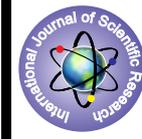


Death Anxiety Among Institutionalised and Non-Institutionalised Elderly Widows and Widower



Psychology

KEYWORDS : Death anxiety, Institutionalised elderly, Non-institutionalised elderly, Widow and Widowers.

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ABSTRACT

Death is very near in old age, hence a logical belief would be that death anxiety is more among the aged in comparison to the youngsters. However, studies contradict this notion. The age of 60 or 65 years in most developed countries is said to be the beginning of old age. The study aims to find differences in death anxiety among institutionalised and non institutionalised elderly widows and widowers. The sample consisted of 60 institutionalised and 60 non-institutionalised elderly who were further divided into 30 widows and 30 widowers from both the sectors. Death Anxiety scale developed by Templer consisting of 15 items was administered to the sample. The data collected was statistically analyzed using two way ANOVA. Results indicated that there was no difference in death anxiety among institutionalized and non institutionalised elderly. No significant difference in death anxiety was found among elderly widows and widowers.

INTRODUCTION:

Old age consists of ages nearing or surpassing the **average life span of human beings**, and thus the end of the **human life cycle**. Old age has been referred as late adulthood which begins in the 60's and lasts until death. Death anxiety is defined as "the thoughts, fears, and emotions about that final event of living that one experience under more normal conditions of life" (Belsky, 1999).

The various factors psychologists have studied in attempting to measure death anxiety include: age, environment, religious faith and ego integrity, or a personal sense of fulfilment and/or self-worth. A complicating aspect of studying death anxiety is that actually "measuring" anxiety as it relates to these variables has been difficult. The studies used in examining death anxiety do not experimentally manipulate the variables, thus limiting conclusions to correlations (Forner & Neimeyer, 1999).

Death anxiety is common in our society these days. Lots of people are afraid to die, and there can be endless reasons for this fear. Death anxiety has received considerable attention among the various death attitudes. This is partly because man has a tendency of fearing everything which is not known to him, and death is an unknown entity. Death is very near in old age, hence a logical belief would be that death anxiety is more among the aged in comparison to the youngsters. However, studies contradict this notion. Death involves the loss of loved ones, of control, of achievements and aspirations, and so on. The feeling of helplessness over not being able to control one's death gives rise to free-floating anxiety about the unforeseen.

Erikson's psychosocial theory states that in later stages of life "ego integrity" is attained. Erikson proposed that when person reaches late adulthood he/she engages in life review, if elderly find meaning and purpose in life ego integrity is attained and hence should have lower death anxiety (Belsky, 1999)

OBJECTIVES:

1. To identify the difference in Death anxiety among institutionalised and non- institutionalised elderly.
2. To analyse gender differences in death anxiety.

HYPOTHESES:

1. There is no significant difference in Death anxiety among institutionalised and non- institutionalised elderly.
2. There is no significant difference in Death anxiety among elderly widows and widowers.

REVIEW OF LITERATURE:

Ghufran and Ansari (2008) conducted study on 120 subjects, 60 men (30 where widowers and 30 elderly with spouses alive) and 60 women (30 were widows and 30 elderly with spouses alive) with age range from 60 to 75 years n incidental basis from

Varanasi city. Efforts were made to control education and socio-economic status. They were administered Bhushan's religiosity scale and Thakur death anxiety scale. In order to find out the significance of difference between various comparison groups t test was used. Results revealed significantly greater religiosity for subjects with spouses dead than for the subjects with their spouses alive. No significant difference between the widows and widowers in their religiosity was obtained. A significant difference between mean death anxiety scores of the subjects with spouses dead and the subjects with spouses alive was obtained. Subjects having their spouse's dead scored higher on death anxiety scale than subjects who have their spouses alive. However widows had higher death anxiety than widowers.

Joseph and Leelamma (2009) conducted a study General Well-Being and Death anxiety among Institutionalized and Non-Institutionalized Aged. The aim of the study was to compare the general well-being and death anxiety among institutionalized and non- institutionalized aged. 200 aged people were selected for the study. 100 elderly populations drawn from four old age homes around Ernakulum District in Kerala and 100 elderly living with family members at home were drawn from the same community. PGI- General Well-being measure and Death Anxiety scale was administered. Z- Test was used for interpreting the data. The results indicate that Non-institutionalized aged reported better General Well-being compared to Institutionalized aged. There was no difference in Death anxiety among Institutionalised and non institutionalised elderly.

Mimrot (2011) conducted a comparative study on Death Anxiety of Old Persons living in the Family and in the Institution. The sample for the study consisted of 200 old persons. These 200 old persons belong to both the sexes to various families and institutions, of Aurangabad city. Random sampling technique was used for the selection of respondents. Dhar Death Anxiety scale consisting of 10 items was used for the study. Data collected was analysed using t test and ANOVA. Results indicated that Old age people living in institutions experience less death anxiety than old people living in the family and no gender differences were found among elderly regarding death anxiety.

METHOD:

Design:

The study adopts a 2*2 factorial design because there are two independent variables and one independent variable domicile has two levels institutionalisation and non-institutionalisation, the other independent variable spouse status has two levels widows and widowers. Thus influence of these two independent variables on dependent variable death anxiety is seen in the present study.

Sample:

The sample for the present study consisted of 120 elderly from Mangalore and Udupi district of Karnataka. Convenient sampling method was used.

Table 1
Composition of sample

Groups	Institution	Non institution	Total
Widows	30	30	60
Widowers	30	30	60
Total	60	60	120

Definition of terms:

Elderly:

Conceptual definition:

Men and women of age 60 years and above are referred as elderly.

Operational definition:

Men and women of age 60 years and above are referred as elderly.

Domicile:

Conceptual definition:

A place of residence

Operational definition:

A dwelling place where elderly live which in the present study is classified into two types institutionalised and non institutionalised.

Institutionalisation:

Conceptual definition:

Institutionalisation refers to multi residence housing facility for elderly people who cannot take care of themselves anymore and need a little extra help.

Operational definition:

Institutionalisation refers to elderly residing in old age homes.

Non institutionalisation:

Conceptual definition:

Non institutionalisation means not committed to an institution.

Operational definition:

Non institutionalisation refers to elderly residing in their own homes alone or with their spouses and children.

Widower:

Conceptual definition:

A man whose spouse or significant other has died.

Operational definition:

An elderly man whose spouse is dead.

Widow:

Conceptual definition:

A woman whose spouse or significant other has died.

Operational definition:

An elderly woman whose spouse is dead.

Death anxiety:

Conceptual definition:

Death anxiety is defined as the thoughts, fears, and emotions about that final event of living that one experience under more normal conditions of life.

Operational definition:

Death anxiety is defined as the thoughts, fears, and emotions about that final event of living that one experience under more normal conditions of life as measured by Templer's death anxiety scale.

Test:

Death Anxiety scale (Templer, 1970)

The scale consists of 15 items and subjects have to encircle either true or false response as applied to them.

Scoring: Items 1, 4, 8, 9, 10, 11, 12, 13 and 14 gets a score of 1 for true response and 0 for false response. Scores are reversed for items 2, 3, 5, 6, 7 and 15.

Reliability and Validity: The test has a test retest reliability of 0.83 and a co-efficient alpha of 0.76. The test is cross culturally valid.

Procedure: To collect data from institutionalised elderly, permission was taken from various old age homes and elderly were personally approached and for the sample of non institutionalised elderly residing in their homes were approached. Death anxiety scale was administered to the elderly as per the instructions in the manual and were thanked for their co-operation.

RESULTS AND DISCUSSION:

"Table 2 about here"

Table 2

ANOVA for Death Anxiety among institutionalised and non-institutionalised elderly widows and widowers.

Source of Variation	Sum of squares	df	Mean sum of square	F
Domicile	9.07	1	9.07	0.927 NS
Widows*Widowers	18.40	1	18.4	1.881 NS
Interactioneffect	0.07	1	0.07	0.008 NS
Error	1135.36	116	9.778	
Total	2261.00	120		

NS: Not Significant

An inspection of the above table reveals that the F ratio of 0.927 is not significant for Domicile; hence the null hypothesis that there is no significant difference in Death Anxiety among Institutionalised and Non institutionalised elderly is accepted. F ratio of 1.881 is also not significant for Widows*Widowers, hence the null hypothesis that there is no significant difference in death anxiety among widows and widowers is also accepted. The F ratio of 0.008 for interaction is also not significant, hence does not reveal a significant difference.

The results of the present study is similar to the study conducted by Joseph and Leelamma which revealed that there is no difference in Death anxiety among institutionalised and non institutionalised elderly.

The results of this study is contradictory to the study conducted by Mimrot indicating that elderly living in institutions experience less death anxiety than old people living in the family. The result of this study is also contradicting the study conducted by Ghufuran and Ansari which indicated that widows have higher death anxiety compared to widowers.

FINDINGS:

1. Institutionalised and non institutionalised elderly do not differ on Death anxiety.
2. Elderly Widows and Widowers do not differ in death anxiety.

SCOPE FOR FURTHER STUDY:

1. Research on Death Anxiety in relation to other variables like health disorders, psychological problems, marital status and religious aspects can be done.
2. Comparative research on Death anxiety among elderly and middle aged, with youngsters can be undertaken.

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