DEATH ANXIETY AMONG INSTITUTIONALIZED AND NON-INSTITUTIONALIZED ELDERLY

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ABSTRACT

The present study was conducted to assess the death anxiety among institutionalized and non-institutionalized elderly. All the people above the age of 60 living in and around Coimbatore city form the population. This population is divided into two groups institutionalized and non-institutionalized elderly. The sample was randomly selected from both the groups. 200 people formed the sample for this study. Out of which 100 were institutionalized (40 males and 60 females) and 100 were non-institutionalized (50 males and 50 females). The institutionalized elderly were chosen randomly from nine old age homes in Coimbatore city and equivalent of this sample were chosen from households of different regions of the city. The death anxiety of the elderly was measured using the Templer’s death anxiety scale (Templer 1970). The data was analysed using mean, standard deviation and critical ratio. The findings of the study indicate that: non-institutionalized elderly tend to have relatively higher level of death anxiety compared to institutionalized elderly, the institutionalized elderly males have relatively lower level of death anxiety than non-institutionalized elderly males, institutionalized elderly females have lower level of death anxiety than non-institutionalized elderly female, the institutionalized elderly males and females are not differing in death anxiety, they tend to have low level of death anxiety and the non-institutionalized elderly females have high level of death anxiety than the non-institutionalized elderly males.

Key Words: Death Anxiety, Aged, Institutionalized

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The ultimate human adaptation is the acceptance of death, the termination of life. Although the process of dying and the event of death for many people are taboo topic of investigation and consideration, they are nevertheless integral parts of the human life cycle (Caroll & Miller, 1991). Quite simply, “We cannot exorcise the world of death from the world of life” (Kamerman 1988). There can be no birth without eventual death. Likewise there can be no death without life.

The Uniform Determination of Death Act (UDDA) defines death as irreversible cessation of circulatory and respiratory functions or irreversible cessation of all the brain, including the brain stem (Murray & Zentner, 1997).

Besides the biological experience, the process of dying is also a psychological experience. The crisis of death is marked by a genuine fear of the unknown, coupled with the fear of loneliness. What is perceived as strange and undesirable but which cannot be fully anticipated, sometimes fosters a deep fear in the individual.

This basic ‘death anxiety’ is often reinforced by the isolation of the hospital room and the removal of the patients from decisions – making processes the familiar surroundings of some & community (Carroll & Miller, 1991).

Fear of death also includes the fear of abandonment and the loss of family and friends. If body image is distorted by diseases or injury, patients may think of themselves as unlovable and rejected thus contributing to their emotional isolation. The death fear also encompasses the fear of loss of control, fear of loss of personal identity and fear of regression, the instinct to death that pushes the individual “to retreat from the outer world of reality to a primal world of fantasy and bliss” (Pattison 1967).

Psychological reactions or adaptations to the reality of impending death have been researched by Ross (1969) in interviews with hundreds of terminally ill patients. She has decided the behaviour of dying patients into 5 stages. They are shown below:

1. Denial and isolation – The initial reaction awareness of a terminal illness is one of shock and denial. Though denial is a temporary defense, is soon partially replaced with acceptance of death.
2. Anger – Death gives way to the feeling of anger, resentment, rape etc.
3. Bargaining – Sometimes originating in unexpressed guilt, the dying patients enters into a brief period of negotiating with God in an attempt to postpone death or relieve pain & physical discomfort.
4. Depression – with realization of the certainty of death, patients often enter a period of preparatory grief, during which they become very silent, refuse visitors and spend much of their time in crying or grieving. This is an attempt to disconnect the self from all above objects.
5. Acceptance – It is marked by peace, a unique acceptance of orient fate and a desire to be left alone. While the stage is not precisely a happy one, the physical pain and discomfort tend to be absent. It is the final resting stage before undertaking a long journey.

In a most sublime way, a realization of our own mortality identifies the human capacity for love (Brantner, 1971). We are more likely to focus on those relationships that built rather than destroy, to strive against petty resentment and argument to see that meaningful human relationship can transcend death (Carroll & Miller 1991).

Though there are studies on death anxiety among elderly, the researcher could find very little studies on comparison of death anxiety between institutionalized and non-institutionalized elderly. Hence the present study.

**Problem**

To study difference in death anxiety between institutionalized and non-institutionalized elderly.

**Null Hypotheses:**

1. There is no significant difference in death anxiety between Institutionalized and non-institutionalized elderly
2. There is no significant difference in death anxiety between Institutionalized and non-institutionalized elderly males.
3. There is no significant difference in death anxiety between Institutionalized and non-institutionalized elderly females
4. There is no significant gender difference in death anxiety among institutionalized elderly
5. There is no significant gender difference in death anxiety among non-institutionalized elderly

**METHOD**

**Sample**

The institutionalized and non-institutionalized elderly aged above 60 years formed the sample of the study. They were randomly selected from different old age homes and different regions of the Coimbatore city respectively. A total number of 200 subjects were taken, 100 in each group.

**Tool**

The death anxiety of the elderly was measured using Templer’s death anxiety scale (Templer, 1970). The scale consists of 15 items, which could be answered as ‘true or false’. The reliability of the scale using test-retest method.
was 0.83. In addition to definite face validity, construct validity was measured on two different samples, one on psychiatric patients and one on college students. Templer found that patients who had previous records of verbalized death anxiety scored twice as high on his scale. Among college students the high death anxiety score correlated with emotional content in word association task and with two anxiety scales on MMPI as well as other death anxiety scales.

**Pilot Study**

A pilot study was conducted to determine the reliability of the death anxiety scale among the present population. For this purpose 30 institutionalized and 30 non-institutionalized elderly were taken. Their responses were scored as per the scoring key and the reliability was computed using Sperman-Brown formula. The reliability of the scale for institutionalized elderly is 0.75 and for non-institutionalized elderly is 0.66.

**Procedure**

The scale was administered to the institutionalized and non-institutionalized elderly people personally by the investigator by giving the following instructions. “Please answer the following questions as quickly and truthfully as you can. Do not ponder on any questions too long, but simply indicate your first or most dominant feeling. Answer true or false in the blank to the left of each question depending on how you feel right now. There are no right or wrong answers, this is merely a measure of your attitude.” The respondents were assured that their responses would be kept confidential and be used for research purpose only.

**RESULTS AND DISCUSSION**

From the above table it was inferred that there is a difference in death anxiety between institutionalized and non-institutionalized elderly. Thus the hypothesis 1 stating there is no significant difference in death anxiety among institutionalized and non-institutionalized elderly is rejected. It is found that the non-institutionalized elderly tend to have relatively higher level of death anxiety compared to institutionalized elderly. The fear of death is not much seen among institutionalized elderly, this may be because they already feel hopeless, lonely, isolated and neglected by their family, feel worthless. Hence they feel its better to die than to be a burden for others. More over they do not have any one to care for them if they fall ill, hence they feel its better to die soon without any illness. Thus for them the fear of death is low but the fear of living is high. As McKenzie (1980) stated society and elderly people themselves place less value upon their lives. This devaluation may be related to their poor health, economic problems, loss of significant role and statuses, loss of emotional support, feeling
of loneliness, etc. Thus as life becomes less satisfying, less enjoyable and less valued, fear of death will probably subside. Death is welcomed and perceived as an end to problems, pains and stress.

**TABLE 1**

<table>
<thead>
<tr>
<th>Status of living</th>
<th>Mean</th>
<th>SD</th>
<th>MD</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutionalized</td>
<td>3.61</td>
<td>2.79</td>
<td>3.45</td>
<td>7.9*</td>
</tr>
<tr>
<td>Non-institutionalized</td>
<td>7.06</td>
<td>3.34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 0.01 level

The non-institutionalized elderly tend to have more death anxiety. This may be because they place a high value on their lives. For them death means separation from their loved ones. These non-institutionalized elderly may have unmarried sons or daughters to get married. In some families, the daughter(s) may be a spinster or young widow and it is the duty of the older parents to take care of them since they have nobody else. Some older parents have single son or daughter to whom they are very much attached and therefore have a fear of separation. Thus for the non-institutionalized elderly death means loosing their family, friends, sophisticated life, the opportunity to carry their plans.

**TABLE 2**

<table>
<thead>
<tr>
<th>Status of living</th>
<th>Mean</th>
<th>SD</th>
<th>MD</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutionalized</td>
<td>3.8</td>
<td>2.67</td>
<td>0.5</td>
<td>3.75*</td>
</tr>
<tr>
<td>Non-institutionalized</td>
<td>6.04</td>
<td>2.99</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 0.05 level

From the above table it is inferred that the null hypothesis 2 stating that there is no difference in death anxiety between institutionalized and non-institutionalized elderly is partially rejected. It is seen that the non-institutionalized elderly have relatively high death anxiety than the institutionalized elderly. This may be due to the fact that the non-institutionalized elderly are closely knit in their family and they have many dependents. Also, as Erickson says these elderly may have a feeling of despair. They may have the feeling that they have not settled their dependents to lead a comfortable life on themselves.

The institutionalized elderly have low death anxiety. This may be because they are totally away from the love and affection of the family and have no dependents. They have settled their dependents and so may have a feeling that they are out of responsibilities. In the words of Erickson, these elderly have achieved the sense of integrity, they have adapted themselves to the triumphs and disappointments adherent to being.
Table 3 shows that there is a significant difference in death anxiety between institutionalized and non-institutionalized elderly females. Hence the null hypothesis 3 is rejected. It is clear that the non-institutionalized females have higher level of death anxiety than the institutionalized females. Almost all the women living in old age homes are widows. These widowed elderly had nobody to relay on except their children. They expect emotional support, love and affection from their children whereby they get a feeling of security. When their children bring them to the old age home, these elderly feel shattered, lonely and totally broken. They regret living as they think about their past life. In the old age home there is no one to look after them when they fall ill. Many of the old age homes do not admit elderly who are very sick. Suppose an inmate of the home becomes very sick, they will be sent from the home. In that case the elderly feel very much and think that it is better to die soon before the illness attacks them. This is especially true in the case of women. These may be the reasons for low death anxiety among the institutionalized females.

Most of the non-institutionalized elderly women are living with their husbands and some widows’ are taken care by their children. By nature women are more sensitive and afraid than men. This nature of women itself makes them fear death. Moreover women are more concerned about their husbands and are worried to leave them alone in this world. Some of these women may have unmarried children and grand children and hence regret dying without seeing them get married and their responsibilities and dreams being fulfilled. As Kenzie (1982) says, according to Ross (1977) the elderly trade something with god for their prolonged life, good health, and cessation of pain. The above discussed points may be the reason for their higher level of death anxiety.

Table 4 shows the CR value of death anxiety among institutionalized males and females

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
<th>MD</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.8</td>
<td>2.67</td>
<td>0.30</td>
<td>0.54NS</td>
</tr>
<tr>
<td>Female</td>
<td>3.5</td>
<td>2.89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Not Significant at 0.05 level

From the above table it is seen that there is no gender difference in death anxiety among institutionalized elderly. Thus the hypothesis stating that there is
no gender difference in death anxiety among institutionalized elderly is accepted. Irrespective of the gender the institutionalized elderly experience the feeling of loneliness, feeling of being neglected, lack of emotional support. Though they have companies in the institutions they live, they experience a lone feeling within themselves. They are unable to accept the reality, so they are eagerly waiting for death to take them away from this materialistic world. They feel death is better than the bitter experiences they are undergoing.

**TABLE 5**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
<th>MD</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6.04</td>
<td>2.99</td>
<td>2.04</td>
<td>3.19*</td>
</tr>
<tr>
<td>Female</td>
<td>8.08</td>
<td>3.40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at 0.01 level

The table above shows that the non-institutionalized elderly females have higher level of death anxiety than the non-institutionalized elderly males. Thus the hypothesis stating that there is no significant gender difference in death anxiety among non-institutionalized elderly is rejected. Rigdon & Epting (1985), Thorson & Powell (1988) in their studies reported that higher levels of empathy scores for females and higher levels of empathy were associated with higher levels of death anxiety. Robbins (1989) in her study on gender and death anxiety found that females have significantly higher level of death anxiety than did males.

Conclusions: Following conclusions can be drawn from the present study
1. The non-institutionalized elderly have higher level of death anxiety than the institutionalized elderly.
2. The institutionalized elderly males have relatively lower level of death anxiety than non – institutionalized elderly males.
3. The institutionalized elderly females have lower level of death anxiety than non – institutionalized elderly female
4. The institutionalized elderly males and females are not differing in death anxiety. They tend to have low level of death anxiety.
5. The non-institutionalized elderly females have high level of death anxiety than the non-institutionalized elderly males.

**REFERENCES**


*Journal of Indian Health Psychology*


