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Psychology

Death Anxiety, Resilience and Life Satisfaction among Elderly Living With Family and in Institutions

KEY WORDS: death anxiety, resilience, life satisfaction, elderly

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ABSTRACT

The study aimed to explore gender related differences in the level of resilience, death anxiety and life satisfaction among elderly in India. An attempt was also made to compare death anxiety, resilience and life satisfaction among elderly living with the family and those living in the institutions. The sample of the present study comprised of 80 elderly participants. Death Anxiety Scale developed by Templer (1970) was used to measure respondent's anxiety about death. Resilience was assessed by using the Resilience Scale Short Version or RS-14 (Wagnild & Young,2009) and Temporal satisfaction with life scale (Pavot ,Diener& Suh, 1998) was used to measure life satisfaction of subjects. Results revealed no significant gender differences for death anxiety, resilience and life satisfaction. Similarly elderly living with families and those living in institutions do not significantly differ with respect to death anxiety, resilience and life satisfaction.

Grow old along with me!

The best is yet to be,

The last of life, for which the first was made:

Our times are in His hand

Who saith 'A whole I planned,

Youth shows but half; trust God: see all nor be afraid!'

In his beautiful poem **"Robert Browning"** explained the beauty of old age. Harris (2008 , p. 43) has argued that "The true quest as we age should not be for successful aging (as traditionally defined), but our goal should be for resilience, an undervalued and not fully examined concept in aging. " Resilience has been defined as a dynamic process of maintaining positive adaptation and effective coping strategies in the face of adversity(Luthar et al.,2000). Wagnild and Young(1993) define "resilience" as an individual difference, characteristic, or ability to successfully cope with change or misfortune. In their definition, resilient individuals are self-confident and know their own strengths and limitations. Although they regain equilibrium after a period of adversity or change, they do not necessarily regain their previous level of performance or functioning. Protective attributes of more resilient older adults include good quality relationships, integration in the community and use of developmental and adaptive coping styles. Older adults who receive support from family, have a broad network of friends(Wells,2009) and have confiding relationships with others are found to be more resilient than those without these types of relationships(Hildon et al.,2010). Cultural values also play an important role in how older individuals exhibit resilience.

Fear of death, or death anxiety, is a common phenomenon in all societies and is often regarded as the prime motivation for human behavior (Becker 1973). Templer et al., 2006 have defined death anxiety as a negative psychological reaction to the perspective of mortality. In fact, whereas Becker(1973) argued that awareness of individual mortality is the most basic source of anxiety, Freud(1959) believed that humans could not really be anxious about their own deaths because "it is indeed impossible to imagine our own death....at bottom nobody believes in his own death,...or in the unconscious everyone of us is convinced of his own immortality". Self-realization theories(e.g.,Maslow, 1968,1970; Rogers,1959) suggest that fear of death arises from awareness of approaching death and its threat to the fully

functioning self. In search for meaning theories (e.g., Frankl,1963; Maddi,1970), the individual finds meaning through a purpose in life and a life scheme; to the extent that death is interpreted as part of the life scheme, fear of death is reduced. Stage theories(Erikson,1963,1982;Labouvie-Vief,1982) view life as a series of developmental stages, each with a developmental crisis to be resolved before successfully continuing to the next stage. The final stage of life(integrity vs despair) is successfully resolved when one is able to view the self as an integrated whole and look back on a life well-lived. To do so results in a low fear of death, whereas to despair over past mistakes and lost opportunities in life results in greater fear. Terror Management theory (Becker, 1973; Solomon, Greenberg & Pyszczynski, 1991) holds that the core of death fear is fear of annihilation. Annihilation, or the extinction of the self, is more than mere destruction of the body, but refers to the extinction of mind, spirit and soul as well, that is, total nonexistence. Further it states that self-esteem is the primary psychological mechanism whereby culture acts as a buffer to facilitate individual's suppression of death fear. Galt and Hayslip (1998) found that, compared to younger adults, older adults evidenced higher levels of overt death fear but lower levels of covert fear. If so, they may deal with fear by more direct means and gradually come to an acceptance of death.

Life satisfaction (LS) is an important component of successful aging. Life Satisfaction (LS) is an indicator of subjective well-being (SWB) among the elderly, and is directly associated with health and mortality. Life satisfaction in elderly people is a multivariate phenomenon and is influenced by various factors (Edwards & Klemmack,1973; Hooker & Siegler,1993).There are external influences such as socioeconomic status, financial adequacy etc., but also more personal or "psychological" factors like, for example, perceived health status, vitality, extraversion or as shown in a recent study by Harlow and Cantor(1996), participation in culturally valued tasks, e.g., community services and social life participation. As per WHO, four factors which directly influence the level of LS among the elderly are: physical health condition, mental health condition, social relationship and environment (Efklides , Maria & Grace, 2003).

The purpose of the study is-

1. To examine the level of resilience, death anxiety and life satisfaction in elderly.
2. To explore gender related differences in the level of resilience, death anxiety and life satisfaction.
3. To compare death anxiety, resilience and life satisfaction among the elderly living with the family and those living in the institution.

Method

Sample:

The sample of the present study comprised of 80 elderly (40 from institutions and 40 living with family). Age range of the sample for the present study is 60-75 years. There were **48 males** (21 from institutions, 27 with family) and **32 females** (19 from institutions, 13 with family). In the present sample 15 elderly are widow, 63 are married, 1 is unmarried and 1 is separated.

Hypothesis: After reviewing various researches following hypotheses were formulated

1. Elderly living in institutions would experience significantly greater death anxiety as compared to those living with family.
2. There will be significant difference in the level of life satisfaction among elderly living with family and in institution.
3. There will be significant difference in the level of resilience among elderly living with family and in institution.
4. There will be significant differences between males and females on the three variables- death anxiety, resilience and life satisfaction.

Tools: Death Anxiety Scale developed by Templer (1970) was used to measure respondent's anxiety about death. It consists of 15 questions and answers which are based on Yes-No options while each question has a score of one or zero. Thus, total score is between maximum 15 and minimum zero.

Resilience was assessed by using the Resilience Scale Short Version or RS-14 (Wagnild & Young,2009). This measure consists of 14 items of the RS long form (items 2, 6, 7, 8, 9, 10, 13, 14,15, 16, 17, 18, 21 and 23), rated on a 7 point Likert scale. RS14 total scores range from 14 to 98. Scores greater than 90 indicate high resilience levels, scores from 65 to 81 indicate moderately low to moderate resilience, and scores of 64 and below indicate low resilience levels. Resilience as construed by Wagnild comprises of 5 essential characteristics of meaningful life (purpose), perseverance, self-reliance, equanimity and existential aloneness (i.e. coming home to yourself).

Temporal satisfaction with life scale (Pavot, Diener & Suh, 1998) was used to measure life satisfaction of subjects. The 15 item instrument is designed to measure an individual's past, present and future life satisfaction. The items are scored on a seven point scale ranging from (1)strongly disagree to (7)strongly agree. All the items are positively keyed; therefore scoring the TSWLS involves a summation of the 15 items. Scores on the scale could range from 15 to 105.

Results and Discussion

The purpose of the study was to examine the level of resilience, death anxiety and life satisfaction in elderly, to explore gender related differences in the level of resilience, death anxiety and life satisfaction & to compare the death anxiety, resilience and life satisfaction among the elderly living with the family and in the institutions. The data were analyzed with the help of descriptive statistics i.e. Means, SD.s,' t values and 2x2 ANOVA. Results obtained are being discussed below:-

Table 1.1 : Means and S.D.s' for Death Anxiety of males and females living in institution or with family

Death anxiety	B1 (family) Mean	SD	B2 (institution)Mean	SD
A1 (Male)	5.92	2.96	6.23	2.48
A2 (Female)	8.07	2.46	6.36	3.87

Table 1.1 shows that the mean score of males who are living with family is 5.92 whereas mean

Source of variation	SS	Df	MS	F
A	32.36	1	32.36	3.63
B	11.45	1	11.45	1.28
AB	17.09	1	17.09	1.91
Within treatment error	678.34	76	8.92	-

score of males who are living in institution is 6.23. The mean score

of females who are living with family is 8.07 whereas the mean score of females who are living in institutions is 6.36.

Two way Analysis of variance was done to see the effect of living status and gender differences on the three variables- Death Anxiety, Resilience and Life Satisfaction.

score of males who are living in institution is 6.23. The mean score of females who are living with family is 8.07 whereas the mean score of females who are living in institutions is 6.36.

Two way Analysis of variance was done to see the effect of living status and gender differences on the three variables- Death Anxiety, Resilience and Life Satisfaction.

Table 1.2 : Summary of 2x2 ANOVA for Death Anxiety

Table 1.2 shows that the F value for gender is 3.63 which is "not significant". Thus the hypothesis formulated that males and females would significantly differ with respect to death anxiety has not been supported by the findings of the present study. Other studies have also found no gender difference in death anxiety of elderly(Fortner & Neimeyer, 1999 ;Wu, Tang, & Kwok,2002).

The F value for living arrangement is 1.28 and it is also 'not significant'. Thus the second hypothesis that elderly living in institution would experience more death anxiety as compared to those living with family has been rejected in the present study. The F value(1.91)for interaction between gender and living arrangement is also 'not significant'.

Table-2.1: Means and S.D.s' for Resilience of males and females living in institution or with family

Resilience	B1 (family)	SD	B2 (institution)	SD
A1 (Male)	72.44	11.86	70.61	10.07
A2 (Female)	70.38	15.51	66.15	16.17

Table 2.1 shows that the mean score of males who are living with family is72.44 whereas mean score of males who are living in institution is 70.61. The mean score of females who are living with family is 70.38 whereas the mean score of females who are living in institution is 66.15.

Table 2.2 : Summary of 2x2 ANOVA for Resilience

Source of variation	SS	Df	MS	F
A	256.34	1	256.34	1.47
B	225.98	1	225.98	1.29
AB	51.99	1	51.99	< 1
Within treatment error	13287.27	76	174.83	-

Table 2.2 shows that the F value for gender is 1.47 which is "not significant". Thus the hypothesis formulated that there will be significant difference between males and females in the level of resilience is disproved. The F value for living status is 1.29 which is also "not significant". The F value for interaction between gender and living status is 1.91 which is also not significant.

Table 3.1: Means and S.D.s' for Life Satisfaction of males and females living in institution or with family

Life Satisfaction	B1 (family)	SD	B2 (institution)	SD
A1 (Male)	71.48	14.70	70.23	17.36
A2 (Female)	69.00	14.05	66.15	16.28

Table 3.1 shows that the mean score of males who are living with family is 71.48 whereas the mean score of males who are living in institution is 70.23. The mean score of females who are living in institution is 69 whereas mean score of females who are living in institution is 66.15.

Table 3.2 Summary of 2x2 ANOVA for Life Satisfaction

Source of variation	SS	Df	MS	F
A	227.79	1	227.79	< 1
B	57.63	1	57.63	< 1
AB	20.37	1	20.37	< 1
Within treatment error	18863.08	75	251.51	-

Table 3.2 shows that the F value for gender is less than 1 which is "not significant". Thus the hypothesis formulated that there will be significant difference between males and females on the level of life satisfaction has not been supported. The F value for living status is also less than 1 which is also "not significant". The F value for interaction between gender and living status is less than 1 and is "not significant".

References

1. Becker, E. (1973). *The Denial of Death*. New York: Free Press.
2. Edwards, J.N. & Klemmack, D.L. (1973). Correlates of life satisfaction: A reexamination.
3. *Journal of Gerontology*, 28(4), 497-502.
4. Efklides A, Maria K, & Grace C. (2003) Subjective quality of life in old age in Greece, the effect of demographic factors, emotional state, and adaptation to aging. *Eur Psychol.* 8:178-191.
5. Fortner, B. V., & Neimeyer, R. A. (1999). Death anxiety in older adults: A quantitative review. *Death Studies*, 23, 387-411.
6. Freud, S. (1959) *Thoughts for the time on war and death*. In *Collected papers of Sigmund Freud* (vol. 4., pp. 288-317). Boston: Beacon Press (Original work published in 1915).
7. Galt C. P., Hayslip B., Jr. (1998). Age differences in the level of overt and covert death anxiety. *Omega* 37:187-202.
8. Harlow R. E., & Cantor N. (1996). Still participating after all these years: A study of life task participation in later life. *Journal of Personality and Social Psychology*, 71, 1235-1249.
9. Harris, P. B. (2008) Another wrinkle in the debate about successful aging: The undervalued concept of resilience and the lived experience of dementia. *International Journal of Aging & Human Development*, 67, 43-61.
10. Hildon, Z., S.M. Montgomery, D. Blane, R.D. Wiggins, G. Netuveli (2010) Examining resilience of quality of life in the face of health-related and psychosocial adversity at older ages: what is "right" about the way we age? *Gerontologist*, 50 (1) pp. 36-47.
11. Hooker, K., Siegler, I. C. (1993). Life goals, satisfaction, and self-rated health: Preliminary findings. *Experimental Aging Research*, 19, 97-110.
12. Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71 (3), 543-562.
13. Maslow, A.H. (1968) *Toward a psychology of being* (2nd ed.). New York. Van Nostrand, Reinhold.
14. Templer, D. I., Awadalla, A., Al-Fayez, G., Frazee, J., Bassman, L., Connelly, H. J. & Abdel-Khalek, A. M. (2006). Construction of a Death Anxiety Scale-Extended. *Journal of Death & Dying*, 53, 209-226.
15. Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1, 165-178.
16. Wells, M. (2009). Resilience in rural community-dwelling adults. *Journal of Rural Health*, 25(4), 416-420.
17. Wu, A. M. S., Tang, C. S. K., & Kwok, T. C. Y. (2002). Death anxiety among Chinese elderly people in Hong Kong. *Journal of Aging and Health*, 14, 42-56.