

Correlates of fear of death among late adults: A survey of researches

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ABSTRACT

Fear of death takes on significance in old age as demise becomes imminent. Fathoming the correlates of fear of death could help develop strategies to face death peacefully. Overview of pertinent researches reveals the major correlates including age, gender, socio-economic status, chronic physical illnesses, cognitive decline, locus of control, attitude towards religion, social support and cultural context. Some contradictions in findings are also revealed. Perceptive reviewing could dispel those. Besides, some researches suffer from methodological drawbacks. For example, the studies conducted in India are largely unsophisticated in design *vis-à-vis* the refined methodology utilized by investigators in developed countries. So researches in India need methodological advancement to elicit more accurate and discerning outcomes.

Key Words : Fear of death, Old age, Correlates, Methodology

INTRODUCTION

Late adulthood is generally considered to begin at about age 65. This stage of life was earlier designated as old age. Fear of death is a common feature among late adults (Feldman, 2011). It encompasses fright of death; sense of deprivation of personal fulfilments and companionship; anticipation of suffering caused to close relatives by the individuals' death; perceived lack of control over occurrence of death; apprehension of destruction of the self; and terror of punishment after death (Rajamanickam, 1999). Fear of death and death anxiety are two terms generally used interchangeably. However there are subtle differences between the two. Fear of death is said to refer to a more or less concrete belief that death is terrifying. It signifies the physical awareness of loss of existence. But death anxiety may be conceived of as a trepidation of total destruction; a psychological or spiritual awareness of loss of existence (Lehto and Stein, 2009). Thanatophobia is another term which is sometimes used. It refers to abnormal fear of death (Dictionary. com, 2018). The present survey of researches covers all three terms.

Correlates of fear of death :

Fear of death is influenced by many interacting variables – demographic, biological, psychological, social and cultural (Rajamanickam, 1999). The pertinent demographic variables are age, gender, marital status and socio-economic status. Biological variables comprise chronic physical

illnesses and cognitive decline. Major psychological correlates include self esteem, locus of control and trait anxiety. Examples of relevant socio-cultural variables are attitude towards religion, social support and cultural context (e.g. Cicirelli, 2002; Lee, 2009; Sinoff, 2017). It is obvious that these categories of variables are not mutually exclusive but the categorization is merely for convenience.

Age:

It refers to the chronological age of a person *i.e.* the time (in years) which has passed between her / his birth and the present instant. Fear of death is a common feature among late adults. The reason for this is that death is relatively imminent at this stage of life (Feldman, 2011). Overwhelming majority of investigations has affirmed the impact of age of individuals on their extents of fear of death. Only a handful of studies (e.g. Singh and Roy, 2017) have negated it. Benton et al. (2007) conducted a study on a sample of 167 Americans of diverse Christian sects to conclude that dimensions of aging anxiety *viz.*, worries about physical appearance and fear of losses of loved ones accounted for death anxiety among the elderly. Cicirelli (1999) conducted an investigation on 123 African American and 265 White American seniors aged 60-100 years. Age of the elderly was found to directly influence their extents of fear of dying; older elderly were reportedly less afraid of dying. Sinoff (2017) reported that elderly parents had less anxiety over death than that of their offspring. Singh (2013) selected a sample of 194 adults aged 45-96 years (mean age 72.45 years) in Manipur (India). It also emerged that younger persons were more anxious about death than older ones. Paradoxically, fear of death and it's acceptance co-exist in old age. Death acceptance appears to predominate in old age. Those who have reached 60 years of age do not fear death much. Daaleman (2010) sampled 257 community-dwelling elders; variables including age were found to contribute significantly to acceptance of death.

Gender:

It is defined as socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (World Health Organization, 2012). Most investigations have iterated the role of gender of aged persons in their extent of fear of death with the women being more afraid of death. However, a few discrepant findings (e.g. Sridevi and Swathi, 2014) have emerged. Cicirelli (1999) carried out a study on 123 African American and 265 White American seniors aged 60-100 years. Gender of the elderly was found to directly influence their extents of fear of dying; women were reportedly more afraid of dying. Missler *et al.* (2011) drew a sample of 49 persons (aged 60-90 years) residing in assisted living facility and found that women suffered great deal of fear regarding not only death of loved ones but also repercussions of own death on loved ones. Assari and Lankarani (2016) analysed data on 1074 elderly persons (aged >65 years; 615 females, 359 males) in the U.S.A. from the Religion, Aging, and Health Survey. It was found that age predicted death anxiety of the elderly women but not of the men. Princy and Kang (2013) worked with 360 seniors (180 females; 180 males) in Punjab (India). Significant gender difference in death anxiety was noted. Ghufraan and Ansari (2008) drew a sample of 120 elderly (aged 60-75 years) in Varanasi city (India). It was found that among individuals who had lost their spouse, the women were more afraid of death than the men. Singh (2013) selected a sample of 194 adults aged 45-96 years (mean age 72.45 years) in Manipur (India). It emerged that women were more anxious regarding death than men. But a different kind of finding was reported by Sridevi and Swathi (2014). They drew samples of 40 institutionalized and 40 non-institutionalized 60-80 year olds in Warangal (India). Investigators reported non-significant gender difference in

death anxiety among institutionalized elders but non-institutionalized elderly men were significantly more anxious regarding death than the women. In view of slight evidence of ambiguity in findings related to which gender fears death more, Florian and Har-Even's (1984) research outcomes appear explanatory. These investigators opined that unidimensional measures of quantum of fear of death made no sense. Instead of comparing the genders quantitatively, study of qualitative differences could dispel inconsistencies in research findings. Florian and Har-Even (1984) in fact found that women more strongly feared the aspects of loss of social identity and annihilation of self associated with personal death. But men tended to be more afraid of deprivation of resources and security to the family as well as punishment in the afterlife in the event of death of self.

Marital status:

It refers to whether the individual is unmarried, married, widow / widower, separated from spouse or divorcee. Marital status was found significantly related to death anxiety among elderly people. Azeem and Naz (2015) selected a sample of 80 elderly (aged >60 years) in Pakistan. Among the 80, 40 were institutionalized and 40 were non-institutionalized. The unmarried elderly were found to be more anxious about death than those who were married or widowed. Chakravarty *et al.* (1997) worked with 119 Bengali elderly widows and reported that the majority thought about death. This thought stemmed from health problems, frustration, loneliness and financial hardships. Ghufuran and Ansari (2008) drew an incidental sample of 120 elderly (aged 60-75 years) in Varanasi city (India). It was found that seniors with spouses alive differed significantly in mean death anxiety from those whose spouses had died. The latter suffered more from death anxiety; the widows were apparently more afraid of death than the widowers. Singh and Roy (2017) selected an incidental sample of 120 adult women (aged 45-70 years; 60 married and 60 single) in Ranchi town (India). It emerged that marital status of the women impacted their intensity of death anxiety with the singles (unmarried / divorcee / widow) being more fearful of death. The pitfalls of the investigations by Ghufuran and Ansari (2008) and Singh and Roy (2017) are their use of non-probability sampling. However, it seems that being solitary tends to make individuals frightened of the process of dying.

Socio-economic status:

It is said to be an individual's economic potential and social status. It's four components are: finance; property; education; and social status. These components influence the extent of development of the individual (Meenakshi, 2004). Socio-Economic status of late adults tends to play important role in fear of death experienced by them. Cicirelli (1997) found possession of more socio-economic resources was linked with a resolve to maintain control over conditions of one's own death. Chan and Yau (2010) described the process of preparing for death among the wealthy Chinese elderly in Singapore. These seniors eagerly discussed issues pertaining to their own death. In contrast, among the less financially endowed individuals, there was a strong trust in filial piety and no personal preparation for death. Ghosh and Dey (2009) sampled 40 lower and 40 middle socio-economic status Bengalee Hindu senior citizens. All the respondents of lower socio-economic status seemed frightened of approaching death. This was plausibly because, being underprivileged, they had virtually no control over occurrence of their own death. Most middle class participants reportedly dealt with fear of death by engaging in social service and accepting death as unavoidable. But those from the lower echelons of society tended to mitigate the fear by involving themselves in religious rituals and daily chores.

Chronic physical illnesses:

These are defined as persistent or recurring health consequences lasting for years. These are illnesses or impairments that can be treated but not cured. These have major impacts on physical, psychological, and social functioning of the elderly. These illnesses often are accompanied by enduring conditions such as pain, disability, and functional limitations that contribute to poor health-related quality of life (Ekman *et al.*, 2002; Goodman *et al.*, 2013; Husted *et al.*, 2001; Wensing *et al.*, 2001). Strömberg and Jaarsma (2008) studied 145 elderly patients with heart failure in the United States of America. Their mean age was 70 years; 70% of them were males. These elders had a lot of thought about death. Fear of death did not change significantly during six months after deterioration in health. Some considered death as a relief from suffering but others were afraid of pain, dependence and indignity during the dying process. Sullivan *et al.* (1998) sampled community-dwelling and functionally-impaired aged persons in 1992 (N=632) and in 1995 (N=575). Low but stable rates of preoccupation with death and fear of death were found among them. Occasional fears about the dying process were common. Fear of death and dying were intimately related with health status of the elders. Likewise, Daaleman (2010) studied 257 community-dwelling aged persons with chronic disease; variables including physical functioning could significantly predict fear of death. Missler *et al.* (2011) selected a sample of 49 persons (aged 60-90 years) living in assisted living facility and reported that poor physical health of the respondents was associated with fear for significant others in the event of own death. In studies conducted in India (Ghosh and Dey, 2007; 2008) comprising 50 male and 50 female Bengali Hindu elderly (aged 60-80 years) almost all participants were afraid of death; the majority believed that it was best to die before becoming very ill and infirm.

Cognitive decline:

It refers to deterioration in capabilities of sensing, attending, perceiving, learning, memorizing and remembering, reasoning, creating, judging, deciding etc. In the elderly, decline in cognitive abilities occurs due to weakening of sense organs, bones and muscles, nervous system especially the brain through wear and tear. It is obvious that these indicators of aging would cause disruptions in daily lives of the elderly. They would view these as signalling the imminence of death and would feel acutely aware of it (Feldman, 2011). Pan *et al.* (2015) reported that cognitive dysfunction was associated with anxiety after carrying out a study on a sample 5557 Chinese individuals over 60 years of age. Taywade (2018) in an article opined that humans tend to fear those which they do not know. Since living beings do not fully comprehend the process and outcomes of death, they fear it. Mohammadpour *et al.* (2018) carried out a study on 330 elderly persons in Iran and concluded that anxiety over death could be accounted for by age of the elderly and aspects of perception of aging except that termed consequences and negative control. Koenig (1988) stated that the elderly who utilized intrapsychic or cognitive religious behaviours to manage stressors seemed more capable of coping with anxiety and fear over death. Such cognitive coping behaviours were crucial for the ill and infirm elderly who lacked other coping resources and power over the milieu. More investigations on cognitive decline-fear of death linkage in aged persons are required to formulate effective strategies to mitigate the fear.

Self esteem:

It may be conceived of as the evaluative aspect of self-perception. It the degree to which an individual judges herself or himself favourably. The person who tends to regard herself or himself

favourably has a general feeling of approval of what she or he perceives in herself or himself. Such a person has higher self esteem. Conversely, the person who typically considers herself or himself unfavourably has a general feeling of disapproval of what she or he perceives in herself or himself. Such a person has lower self esteem (McDavid and Harari, 1986). Self esteem is generally theorized or actually found to play important roles in different facets of human cognition, conation and emotion e.g. fear of death. Becker (1973) in his influential book posited that realization of own mortality struck immense fear in almost all individuals. To cope with this crippling fear, people generally chose to remain unaware of the possibility of own death. They embarked on quests for attaining heroism through personal achievements which boosted self esteem and left legacies behind. In this way they hoped to curb fear of death and defeat death itself. Cicirelli (2002) chose a sample of aged persons in the U.S.A. The findings demonstrated that the link between participants' self esteem and fear of death was mediated by their locus of control. Missler *et al.* (2011) noted that fear of the dying process was related with low self esteem, lack of aim in life and compromised mental well-being for a sample of 49 persons (aged 60-90 years) living in assisted living facility. Brewer (2002) worked with a sample 216 American university students aged 18-60 years. It emerged that low and high self esteem groups differed significantly in death anxiety. Significant inverse correlation between death anxiety and self esteem was found. Geurtsen (2010) sampled 110 elderly individuals (aged 60-90 years; 69 women, 41 men) in the Netherlands. It was noted that extents of social support and self esteem contributed to fear for significant others (a component of death anxiety). However, Maheshwari and Mukherjee (2017) carried out two studies with elderly pilgrims (Study 1: N=150; Study 2: N=62) in India to conclude that extent of social detachment significantly influenced fear of death but self esteem did not seem to have a discernable impact.

Locus of control:

It refers to what extent individuals believe they exert control over events in their lives or their own actions. If individuals believe that they control most of the events in their lives or their own actions then they are said to have relatively internal locus of control; they believe more in their ability, effort etc. If individuals believe that events in their lives or their own actions are largely controlled by external agencies like powerful people, luck, chance etc. then they are said to have relatively external locus of control. Locus of control is thought of as a continuum with people lying somewhere between the poles *i.e.* internal and external loci (Rotter, 1966). In an oft-cited research, Florian and Kravetz (1983) worked with a sample not of elderly persons but the much younger 18-30 year olds whose possibilities of dying were rather remote. Even such a sample generated the finding that persons attributed the fear of own death to intrapersonal, interpersonal and transpersonal outcomes of human mortality. Cicirelli (1999) selected a sample of 123 African American and 265 White American seniors aged 60-100 years. Locus of control of the elderly was found to directly impact their extents of fear of dying; participants with relatively external locus of control were reportedly more afraid of dying. Cicirelli (2002) studied a sample of aged persons in the U.S.A. It was concluded that, among other variables, more internality in locus of control helped manage fear of death experienced by the participants. Taywade (2018) reviewed researches on death anxiety in the elderly to remark that the sense of powerlessness over not being able to exercise control over one's own death led to anxiety regarding it. Ardel (2003) reported that extrinsic religious orientation increased fear of death and death avoidance; intrinsic religious orientation increased acceptance of death. More studies on the role played by locus of control in fear of death are needed.

Trait anxiety (A-Trait):

It refers to relatively stable anxiety-proneness *i.e.* the individual's consistent tendency to respond to situations perceived as threatening with elevated state anxiety (A-State) intensity (Anastasi, 1988; Spielberger *et al.*, 1970). Studies (e.g. Strömberg and Jaarsma, 2008; Daaleman, 2010) have found close link between fear of death and anxiety among the elderly. But investigations relating fear of death with trait (dispositional) anxiety of the aged are rare. Nal *et al.* (2016) reported that death anxiety was high in persons with elevated trait anxiety for a sample of 171 Turkish elderly (aged >65 years) having chronic obstructive pulmonary disease. Sinoff (2017) conducted a study in Israel and concluded that generalized anxiety among the elderly partly accounted for their fear regarding the dying process. Lehto and Stein (2009) reviewed researches to remark that death anxiety was higher in persons with clinical anxiety disorders. It was opined that generalized anxiety and death anxiety show some overlap as both embody negative emotions manifested by worry, distress, uncertainty, nervousness, discomfort etc. directed either towards dangers in general or specifically towards risk of death. Singh *et al.* (2012) worked with a sample of 120 elderly (60 residents of old age homes; 60 non-institutionalized) in a town in Andhra Pradesh (India). Variables including imminence of death were found to result in anxiety among the seniors. More investigations set in India on dispositional anxiety-fear of death relation in the elderly are required to draw definite conclusions.

Attitude towards religion:

It is defined as positive and negative responsive tendency towards various aspects of religion - nature of god, prayer and worship, formal religion, priest, future life, spiritual and spirits world (Rajamanickam, 2004). In the West, many researchers posit that the religious are less afraid of death and vice versa. For example, Cicirelli (2002) worked with 123 Black and 265 White elders (60-100 years) to conclude that greater fear of annihilation was related to characteristics including weaker religiosity. Wink and Scott (2005) tested the notion that religiosity buffers late adults against fear of death and dying. Analyzing longitudinal data (N=155) they failed to find linear relation between religiousness and fear of death as well as dying. Moderately religious seniors feared death more than those who were high or low on religiosity. It was opined that rather than religiosity per se, firmness and consistency of beliefs and practices; and congruence between beliefs and practices buffer against fear of death in old age. Besides, participants in their mid 70s (who had experienced more bereavement and illnesses) feared the dying process less than those in their late 60s. Similarly, Daaleman (2010) sampled 257 community-dwelling elders; variables *viz.*, self-reported religiosity; closeness to god; and age were found to contribute significantly to acceptance of death. However, these investigations reflect Western views on fear of death and religiosity. In a study set in India, Dhillon and Mathur (1992) concluded that the elders were more religious but more fearful of death. Ghosh and Dey (2009) studied 40 elderly each of middle and lower socio-economic status residing in Kolkata (India). It was reported that much higher percentage of underprivileged elderly tend to seek refuge in religious rituals to overcome fear of death *vis-à-vis* their middle class counterparts. It was reasoned that lower socio-economic status of the former does not allow them the luxury of adopting sophisticated measures of mitigating fear of death. Anitha and Sridhar (2014) collected data from 270 individuals aged 16-85 years (comprising Hindus, Muslims and Christians) in India. They did not find significant difference in fear of death among elderly across religious affiliations. Budhiraja and Midha (2017) carried out an investigation on a sample of 200 persons (aged 60 – 80 years) of either gender in Rohtak city (India). It emerged that spirituality and death anxiety was

inversely related pointing to the buffering that spirituality provided against fear of senescence. Ardel (2003) in her study worked with 103 community-dwelling older adults (aged >58 years). It was revealed that purpose of life rather than extrinsic or intrinsic religious orientation was positively related to elder's subjective well being and negatively associated with fear of death and death avoidance. Moreover, extrinsic religious orientation had a positive effect on fear of death and death avoidance. Intrinsic religious orientation was positively related to acceptance of death. Rate of occurrence of collective spiritual activities; and religious affiliations were positively related with fear of death and death avoidance. Neimeyer *et al.* (2004) incisively reviewed large number of investigations on the religiosity-death attitude relations. They encountered contradictory findings which they attributed to multidimensional nature of the constructs - religiosity and death anxiety; as well as diverse views on death held by different religious communities.

Social support :

It encompasses the help and support rendered by other people *i.e.* family members, relatives, neighbours, friends, acquaintances, clubs etc. The support could even be giving company, empathizing, sympathizing etc. Cicirelli (1999) carried out a study on 123 African American and 265 White American seniors aged 60-100 years. Extent of social support as perceived by the elderly was found to indirectly influence their fear of dying; among community-dwelling aged persons perceived social support directly impacted the fear of the unknown but did not appear to cast any noteworthy effect on fear of dying. Cicirelli (2002) chose a sample of aged persons in the U.S.A. The findings demonstrated that enjoyment of more social support decreased fear of death among respondents. Geurtsen (2010) sampled 110 elderly individuals (aged 60-90 years; 69 females, 41 males) in Holland. It was found that social support and self esteem accounted for extent of fear for significant others (an element of death anxiety). Investigations revealed that quality of social support mattered irrespective of whether it was received at own home or in an institution. Azeem and Naz (2015) opined that in Pakistan, the institutionalized elderly were more anxious regarding death as they were deprived of family care and support vis-à-vis their non-institutionalized counterparts. However, Singh *et al.* (2012) worked with a sample of 120 elderly (60 residents of old age homes; 60 non-institutionalized) in a town in Andhra Pradesh (India). Prevalence of psychiatric morbidity including fear of death was seemingly less among the institutionalized elderly because they enjoyed better care, kept busy in many regular activities and participated in a lot of social interactions.

Cultural context:

The term culture might be thought of as encompassing all the products and by-products of human activities. Material culture comprises the tangible products of human beings such as equipments, constructions and other artefacts. Non-material culture includes the abstract and intangible products of human activities like the languages, laws, customs, traditions, ideas and creative qualities evident in literature, architecture, art, music etc. Human culture whether material or non-material provides the milieu in which human beings exist (McDavid and Harari, 1986). The cultural milieu appears to powerfully influence human behaviours and feelings including fear of mortality. Ariès (1974) examined Western attitudes towards death and identified four distinct periods of evolution of these attitudes –i) Prior to Middle Ages (“Tamed Death”); ii) During Middle Ages *i.e.* around 12th century (“One’s Own Death”); iii) 18th century (“Thy Death”); and iv) Late 19th and early 20th centuries (“Forbidden Death”). Prior to Middle Ages, people in the Western world died at home surrounded by family and priests. There used to be a quiet acceptance of death on the part of

the dying and the family members. At about the 12th century, death became associated with judgement of the deceased based on her / his deeds. Those found to be pious and good were thought to be resurrected and attain salvation; non-believers and evil ones would remain dead. Death therefore ceased to be a common phenomenon but it became something personal. During the 18th century, in the West, acceptance of death was replaced by fear of death. Termination of life came to be regarded as undesirable; mourning became elaborate and emotionally charged. Beginning in the late 19th and early 20th centuries, death became a taboo. With the advancement of modern medical science, life was sought to be prolonged at any cost. Since 1950s, end of life began to occur mostly in hospitals where intense treatment regimes tried to delay death. From then on people started dying forlornly in impersonal settings and after lots of struggle (Ariès, 1974). Kübler-Ross (1969) termed it fearful death. In the modern Western society, the survivors are expected to quickly overcome grief; prolonged grief is considered a sign of depression (Lee, 2009). The urban industrialized societies throughout the world have largely embraced the Western model of the “Forbidden Death” but a few pockets of dying the traditional way remain. For instance, Singh (2008) carried out a case study on the *Kashi Labh Mukti Bhawan* (an institution which caters to the elderly on the verge of death) at Varanasi (India). He stated that in the Hindu belief system, death was a cultural construct. In the system, neither fear of death nor the end of mortal existence mattered. Rather death was thought of as an interlude between one life and another in a seamless journey. The individual who believed in the idea accepted death as unavoidable and bore the trauma before death as a prelude to the next life. The family members accepted and facilitated the passing on of the elderly; their grief was reduced by pre-death and post-death religious rituals which also paved the way for salvation of the deceased. Maheshwari and Mukherjee (2017) carried out two studies with elderly pilgrims (Study 1: N=150; Study 2: N=62) who were observing the ritual of *Kalpvas* at *Magh Mela* (a religious fair) in India. The authors opined that religious customs rooted in the culture played key roles in controlling the terror pertaining to death.

Concluding Remarks :

No living being exactly knows what death is yet it is unavoidable. So death is an abstract, complex but personally relevant phenomenon. This is precisely the reason why it is universally feared. Understanding the correlates of fear of death could help devise strategies to face death calmly. Survey of relevant researches reveals a few inconsistencies in findings which could be resolved through insightful reviews. Moreover, some investigations suffer from methodological shortcomings. For instance, most of the studies conducted in India are simplistic in design and execution compared with the sophisticated methodology adopted by the investigators in developed nations. So researches in India need to be methodologically sound to yield more nuanced and convincing outcomes.

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