



**ORIGINAL RESEARCH PAPER**

**Psychology**

**THE KUKI-MEITEI ETHNIC CLASH AND DEATH ANXIETY AMONG DISPLACED PEOPLE IN MANIPUR, INDIA.**

**KEY WORDS:** Death anxiety, Kuki-Meitei, displaced inmates, ethnic clash.

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**ABSTRACT**

**Aim:** This paper aimed at exploring the levels of death anxiety among displaced people stemming from the Kuki-Meitei bloody ethnic clash that erupted in Manipur since 3rd May, 2023, till date. **Materials and Methods:** Death anxiety was measured using Templer's 15-item Death Anxiety Scale (TDAS, 1970). Altogether 112 inmates (56 females, 56 males), taking shelter in the relief camps located at Imphal, selected through the convenience sampling, were the participants. Difference in death anxiety based on age, gender, and education was examined. Data were analysed using ANOVA and t-test through SPSS 21.00. **Results:** The results indicated no significant differences in death anxiety based on age, gender, and education. **Conclusion:** Younger participants, females, and illiterates tended to have higher death anxiety levels. Further research is needed to confirm the present findings.

**Background of the Study**

The current study aimed at ascertaining the effects of traumatic experiences on death anxiety among inmates who had encountered life-threatening experiences due to violence resulting from a conflict between the "Kuki" and Meitei that has been simmering in Manipur, India, since May 3, 2023, till date (Sep. 2023). In this violence, over 175 people have been killed and more than 60 thousand people rendered homeless. About 60 thousand Central Forces have been deployed to quell the ongoing bloody clash.

**Need of the Study**

Death anxiety is defined as "the state in which an individual experiences apprehension, worry, or fear related to death and dying" (Carpentino-Moyet, 2008). It is both normal and universal; however, it has its own adaptive and maladaptive consequences. Regarding adaptive consequences; for example, anxiety is designed to protect us from danger and allow us to react quickly to emergencies, and anxious people tend to be more cautious Mayo Clinic (May. 4, 2018). However, people with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involved repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks) (Mayo Clinic, May. 4, 2018).

But several studies found maladaptive consequences of death anxiety, with a significant consequence for mental health problems (Lehto & Stien, 2009). Clinical psychology research indicated death anxiety having a deleterious effect on wellbeing, contributing to the development and maintenance of many psychological posttraumatic stress disorders (PTSDs), and other anxiety disorders, such as separation anxiety/disorder, panic anxiety/disorder, generalized anxiety disorder, hypochondriasis, acute stress disorder, agoraphobia, Obsessive-Compulsive Disorder (OCD), depressive disorders, and eating disorders (see Iverach & Men for a review).

From the findings of the current study, we would be able to find out the extent of death anxiety levels among the displaced inmates and the possible consequences of the anxiety for the mental and physical health of the displaced population, thereby helping take up the appropriate measures for their rehabilitations.

**Problem Statement: The Kuki-Meitei Ethnic Clash and Death Anxiety Among Displaced People in Manipur, India.**

**Literature Review**  
**Age**

In the present study, participants were broken down into two groups: younger (15-35), older (35-73). Studies reported that age is one of the significant predictors of death anxiety; for example, death anxiety is higher in middle-aged than in elderly participants (Feifel & Brandscom, 1973; Kalish & Reynolds 1977; Bengtson & 1977; Gesser & Rekar, 1988). It declines from middle age to older age and stabilizes during the final decades of life (Fortner & Neimeyer, 1999); low anxiety above 70 years (Suhail & Akram, 2002); highest death anxiety among men and women in their 20s, decreasing significantly with age until the age of 60 (Russac et al., 2007); younger people reported higher death anxiety (Robbin et al., 1992; Kastenbaum, 2000; Furer & Walker 2008; Abdel-Khalek & Lester, 2009; Eshbaugh & Henninger 2013); greater anxiety and depression among adolescents (Koocher et al., 1976).

Some studies revealed that older participants had higher rates of death anxiety (Fortner & Neimeyer, 1999; DePaola et al., 2003; Azaiza et al., 2010; Bakan et al., 2019); less emotional distress among older people (Harville et al., 2004); older persons significantly more anxious about the word "death". (Madnawat & Kachhawa, 2007). In contrast, age was not linked to fear of death (Keller et al., 1984; Bouvard et al., 2003; Kastenbaum, 2007; Khoshi et al., 2017; Hassan et al., 2019); mixed results (Feifel & Nagy, 1981; Maiden & Walker, 1985; Walker & Maiden, 1987).

Considering the findings of the studies, the following hypothesis was tested:

**Hypothesis 1: Age has nothing to do with death anxiety.**

**Gender**

Gender is frequently linked to death anxiety, in which women perceived higher death fear and anxiety than men (Schumaker et al., 1988; Abdel-Khalek, 1991; Schumaker et al., 1991; Chelgren, 2000; Suhail & Akram, 2002; Bouvard et al., 2003; Abdel-Khalek, 2005; Russac et al., 2007; Ens & Bond, 2007; Ghufraan & Ansari, 2008; Daradkeh & Fouad, 2011; Soleimani et al., 2016; Khoshi et al., 2017; Ghasemi et al., 2020). In contrast, gender did not affect death anxiety level (Wu et al., 2002; Harrawood et al., 2008; Assari & Lankarani, 2016; Dina et al., 2020); death anxiety is linked to depression, in which women are twice as likely as men to display symptoms of depression, particularly during young adulthood and late in life (i.e., after menopause) (Conte et al., 1982; Gilliland & Templer, 1985-86).

Taking the studies into account, the following hypothesis was tested:

**Hypothesis 2: There will be no gender differences in death anxiety.**

**Education**

Studies found that highly educated individuals having lower

death anxiety, while individuals with lower education were more prone to feel depressed and anxious compared to highly educated ones (Levy et al., 1988; Mutran et., 1997; Faisal et al., 2010; Khoshi et al., 2017); death anxiety level increased with the increase in education (Muhammad et al., 2013); people with higher education had moderate death anxiety (Fortner & Neimeyer, 1999; Kastenbaum, 2000; Furer & Walker, June 2008; Abdel-Khalek & Lester, 2009; Eshbaugh & Henninger 2013).

Based on the findings of the previous studies, the following hypothesis was tested:

**Hypothesis 3: Education is independent of death anxiety.**

**Objectives**

The objectives of the study are to test the following hypotheses:

**Hypothesis 1: Age has nothing to do with death anxiety.**

**Hypothesis 2: There will be no gender differences in death anxiety.**

**Hypothesis 3: Education is independent of death anxiety.**

**MATERIALS AND METHODS**

Death anxiety was measured using Templer's 15-item death anxiety scale (TDAS, Templer, 1970) on 2-point scales True or False, allocating 1 point to every question answered positively and then summing up all the items, indicating high scores--high death anxiety, and low scores--low death anxiety. Reliability of the scale is 0.83 and internal consistency coefficient 0.76. Altogether 112 participants (56 females, 56 males) were selected through the convenience sampling from a cross-section of displaced inmates taking shelter in the relief camps located at Imphal. The study was conducted during 20th June to 2nd July 2023.

**RESULTS AND DISCUSSIONS**

**Table 1: Age and Death Anxiety**

Age	N	Mean	Std. D	t-value	Df	p-value	Remark
Younger	45	10.51	3.03	.712	110	.176	Not significant*
Older	67	10.13	2.53				

\*>0.05 level

The result indicated no significant (>0.05 level) age differences among younger and older respondents in death anxiety, with M=10.51, SD=3.03 and M=10.13, SD=2.53, respectively, but younger participants tended to have higher death anxiety. Hence, supported the hypothesis.

The findings were consistent with some studies (Keller et al., 1984; Bouvard et al., 2003; Kastenbaum, 2007; Khoshi et al., 2017; Hassan et al., 2019).

**Table 2: Gender and Death Anxiety**

Gender	N	Mean	Std. D	t-value	df	p-value	Remark
Female	56	11.37	2.22	4.570	110	.060	Not Significant*
Male	56	9.19	2.78				

\*<0.05

The result revealed that although females (M=11.37, SD=2.22) tended to have higher death anxiety than males (M=9.19, SD=2.78), no significant gender differences, supporting the null hypothesis. This finding was consistent with some studies (Wu et al., 2002; Harrawood et al., 2008; Assari & Lankarani, 2016; Sharma et al., 2019; Dina et al., 2020);

**Table 3: Education Level and Death Anxiety**

Education	N	Mean	Std. D	f-value	p-value	Remark
Illiterate	19	10.53	2.91	.101	.904	Not Significant*
Student	39	10.17	2.56			
Educated	54	10.28	2.84			

\*<0.05

The result showed no significant difference in death anxiety

between illiterates (M=10.52, SD=2.91), students (M=10.17, SD=2.56), and educated (M=10.27, SD=2.84). However, students appeared to have lower death anxiety than others. Hence, supported the null hypothesis, although previous studies found educational levels to have either higher or lower death anxiety.

**INTERPRETATION AND CONCLUSION**

After holding other variables constant, there were no significant differences in death anxiety based on age, gender, and education, though younger participants, females, and illiterates tended to have higher death anxiety than their respective counterparts.

However, considering the traumatic experiences being encountered by all the displaced populations and the possible destructive consequences of the experiences, it was/is very high time to pay serious attention to all without distinction of age, gender, ethnicity, and socioeconomic status. In the meantime, certain psychological interventions like mass trauma screening, Cognitive-Behavioural Therapy (CBT), etc., (Holland, 2022) is highly called for. Further research is needed in this direction.

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**Conflict of Interest**

No conflicts of interest.

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