق الموت يعود لمتغيرات الدراسة (الجنس، العمر، الكلية، الحلة الزوجية، المستوى الأكاديمي، فقدان شخص عزيز، المحافظة، الترتيب الميلادي، الجامعة، الالتزام الديني)، لكن هناك فروق في مستوى قلق الموت يعود لمتغير المواطنة. الأشخاص ذوو مركز التحكم الخارجي لديهم قلق موت مرتفع عن ذوو مركز التحكم الداخلي. وكشفت نتيجة الدراسة أن العلاقة بين مركز التحكم وقلق الموت علاقة موجبة.