Death Anxiety and Mental Health among Older Adults

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Abstract

In the present study an attempt has been made to assess the difference between Death Anxiety and Mental Health of older adults. In order to pursue above objectives the death anxiety of the older adults was measured using the Templer's death anxiety scale (Lonetto & Templer, 1983) and Mental health was measured using the Mental health Inventory (D.J. Bhatt, Geeta Gida & Shilpa Sidhpara, 2006). Participants were selected through purposive sampling. The sample consisted of 200 out of which 100 were Male (50 Institutionalized and 50 non-institutionalized) and 100 were Female (50 Institutionalized and 50 non-institutionalized) from the Rajkot City. Participants in the sample ranged in age from 60 to 80 years old. The statistical analysis i.e. 2X2 ANOVA was used to analyze the data. The results discussed in the light of theoretical evidences and studies that there is no difference exist in death anxiety of male and female elderly. The institutionalized elders feel more death anxiety than non-institutionalized elders. This particular research was also intended to study the impact of gender and residential settings of mental health on older adults. Result revealed that gender and residential settings significantly differ on mental health. Moreover, death anxiety and mental health negatively correlated. A majority of the institutionalized elders feel death anxiety- related ailments and mental health problems.

Keywords: Death Anxiety, Mental Health, Institutionalized, Non-Institutionalized, Gender and Older Adults.

Introduction

Aging is considered as natural and universal process. The number of elderly people is growing very fast in both developed and developing Countries. The Indian value system prescribes respect, reverence and physical care for elderly from their children. With the rapid change in the social and cultural values, the elderly who are economically unproductive are sadly neglected. Elderly people are suffering from various physical, mental, social and economical problems.

Life and death are inter-related and are often seen as two sides of the same coin. Unfortunately, many people see death as a taboo topic and may therefore be reluctant to discuss death. For instance, whenever the topic of death arises, people go to great lengths to avoid words like death and dying (Corr, Nabe, & Corr, 2003). Death is viewed as an event that one generally has no control over and thus generates anxiety amongst people (Schumaker, Barraclough, & Vagg, 1988). This anxiety is thus termed death anxiety. Death anxiety is an attitude that an individual holds towards death. It is defined as a negative and apprehensive feeling that one has when thinking about death and dying (Richardson, Berman, & Piwowarski, 1983). It also defined as "vague uneasy feeling of discomfort or dread generated by perceptions of a real or imagined threat to one's existence" (Moorhead et al., 2008). Modern theories are more commonly based on Becker's existential view of death (Becker,1973). He suggested that death anxiety is a real and basic fear that underlies many forms of anxiety and phobia. Death anxiety is associated with different emotional states, mainly anxiety and fear. Death anxiety has always been a prominent research topic in older adults.

A study revealed that 47.5% elders are having mild death anxiety and 52.5% are having moderate level of death anxiety and 40% of elders are having mild level of death depression and 60% of elders are having moderate level of death depression (Sridevi, 2014). High levels of Subjective nearness to death were positively associated with aging, dying, and death anxieties. Moreover, there was a positive association between ageism and the three end-of-life anxieties. (Yoav S. Bergman et al.,

2018). Thus, empirical evidence suggests that death anxiety diminishes in old age, and that older adults respond unlike other age groups to mortality salience. These findings notwithstanding, studies that examined the relationship between ageist attitudes and death anxiety among older adults showed a positive correlation between them (Bodner et al. 2015a).

The thoughts of inevitable deterioration and death that are associated with old age pose a significant threat to the wellbeing and confidence of the older adults, as they overshadow the positive representations of old age. Death anxiety, which is one of the fundamental topics in mental health, has gained more importance these days, as death is perceived as an abnormal and anxiety-provoking situation and has been defined as the junction point of all worries. Greater social support predicted lower levels of death anxiety over time, after controlling for self-rated health and chronic illnesses. Close relationships serve emotion regulation functions to decrease death anxiety and thoughts across the lifespan (W. J. Chopik, and et. Al. 2018) Death anxiety was reduced with increased social support among the elderly. Social support, a component affecting the mental health and spirit of the elderly, can be considered a cheap source and a social capital in line with decreasing death anxiety, increasing dynamicity and improving the life quality of the elderly. (Ebrahimi B, Hosseini M, Rashedi V. 2018)

The Geriatric mental health foundation listed a number of potential triggers for mental illness in the elderly. The WHO defines health as 'a state of complete physical mental and social well being and not nearly the absence of disease or infirmity. According to the world health organization mental health is a state of well being in which a person is able to cope with the normal stresses of life work productively realize their potential, contribute to the community. Many older adults are at risk of developing mental disorders, physical illness or disability. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder and 6.6 % of all disability. Recent data indicate that an estimated 20.4 percent of adults aged 65 above met criteria for a mental disorder, including dementia during the previous twelve months. (karel, Gatz, Smyer 2012). But more importantly, when referrals to mental health practitioners are made, older adults are unlikely to follow through on these referrals, and thus further assessment often does not occur (DiNapoli et al. 2015) Moreover, a recent study of over 2000 older military veterans in the U.S. has found that those who had more negative stereotypical perceptions of their own ageing, reported a higher frequency of psychiatric symptoms, in comparison with those who had fewer negative stereotypical perceptions of ageing (Levy et al. 2014). There is also empirical evidence indicating that ageism is associated with heightened ageing anxiety (Bodner et al. 2015b).

Incidence of mental illnesses increases with increasing age. The onset of these disorders follows closely the occurrence of some traumatic events. Many families who lives in the urban localities are tend to send the elders in the institutions.

Institutionalization provokes the feeling of loneliness and neglect in elders. Such living arrangements may have negative effects on the mental health of its residents, because placement is often accompanied by feelings of lack of control over one's own life, and inability to make decisions regarding daily issues (Ron, 2004). Some of the studies concluded that there is a need to pay interdisciplinary attention to the mental health of elderly residents of nursing homes, particularly in the preliminary stages of placement and adjustment (Ron, 2004). Some of studies have reported that religious attitudes toward death can be considered as a threat to mental health (Fritscher, L, 2010). Another important factor that affects the mental health of the elderly is the perception of aging (de Freitas MC, Queiroz TA, de Sousa JA, 2010) Understanding the experience and perception of aging is essential for understanding the health and behavioral implications of aging and a subjective sense of well-being and individual identity in middle-aged and elderly people. The perception of aging can serve as a measure to evaluate the person's satisfaction with aging and reflects the individual's adaptation to the changes associated with aging. (Shaw R, Langman M., 2017). Understanding the concept and determinants of the perception of aging, as a good predictor of health condition, can contribute to improving the elderly's satisfaction with aging and their adaptation to age-related changes.(Valaei N, Zalipoor S., 2015).The fear for important others correlated with poor somatic health; and fear of the dying process correlated with low self-esteem, small goal in life, and poor mental well-being (Missler M., Stroebe, 2011).

The study's significance lies in death anxiety and mental health among older adults. Additionally, the purpose of the study is to investigate the difference between gender and residential settings of older adults' Death anxiety and Mental Health.

Hypothesis 1

There is no difference between Death anxiety of male and female older adults.

Hypothesis 2

There is no difference between Death anxiety of Institutionalized and non Institutionalized older adults.

Hypothesis 3

There is no interaction effect of Death anxiety on Gender and Residential Settings of the older adults.

Hypothesis 4

There is no difference between mental health of male and female older adults.

Hypothesis 5

There is no difference between mental health of Institutionalized and non Institutionalized older adults.

Hypothesis 6

There is no interaction effect of mental health on Gender and Residential Settings of the older adults.

Hypothesis 7

There is no Correlation between Death anxiety and mental health of older adults

Remarking An Analisation

Method
Participants

The sample size was 200 selected from the Rajkot City. Participants in the sample ranged in age from 60 to 80 years old. 100 older adults (Male) comprising of 50 Institutionalized and 50 Non-institutionalized and 100 older adults (Female), comprising of 50 Institutionalized and 50 Non-institutionalized. The institutionalized elderly were chose from old age homes in Rajkot city and equivalent of this sample were chosen from households of different regions of the city.

Instruments
Templer Death Anxiety Scale (TDAS)

The Templer Death Anxiety Scale (TDAS) (Lonetto & Templer, 1983) was designed to measure death anxiety. It is a self- administered 15-item scale where participants rate themselves on a true-false scale. The instrument is scored by allocating one point to every item which is answered correctly and then summing up all the items. High scores on this scale indicate high death anxiety while low scores indicate low death anxiety. The TDAS has good concurrent validity whereby it correlated 0.74 with the Fear of Death Scale.

Mental Hygiene Inventory

The mental hygiene inventory was constructed by Dr. D. J. Bhatt, Ms. Geeta R. Geeda and Shilpa Sidhpara, 2006). This scale contains 40 statements pertaining to five domains aim of mental health, these five dimensions include perception of reality, integration of personality, positive self evaluation, group oriented attitudes and environmental mastery to be rated 3-point scale. Which statements are positive and for agree, disagree, neutral 3, 2, 1 score is used and which are negative statements for agree, disagree, natural 2, 3, 1 score is used. Reliability of present study is checked by three methods in which 0.81 by logical similarity 0.94 by half-divided method, and test, re-test has 0.87 and validity is 0.63 established by the author.

Procedure

In order to fulfill the objectives of the study, the researcher has selected 100 institutionalized and 100 non-institutionalized older adults. Institutionalized older adults contacted through the support of trustees. Non- institutionalized older adults were selected from different residential area of Rajkot. After the sample selection each Participants who expressed interest to participate in the study were approached by the researcher and explained purpose of the study to participants and also informed that their information will be used for the research purpose only and it will remain confidential. Participant was interviewed separately at their home. Data was collected using self report format of data collection at participant's convenience. Same procedure was done with data collection of Institutionalized adults. The whole procedure was done in Gujarati language. The study is based on a 2x2 factorial design with gender (Male-Female) and Residential setting (Institutionalized-Non Institutionalized). Correlational analysis was done to ascertain relationships between Death anxiety and Mental Health among elderly.

Results

In order to examine the Main and Interaction effect of Death anxiety and Mental Health of older adults with reference to their gender and Residential settings, ANOVA was conducted.

Table 1
2x2 ANOVA Analysis summary of Death anxiety with reference to gender and Residential settings of older adults (N=200)

Source of variance	Sum of Square	df	Mean Sum of Square	F
Gender (A)	7.6	1	7.6	1.02NS
Residential Settings (B)	75.64	1	75.64	10.11*
Gender (A) X Residential Settings (B)	88.69	1	88.69	11.86*
SSW(Error)	1465.22	196	7.48	
SST	1637.15	199		

NS=Not Significant, *p<.01

The following results were obtained: It can be observed from the Table 1 that "F" value of Death anxiety of male and female is 1.02 which exhibits no significant difference between male and female older adults. Therefore null hypothesis 1 is accepted. The mean of scores of male and female older adults are 8.39 and 8.48 respectively. The difference between mean of male and female older adults is 0.09. From these results it can be concluded that male and female older adults does not differ as far as Death anxiety is concerned. 'F' value of Institutionalized and non-institutionalized older adults of Death anxiety is 10.11 which exhibit significant difference at 0.01 levels. However, the Mean scores of Institutionalized and non-institutionalized is 8.22 and 8.62 respectively. The mean difference of death anxiety according to Residential setting is 0.40. Therefore refusing null hypothesis it can be said that Residential settings affect Death anxiety of older adults. ANOVA results revealed that the gender and Residential setting interaction effect was significant, F(11.86) , p< .01 for Death anxiety which indicates that the difference on death anxiety between male and female and institutionalized and non institutionalized older adults. Therefore the null hypothesis is rejected.

Table 2
2x2 ANOVA Analysis summary of Mental Health with reference to gender and Residential settings of older adults (N=200)

Source of variance	Sum of Square	df	Mean Sum of Square	F
Gender (A)	521.64	1	521.64	6.98*
Residential Settings (B)	773.34	1	773.34	9.81*
Gender (A) X Residential Settings (B)	1281.73	1	1281.73	17.15*
SSW(Error)	14646.58	196	74.73	
SST	17383.29	199		

*p<.01

Data inserted in Table 2 reveals that "F" value of mental health of male and female is 6.98

which exhibit significant difference between male and female older adults at 0.01 levels. Therefore null hypothesis 4 is refused. The mean of scores of male and female older adults are 97.12 and 99.72 respectively. The difference between mean of male and female older adults is 2.60. From these results it can be concluded that male and female older adults differ as far as mental health is concerned. 'F' value of Institutionalized and non-institutionalized older adults of mental health is 9.81 which exhibit significant difference at 0.01 levels. However, the Mean scores of Institutionalized and non-institutionalized is 99.97 and 96.84 respectively. The mean difference of mental health according to Residential setting is 3.13 Therefore refusing null hypothesis it can be said that Residential settings affect mental health of older adults. ANOVA results revealed that the gender and Residential setting interaction effect was significant, F (17.15), p<.01 for Mental health which indicates that the difference on mental health between male and female and institutionalized and non-institutionalized older adults. Therefore the null hypothesis is rejected. To explore the relationship between death anxiety and mental health of older adults 'r' was computed.

Table 3
The Relationship between Death Anxiety and Mental Health

Variable	N	r
Death anxiety	200	-0.21*
Mental health	200	

*p<.01

Table 3 revealed that the correlation between Death anxiety and mental health is found -0.21. It can be said that there is significant negative correlation between Death anxiety and mental health of older adults. Thus, the null hypothesis 7 is rejected. It means the level of Death anxiety increases the level of mental health decreases or vice-a-versa. It may be said that the older adults having more Death anxiety have less mental health or having less death anxiety have more mental health.

Discussion

The present study compared between subjects in male and female and institutionalized and non-institutionalized older adults on the basis of death anxiety and mental health.

Main Effect of gender on death anxiety: from the present study it has been found male and female older adults do not differ significantly in death anxiety which means almost both groups have more or less same impact of death anxiety. In contrary, Most of the past studies showed a significant association between Death Anxiety and gender. Women reported a higher level of Death Anxiety in most of these studies (Schumaker, Barraclough & Vagg, 1988; Suhail & Akram, 2002; Abdel- Khalek, 2005). Old age is such thing where gender may not differ in context to death anxiety. While measuring effect of residential settings on death anxiety, the present study it has been found institutionalized differs significantly in death anxiety from the non-institutionalized. The non-institutionalized older adults experience lower anxiety than institutionalized older adults. From the study conducted by Sridevi (2014) it has been found there is

a significant difference in death anxiety among non-institutionalized elders based on gender. Support with the present result Suvera (2013) found The Death anxiety of institutionalized is higher than the non-institutionalized aged. However, the interaction effect of gender and residential settings also differ significantly on death anxiety. It shows gender and residential settings jointly impact in death anxiety of older adults. There is evidence from previous studies that those who are non-institutionalized have less likely to have death anxiety.

As revealed by the data, the current research investigated that male and female and institutionalized and non-institutionalized older adults differ significantly in mental health. The mean scores of gender depict significant difference between male and female older adults which shows mental health of female is better in compare with male elderly. Effect of gender on mental health Hale and Cochran (1987) examined gender differences in health attitudes among the elderly. Illness or loss of health was found to be associated with higher levels of anxiety, depression and other forms of psychological distress-especially more pronounced for males than females. The gender differences were attributed to the greater likelihood of males holding maladaptive or dysfunctional beliefs about the causes or consequences of ill health. The results also revealed that the mean scores of institutionalized and non-institutionalized elderly depict significant difference in death anxiety. Similar to the findings with death anxiety, result indicated With respect to area of residence, elders from home or staying with their families reported fewer problems and hence better well being scores than institutionalized adults. Moreover, findings of gender and residential settings jointly impact in mental health of elderly.

In addition, the correlation of respondents on death anxiety and mental health found negatively correlated. It may be said that the older adults having more Death anxiety have less mental health or having less death anxiety have more mental health. The elderly who are aware of the natural aging process and have accepted their physical and mental status at this stage of life reported less anxiety, even though they had poor physical and mental conditions. The reason is that they have accepted death as an approach to a better life and to get rid of the present painful conditions. (Lockhart LK, Bookwala J, Fagerlin A, et al. Older, 2001). Mental health, of course, helps this understanding. The better the cognitive status and mental health of the elderly, the lower their death and dying anxiety. (Musaiger AO, D'Souza R.,2009) It has been also suggested by Tsai JS et al.(2005) death anxiety have important clinical implications for mental health care of elderly people who experience high levels of fear of death Carmel S, Mutran (1997), Death anxiety has shown stronger association to mental health than physical health. Robinson (1983), there is studies suggesting that fear of death may be correlated with psychological but not physical health. Hassan and Zehi (2012), in research showed that despair and instability has meaningful and positive relationship with death anxiety.

Conclusion

From the above findings it can be concluded that there is no difference exist in death anxiety of male and female elderly. It is further concluded that the institutionalized elders feel more death anxiety than non-institutionalized elders. This particular research was also intended to study the impact of gender and residential settings of mental health on older adults. Result revealed that gender and residential settings significantly differ on mental health. Moreover, death anxiety and mental health negatively correlated. A majority of the institutionalized elders feel death anxiety- related ailments and mental health problems.

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