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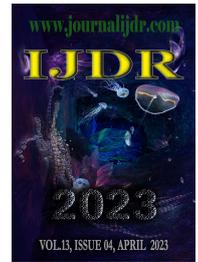
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RESEARCH ARTICLE

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DEATH ANXIETY, LONELINESS AMONG ELDERLY PERSONS LIVING IN OLD AGE HOMES AND FAMILIES

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ABSTRACT

In this world nothing can be said as certain, except death, even though the elderly people are more anxious about it. Death anxiety refers to the fear and anxiety related to the anticipation, and awareness, of dying, death and non-existence. It typically includes emotional, cognitive, and motivational components that vary according to a person's stage of development and sociocultural life experiences. Loneliness is defined as an unpleasant experience that occurs when a people's network of social relations is deficient in some important way, either quantitatively or qualitatively. The aim of this present study is to understand the relationship between death anxiety and loneliness among the old age adults living in old age homes and families. Sample consists of 120 old age participants, 60 from old age homes and 60 from families of Ernakulam district, Kerala. A socio-demographic data and Death anxiety scale, Thakur and Thakur (1984) and UCLA loneliness scale, Russel *et al.*, (1978) were used for data collection. The result revealed that there is no significant relationship between death anxiety and loneliness among old age persons living in old age homes and families.

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INTRODUCTION

Ageing is a process which occurs naturally in the human life cycle. It is the decline in the capacity of the functioning of the organs of the human body. It is associated with changes in biological, physiological, psychological, behavioural and social processes. The history of human thinking has directed itself to death and life from the beginning. Every living creature would finally die. But among all these creatures it's just humans who are aware of this truth. Thinking about death has always been a terrifying issue and many prefer not to meditate about it. The attitude of the people who develop towards death is different for each individual. Some people think of death as something threatening and incomprehensible. Others experience death as a natural end point of life that may even serve to give meaning to life itself. In general, death is a mysterious concept which also creates curiosity which defines the end of the life of the living and creates no occurrence, uncertainty, fear, despite and lack of hope: it is a constantly researched phenomenon. Death and the effort to solve its mystery have led to the effort of solving the secret of mortality and getting an absolute guarantee of existence. Attitudes, thoughts and behaviours towards death also show the perspective of the individual perceiving life. Regardless of status or wanting to live longer or not, death is present in everyone's life. Certain people are more anxious about their death than others.

Death anxiety: The earlier researcher defined death anxiety as an uneasiness about one's extinction and the dying process. Tomer (1992) further elaborated death anxiety as the anticipation of the state that one is not alive, including aspects of fear of dying or the death of significant others. More recently, a generally agreeable definition of death anxiety would be "A cluster of death anxiety characterized by fear, threats, discomfort and similar negative emotional reaction, as well as anxiety in the psychoanalytic sense as a kind of diffusion fear that has no clear object. 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 and is used interchangeably with fear of death. Richardson *et al.*, (1983) define death anxiety as a negative reaction, apprehension, or uneasiness that an individual undergoes as a result of thinking about death and dying. Death anxiety "is a term used to conceptualize the apprehension generated by death awareness. It refers to the fear of apprehension of one's death. It is the neurotic fear of loss of the self which in intense states parallels feeling of helplessness and depression. People's awareness of their own death produces anxiety that can only be death by recognizing one's individually. Early studies on death and death anxiety are scattered and inconclusive. Freud was one of the earliest researchers who explored the content and the nature of death. In his publication of Totem and Taboo, he suggested that mortality does not exist in people's minds. Further he postulated humans actually had unconscious wishes of death, of which named is death instinct, rather

than viewing death as a source of anxiety. Tomer and Eliason, (1996) proposed a model of death anxiety. This model suggested mortality salience, which means the awareness of one's own death, are connected to three determinants of death, the past related regrets future related regret or inclining to perceive death in meaningless are all factors contributing to higher death anxiety. Currently mortality salience could activate the coping processes which influenced the beliefs about the self and the world, and in turn affect the three determinants of death anxiety.

Theories of death anxiety: Freud hypothesized that people express fear of death called thanatophobia. He said he saw this as a disguise for a deeper source of concern. It was not actually death that people feared, because in Freud's view the body believes in their own death. The unconscious does not deal with the page of time or with negations, which does not calculate the amount of time left on one's life. Furthermore, that which one does fear cannot be death itself, because one has never died. People who express death-related fears actually are trying to deal with unresolved childhood conflicts that they cannot come to terms with or express emotion towards. The name Thanatophobia is made from the Greek figure of death known as Thanatos. Developmental psychologist, Erik Erikson formulated the psychosocial theory that explained that people progress through a series of crises as they grow older. The theory also envelops the concept that once an individual reaches the latest stages of life, they reach the level he titled as "ego integrity". Ego Integrity is when one comes to terms with their life and accepts it. It was also suggested that when a person reaches the stage of late adulthood, they become involved in a thorough overview of their life to date. When one can find meaning or purpose in their life, they have reached the integrity stage. In opposition, when an individual views their life as a series of failed and missed opportunities, then they do not reach the ego integrity stage. Elders that have attained this stage of ego integrity are believed to exhibit less of an influence from death anxiety. Ernest Becker theory on existential views turned death anxiety theories towards a new dimension. It said that death anxiety is not only real, but also it is people's most profound source of concern. He explained the anxiety as so intense that it can generate fears and phobias of everyday life fear of being alone or in a confined space. Based on the theory, most people's daily behaviour consists of attempts to deny death and to keep their anxiety under strict regulations. The existential approach with theorists such as Role May and Viktor Frankly, views an individual's personality as being governed by the continuous choices and decisions in relation to the realities of life and death. Another approach is the regret theory which was introduced by Adrian Tomer and Grafton Eliason. The main focus of the theory is to target the way people evaluate the quality and/or worth of their lives. The possibility of death usually makes people more anxious if they feel that they have not and cannot accomplish any positive task in the life that they are living.

Loneliness: Loneliness is defined as an unpleasant experience that occurs when a people's network of social relations is deficient in some important way, either quantitatively or qualitatively. The experience of loneliness is highly subjective; an individual can be alone without feeling lonely and can feel lonely even when with other people. Psychologists generally consider loneliness to be a stable trait, meaning that individuals have different set-points for feeling loneliness, and they fluctuate around these set-points depending on the circumstances in their lives. Individuals' levels of loneliness typically remain more or less constant during adulthood until 75 to 80 years of age, when they increase somewhat. Prolonged loneliness is associated with depression, poor social support, neuroticism, and introversion. Studies have shown that loneliness puts people at risk for physical disease and that it may contribute to a shortened life span.

Theories of loneliness: Attachment theory emphasizes the importance of a strong emotional bond between the infant and the caregiver; it stands as a forerunner to contemporary theories of loneliness. From that perspective, loneliness occurs when children with insecure attachment patterns behave in ways that result in their

being rejected by their peers. Those rejections hinder their development of social skills and increase their distrust of other people, thereby fostering ongoing loneliness. Attachment theory was the foundation for an influential psychological theory of loneliness developed by the sociologist Robert S. Weiss. Weiss identified six social needs that, if unmet, contribute to feelings of loneliness. Those needs are attachment, social integration, nurturance, reassurance of worth, sense of reliable alliance, and guidance in stressful situations. As would be predicted by attachment theory, Weiss maintained that friendships complement but do not substitute for a close, intimate relationship with a partner in staving off loneliness. Another theoretical perspective, the behavioural approach, holds that loneliness is characterized by personality traits that are associated with, and possibly contribute to, harmful patterns of interpersonal interaction. For instance, loneliness is correlated with social anxiety, social inhibition (shyness), sadness, hostility, distrust, and low self-esteem, characteristics that hamper one's ability to interact in skilful and rewarding ways. Indeed, lonely individuals have been shown to have difficulty forming and maintaining meaningful relationships. The cognitive approach to loneliness is based on the fact that loneliness is characterized by distinct differences in perceptions and attributions. Lonely individuals tend to have a pessimistic general outlook: they are more negative than individuals who are not lonely about the people, events, and circumstances in their lives, and they tend to blame themselves for not being able to achieve satisfactory social relationships. In addition, the cognitive approach largely takes account of the attachment and behavioural perspectives by explaining how (a) failure to meet the need for attachment, social integration, nurturance, and other social needs results in perceived relationship discrepancies that are experienced as loneliness, and (b) loneliness is perpetuated by way of a self-fulfilling prophecy in which poor social skills result in unsatisfactory personal relationships that in turn result in negative self-attributions that lead to further social isolation and relationship dissatisfaction.

Need and Significance of the Study: India has the second largest global population of aging people according to census (2011). Nearly 138 million elderly persons in India are expected to increase to around 56 million elderly persons in 2031. It is a major psychosocial issue we are going to face. So, the present study focuses on the psychosocial issues focus on the elderly person. The purpose of the study is to investigate the nature of the relationship between loneliness and death anxiety in older adults. There is much evidence that would support a hypothesis for such a relationship. Primary, because the presence of loneliness in older adults may result in a decline in self-concept and self-esteem and such a decline may contribute to the presence of death anxiety, it is likely that there is a relationship between these two constructs. Other similarities between these two constructs may further support such a hypothesis institutionalization psychological problem and a decline in health also seem to be shared many individuals who are lonely and those who experience high level of death anxiety ultimately, both high levels of death anxiety and loneliness may compel an individual to commit suicide. It is generally shown in several studies that death anxiety is higher in old age adults compared to family adults. To increase in the number and promotion of older adults in the country, changing family structure, contemporary changes in psychological matrix and values are compelling the elderly to live alone or in old age homes resulting in a feeling of isolation, loneliness, anxiety and depression. Present research findings will help other researchers who have the same questions in mind. The following objective of the study.

1. To compare the death anxiety among old age adults living in old age homes and families.
2. To compare the loneliness among old age adults living in old age homes and families.
3. To compare the death anxiety among females and males living in old age homes and families.
4. To compare the loneliness among females and males living in old age homes and families.
5. To find a relationship between death anxiety and loneliness among older adults.

Tang and Kwok (2002) conducted a study in death anxiety among Chinese elderly people, a high level of psychological distress, and the presence of recent stressors was unrelated to number of physical disorders, gender, personal, income, marital and employment status and religious affiliations observed. Darrel and Niemeyer (1990) conducted a study in sex differences in death anxiety: Testing the emotional expressiveness finding suggest that sex differences in death attitudes Thorson and Powell (1991) examined death anxiety and series of items that measured self-reported religious practices and belief were significantly higher in death anxiety. Contrary to some prior research, death of belief had a negative association with death anxiety than did religious activities. Strongest relationship had to do with the concept of life after death; the oldest respondents had the least death anxiety.

METHODOLOGY

Sample: The sample for the present study consisted of a total of 60 older adults within the age range of 65-75 years, out of which 30 older adults were old age home and the 30 older adults were in families. The sample consisted of 22 men and 38 women. The data was collected from Ernakulam district of Kerala. The sampling technique employed in the study was random sampling. The study included only elderly persons who are living in old age homes and who are living in families and also excluded elderly persons with terminal illness or psychological problems.

Operational definition: An elderly person refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle.

Death anxiety: Death anxiety refers to the fear and anxiety related to the anticipation, and awareness, of dying, death and non-existence. It typically includes emotional, cognitive, and motivational components that vary according to a person's stage of development and sociocultural life experiences.

Loneliness: loneliness is defined as an 'unpleasant experience that occurs when a people's network of social relations is deficient in some important way, either quantitatively or qualitatively.

Tools for assessment: The following tools employed to assess the concept of death anxiety and loneliness among old age adults living in old age homes and families of the present study.

Death anxiety scale: The death anxiety scale was developed by Thakur and Thakur in 1984. The scale consists of 16 items; and five point scale options from which the respondents select one for each item. Loneliness scale, Russell, (1996), California Los Angeles version of the loneliness scale appear to be very reliable coefficient alpha ranged from 0.89 to 0.94 across the sample in our elderly sample, Theoretical model of loneliness has emphasized the importance of perceived inadequacies in interpersonal relationships as the source of feeling of loneliness. In contrast the objective characteristics of the person's relationship with others.

Research design: Comparative and quantitative design.

The present research has a comparative research design because the study aims to compare the death anxiety and loneliness between old age adults living in old age homes and families. The research is quantitative in nature, as the study made use of standardized questionnaire

Procedure and administration: The study is conducted to determine and compare the death anxiety and loneliness among old age adults living in old age homes and families. The participants under study were conducted and met in person. Before administering the questionnaires, permission solicit old age people, participation was obtained in a meeting with them. A letter was drafted by a researcher and distributed to each of the old age caregivers explaining the study objectives and the confidentiality ensured. The participants who

fulfilled the inclusion criteria were provided with the necessary information about the study and consent will be obtained from them. All the participants were assured that their details would only be used for research purposes and would be kept confidential. A total of 60 responses data was collected; death anxiety and loneliness measured with the help of questionnaires to assess the dimensions of death anxiety and loneliness respectively.

Statistical analysis: The following statistical tests were utilized to analyse the collected data. The statistical analysis was performed using the Statistical Package for Social Science (SPSS) version 26. Independent t test :This is a statistical test for judging the significance of mean or judging the significance of difference between means of two samples. The t test is dependent on t distributions. On the off chance that the determined value surpasses the cut-off point depending upon the degree of freedom, the difference between means is considered significant. at the point when the t values are beneath the critical value (0.05), the difference is not significant. The independent sample t test is utilizing to make a comparison between old age homes and families living with older adults in the variable such as death anxiety and loneliness. Independent sample t test is also made use of to find out the gender differences among the sample the present study. Pearson product moment correlation is utilized to determine the relationship among the independent variables of the present study.

RESULTS AND DISCUSSION

The objective of the study was to compare the death anxiety and loneliness among old age adults living in old age homes and families for the same the below mentioned analysis was done to prove the hypothesis. The equal representation of old age adults living in old age homes and families in the study.

Table 1. Comparison of dimensions of death anxiety between old age persons living in old age homes and families.

Variable	Place of stay				T value	Level of significance
	Old age homes		Families			
	Mean	SD	Mean	SD		
Death anxiety	54.4	4.75	54.3	4.45	0.173	0.863

The Table 1, shows the means, SD and corresponding t values of death anxiety among old age adults living in old age homes and families. It was hypothesized that there will be no significant difference on death anxiety between old age adults living in old age homes and families. The death anxiety validates the mean score of old age adults living in old age homes are 54.4 and the mean score of old age adults living in families are 54.3. The SD for old age adults living in old age homes is 4.75 and for old age adults living in families 4.45. The t value for the death anxiety is 0.173 and corresponding level of significance is 0.863 which is not statistically significant. The results show that there is no significant difference in death anxiety among old age persons living in old age homes and families. This may be because the elderly adults accept their death and understand death is part of life. Older people who often said they were taking each day as it comes and not worrying too much about tomorrow. Most felt ready to die and some even welcomed it. Hence the hypothesis of the study was accepted. So, there will be no significant difference between death anxiety among old age persons living in old age homes and families.

Table 2. Comparison of dimensions of loneliness between old age persons living in old age homes and families

Variable	Occupation				T value	Level of significance
	Old age homes		Families			
	Mean	SD	Mean	SD		
Loneliness	32.4	8.77	33.0	8.84	-0.431	0.667

**p<0.01 *p<0.05 NS-not significant

Table 2 indicates that loneliness validates the mean score of old age adults living in old age homes is 32.4 and the mean score of old age

adults living in families is 33.0. The t value for the loneliness is -0.431 and corresponding level of significance is 0.667 which is not statistically significant. The result shows that there is no significant difference of loneliness among old age adults living in old age homes and families. This may be because the families, children and teens spend a lot of time with their grandparents. So, if the elderly have a smooth relationship with their family members, there is a very low possibility for them to experience alienation. On the other hand; older persons living in old age homes lack the support of family members; but, in old age homes they are confronted with other adults; who live in the same settings. Those older adults mingle with each other and spend their time in many recreational activities. So, they are provided with ample social support from their mates. So, both the sample population experience social support from different meditations. So, both the sample population possibly do not experience loneliness. Hence; the hypothesis among older persons living in old age homes and families is accepted.

Table 3. Comparison of dimensions of loneliness between females and males living in old age homes and families.

Variable	Old age persons				T value	Level of significance
	Female		Male			
	Mean	SD	Mean	SD		
Loneliness	32.0	7.56	33.4	9.86	0.883	0.379

Table 3 shows the mean, SD, and the corresponding t value of loneliness between female and male living in old age homes and families. It was hypothesized that there will be no significant difference in loneliness between females and males living in old age homes and families. The loneliness validates that the mean score of females in the old age group is 32.0 and the mean score of males in the old age group is 33.4. The t value for the loneliness is 0.883 and corresponding level of significance is 0.634 which is not statistically significant. The result shows that there is no significant difference of loneliness among females and males living in old age homes and families. This may be because the females and males in old age homes are getting equal settings for sociability and keeping friendship networks.

On the other hand; females and males in old age groups living in families are getting equal attention from their family members as in collectivistic culture. The recent study by Huzar (2020) has also suggested that loneliness decreases with age. In addition, it seems to be less prevalent in collectivist societies than in individualistic ones and less common in women than in men. So, both the genders experience social support from different meditations. So, both the genders possibly don't experience loneliness. Hence; the hypothesis among females and males living in old age homes and families is accepted.

Table 4. Comparison of dimensions of death anxiety between females and males living in old age homes and families

Variable	Old age persons				T value	Level of significance
	Female		Male			
	Mean	SD	Mean	SD		
Death anxiety	54.6	4.78	54.2	4.40	-0.477	0.634

Table 4 shows the mean, SD, and the corresponding t value of death anxiety between females and males living in old age homes and families. It was hypothesized that there will be no significant difference in loneliness between females and males living in old age homes and families. The loneliness validates that the mean score of females in old age groups is 54.6 and the mean score of old age adults living in families is 54.2. The t value for the death anxiety is -0.477 and corresponding level of significance is 0.634 which is not statistically significant. The result shows that there is no significant difference of death anxiety between females and males living in old age homes and families. The current research finding that gender does

not bear significant influence over life satisfaction levels among the elderly is consistent with previous findings by Suganya, .et al (2018) which stated that gender does not have a major influence over levels of life satisfaction in old age. High level of life satisfaction among the old age people of the present study may be contributed to by their lifestyle as well as their accomplishments in earlier stages of lifespan and it has also reflected in both the genders, which has revealed from the lack of significant differences from their mean scores. In a study conducted by Alagh and Ghosh (2022) The levels of life satisfaction have been found to have a negative correlation with the fear of personal death thus indicating that these variables are inversely correlated in old age persons. No significant gender difference has been found among old age males and females. The findings of the study may be extended to fostering a more supportive environment and better acceptance related to death in elderly for a higher level of life satisfaction. So, both the genders experience social support from different meditations. So, both the gender possibly doesn't experience a wide range of differences in experiencing death anxiety. Hence; the hypothesis among females and males living in old age homes and families is accepted.

Table 5. Relationship between death anxiety and loneliness among older adults living in old age homes and families

Variable	Loneliness
Death anxiety	0.489
	0.489

**p<0.01 *p<0.05 NS-not significant

Table 5 shows the r values and level of significance that resulted from the correlation between variables of death anxiety and loneliness among old adults. From the table, the r value was found to be 0.489 and the level of significance was found to be 0.001, which is not statistically significant. So, the hypothesis that there will be no significant relationship between death anxiety and loneliness is accepted. This may be because of the present sample of older adults who are living in families and also the older adults living in old age homes. So, older adults constantly experience social support from their surroundings. Also, as these adults are in the late sun phase of their life; as suggested by Carl Jung. In this phase, according to Carl Jung, death is the ultimate goal of life; who review their life and accept death as an impending reality. Davis et al. (1992) in their study has identified that death anxiety is not correlated to loneliness. Their result is coherent with the result of present study. Hence the hypothesis that there is no relationship between death anxiety and loneliness among older adults living in old age homes and family is accepted.

MAJOR FINDINGS

1. There is no significant difference in death anxiety among old age adults living in old age homes and families.
2. There is no significant difference in loneliness among old age adults living in old age homes and families.
3. There are no significant differences in loneliness among females and males living in old age homes and families.
4. There are no significant differences in death anxiety among females and males living in old age homes and families.
5. There is no significant relationship between death anxiety and loneliness among old age adults

Implications of the Study: Loneliness is a complex and usually unpleasant emotional response to isolation. The study suggested that there is no significant difference between death anxiety and loneliness among old age persons living in old age homes and families. One major implication of the present study is that the result will possibly help to create awareness about the important psychological changes that old age people go through. Death anxiety and loneliness are important issues that affect older people who can cope with such issues. Through the study we can understand the loneliness of the people who are living in the old age homes can be reduced by

improving the existing facilities in the old age homes. Likewise, the loneliness of the old age adults in families can also be reduced by the communication among the family members. Also, Death anxiety can be understood as a global psychological phenomenon that every old person goes through and with appropriate counselling support and care, one can help such individuals to cope up with the situation.

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