Some factors influencing Thanatophobia in the elderly individuals

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Abstract

The study was conducted to assess some factors influencing Thanatophobia (death anxiety) in elderly individuals. A sample of 200 elderly persons aged between 67 years to 88 years was selected from old age homes and those living with their families. Those subjects were administered Death Anxiety Scale, Demographic Schedule, alienation scales, and religious orientation scale. The results revealed that elderly women showed higher amount of Thanatophobia and extrinsic religiosity than elderly men, high alienated elderly persons reported more Thanatophobia compared to those of low alienated elderly those elderly persons who enjoyed high family supper; had shown lower death anxiety and the vice versa. Some intervention strategies have been suggested.

Keywords: Thanatos, Elderly women, Elderly men.

Introduction

Thanatophobia refers to the fear of related to the anticipation, and awareness, dying, death and nonexistence. It is caused by thoughts of death. Anxiety related to fear of death was termed “Thanatophobia” by 1915 in his seminal essays titled: Thoughts for the Time an War and Death. Fraud believed it to be related to one's unconscious belief in one’s own immortality. Jung in 1933 wrote that “Life is like a parable, at birth and ends at death. In other words, death is part of the life-cycle.” So understanding the inevitability of dying is essential to humans living.

Thanatophobia is not officially recognized by the American Psychiatric Association as a disorder. Instead, the anxiety someone may face because of this fear is often attributed to general anxiety. Symptoms of thanatophobia may not be present at all times. In fact, you may only notice signs and symptoms of this fear when and if people start to think about their death or the death of a loved one.

This phobia has been described as a feeling of dread, anxiety or fear at the thought of death, or anything to do with dying (Lehtoland Stein (2009) [20]. Death anxiety has been characterized as a conscious fear of death, a fear for the body after death, a fear of lost time, a fear of suffering, a fear of the unknown, and a fear of loneliness (Brown and Barlow, 2009; Gallagher, Naragon-Gainey, and Brown, 2014; Mohoney, McEvoy (2012) [6, 14, 21]. In fact, Farley (2004) [12] stated that it is: “A feeling of dread, apprehension or solicitude (anxiety) when one thinks of the process of dying, or ceasing to ‘be’.

According to Holland (2017) [10] the most common symptoms of this psychological condition of thanatophobia include “frequent panic attacks related to dying process, increased anxiety, sweating, heart palpitations or irregular heartbeats, nausea, stomach pain sensitivity to hot or cold temperatures. When episodes of thanatophobia begin or worsen, clients may also experience several emotional symptoms. These emotional and interpersonal symptoms may reveal – avoidance of friends and family for long periods of time, anger, sadness, agitation, guilt and persistent worry.

Many variables have been proposed to influence death anxiety amongst the elderly persons, such as- religiosity gender, psychological state and age. The psychological state is a known factor to cause higher death anxiety especially in persons suffering from generalized anxiety disorder (Gotten et al. 2(12): ‘Templer, 1970). It has been stated that death anxiety is probably a consequence of unresolved psychological and physical distress Kesebir (elitist) showed that
those with higher level of humility, that is less feeling of self-importance. actually had lower levels of death anxiety. On another note, McCarthy (1980) [22] felt that death anxiety in adults was a consequence of the struggle to psychologically separate from their parents and requiring to form an independent and individual identity. From this viewpoint, adult children struggle to psychologically separate from their parent: often resulting in anxiety for death of their parent.

The protective effect of religiosity is in dispute (Abengozar. Bueno.and Vega, 1999 [2]; Falkenhain and Handal, 2003 [11] in the literature, there have been reports that religiosity has a positive protective effect since one is going to meet the Supreme Being and finally be given their rewards for their life on Earth (Krause, Hayward, 2014. Duff R. and Hong 1995; Clarke et al. 2003) [19, 10, 8]. Yet others have found it to increase the fear of death for the same reason that they will be judged in heaven for their deeds while they were on Earth, a problem cross—culturally (Kraft. Litvin, and Barber 1987; Cicirelli, 2002; Azaiza Ron, Shoham and Gigini. 2010 - Abdel-Khalek and Lester, 2009) [18, 7, 3, 1]. Gender has also been in discussion since some reports have found greater prevalence of death anxiety in males and others describe greater death anxiety in females (Beshai. 2008; Beydag. 2012). So it is still unclear if gender constitutes a protective or harmful effect.

Pierce Jr et al. (2007) observed that Women were both a higher death anxiety and also higher extrinsic religiosity than men. Gender (differences in extrinsic religiously were partially explainable by gender differences in death anxiety. Also gender differences in death anxiety could partially be explained by gender differences in extrinsic religiosity. They provide two alternative theoretical models of causal links: (a) women's higher death anxiety promotes extrinsic religiosity or (b) women's higher extrinsic religiosity promotes greater death anxiety.

Dattel and Neimeyer, (1990) opine that Several researchers have reported sex differences in death anxiety, but such differences have not been systematically investigated. This study attempts to test the generality of elevated death anxiety of women in a heterogeneous, racially mixed adult sample (h -117). Moreover, we tested the viability of one explanation of this apparent gender difference. We statistically controlled for potential sex differences in self-disclosure or “social desirability” response bias. As predicted, women scored higher than men on the affectively oriented Death Anxiety Scale, but not on the more cognitively oriented Threat index. However, in conflict with the emotional expressiveness hypothesis this pattern of findings remained unchanged once we statistically controlled self-disclosure and social desirability. These findings suggest that sex differences in death attitudes are real rather than artifactual and deserve more empirical study.

Keeping in view above facts present study was conducted to assess the contributions of gender, religiosity, anti alienation, and family support in the feeling of death anxiety among elderly persons.

Method
Sample and Research Tools
The sample of the study consisted of 200 persons aged between 67 to 88 years residing in old-ager homes and joint families selected conveniently. They were administered standardized toolls for eliciting responses relating to Death anxiety, to demographic characteristics religiosity, alienation and family support

Results
Results obtained in this study have been presented in the following Table

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean Death Anxiety Score</th>
<th>SD of Anxiety Score</th>
<th>t-ratio</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly Men</td>
<td>127</td>
<td>47.30</td>
<td>4.02</td>
<td>9.5</td>
<td>198</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Elderly Women</td>
<td>73</td>
<td>52.62</td>
<td>5.43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Religious</td>
<td>68</td>
<td>53.62</td>
<td>4.85</td>
<td>10.31</td>
<td>198</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Low Religious</td>
<td>132</td>
<td>46.30</td>
<td>4.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Alienation</td>
<td>112</td>
<td>53.77</td>
<td>4.92</td>
<td>11.21</td>
<td>198</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Low Alienation</td>
<td>88</td>
<td>46.15</td>
<td>4.56</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Family Support</td>
<td>56</td>
<td>45.11</td>
<td>3.62</td>
<td>13.04</td>
<td>198</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Low Family Support</td>
<td>144</td>
<td>54.81</td>
<td>5.86</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results contained in above Table make it clear that elderly woman were feeling more death anxiety (M=52.62 ± 5.43) compared to elderly men (M=47.30 ± 4.0) as the obtained t-ratio (t=9.5; df 198; P<.01) was significant beyond chance. The reason behind such finding may be that most of the elderly women in the sample were widows living helpless and hopeless life.

As regards the role of religiosity in death anxiety it was observed that high religious elderly persons showed also greater amount of death anxiety (M=53.62 ± 4.85) compared to those elderly persons who performed low religious rituals (M=46.3U ± 4.63). The mean difference was significant (t=13.04; df=198; p<.01) beyond chance. The reason may be that high religious persons experience more nearer to God and feel themselves non-existent. They often think that at any moment the God may call them from this world. So they are often thinking dying process.

The results regarding alienation showed that elderly persons feeling high alienation had also experienced high amount of death anxiety (M= 53.77 ± 4.92) compared to those feeling low amount of alienation (M= 46.15 ± 4.56). and the Mean difference was significant (t=11.21; df=198; P<.01) beyond chance. The reason may be that high alienated elderly persons were seen to lost all hopes and prospects of life, most of the time think of dying process.

The results regarding the family support it was observed that elderly persons enjoying high family support had been experiencing less death anxiety (M=45.11± 3.62) compared to those having lower or virtually no family support (M=54.81 ± 5.86). This Mean difference was significant (t=13.04: df=198; p<.01) beyond chance. The reason behind
this finding may be that in absence of adequate family support the elderly persons become tools in the hands of nature and environment having no aspiration for self'. Hence they always think of dying process and becoming afraid of it.

**Conclusion**

It is obvious from this study that elderly women, high religious persons, high alienated persons, and those having low family support had experienced greater amount of death anxiety compared to their counterparts.

As the living condition of elderly persons are becoming bad to worst in the present world, hence it is suggested that at the government level concrete positive steps should be taken for the welfare of the aged person by increasing their old-age pension and health care facilities. The society members too should show accepting attitude towards the elderly persons.

**Reference**