

Thantaphobia (Death anxiety) as related to related to religiosity : A case of elderly women

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ABSTRACT

Aging is a natural phenomenon that refers to changes, which occur during the life span and result in differences in structure and function between the youth and the elderly. Today ageing is concerned world over. Inadequate support from the care givers leads to lack of moral, emotional and physical support for elderly. Apart from decline in physical and mental functioning, various other problems like non-availability of social support, absence or passing away of one spouse, loneliness, depression, fear of death, low morale etc. are faced by them. Death anxiety (Thantaphobia) refers to fear and apprehension of one's own death. It is the neurotic fear of loss of the self, which, in intense state, parallels feelings of helplessness and depression. Religiosity means faith in a power beyond herself which is expressed in worship rendered for the service of the unseen power. Present study was conducted on 60 elderly women residing in Pathankot city of Punjab state. Selected elderly women were above 65 years of age, from Hindu families, retired from their job or business and living with their spouses. Further, they were not suffering from any deadly disease and had monthly income of Rs 10,000- 20,000. Standardized scales were used to assess death anxiety and religiosity of the respondents. Findings revealed a significant relationship between religiosity and death anxiety among the women. As the level of religiosity increases, death anxiety decreases.

KEY WORDS : Aging, Death anxiety, Thantaphobia, Religiosity

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INTRODUCTION

Aging is a natural phenomenon that refers to changes, which occur during the life span and result in differences in structure and function between the youth and the elderly. Traditionally the term elderly has been referred to people who have attained certain age chronologically. Aging is an inevitable process in which physiological, emotional and mental changes are observed in declining form. It is also known as a closing period of life span. It is "moving away" from more desirable period. Kumar (1992) has stated that aging is a toilsome treadmill grinding to a tragic halt as the years pile up. It is a life spanning process of growth and development running from birth to death. It is generally associated with decline in the functional capacity of the organs of the body due to physiological transformation.

Though old age is the universal phenomenon with varying degrees of probability. It is overlooked as the fundamental aspects of social structures and social dynamics. A person's activities, attitude towards life, a

relationship to the family and the work, biological capacities and physical fitness are all conditioned by the position in the age structure of the particular society in which he lives. The term "old age" conjures up images of frustration and pity, sickness and poverty, despair and senility, warmth and responsibility. The relationship between aging and society's response are complex in the industrial society. Aging is more difficult in the rapidly changing materialistic society. The modernization plays a vital role in the aging process of an individual. The aged feels a sense of social isolation because of the disjunction from various bonds *viz.*, work relationships, and diminish of relatives and friends, mobility of children to far off places for jobs. The situation of the elderly still worsens when there is physical incapacity and financial stringency (Sheela and Jayamala, 2008).

The general characteristics of old age are physical and physiological changes. It is common to associate old age with disability. Older people are heterogeneous *i.e.*,

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extreme losses of physical and mental and social functions are often seen in old people. Yet many people continue to maintain high level of function. However, as “young-old” move in to the “old-old” category, they tend to have more health complaints and diagnosed illness. The presence and duration of the chronic diseases account for a portion of variation in the functional disability of the aged (Camacho *et al.*, 1993). The elderly people face number of problems from absence of their dependants, to ill-health, absence of social security, loss of social role and recognition, and the non-availability of opportunities for creative use of free time.

Today ageing is concerned world over. Inadequate support from the care givers leads to lack of moral, emotional and physical support for elderly. Problems faced by elderly are not from a single source. Apart from decline in physical and mental functioning, various other problems like non-availability of social support, absence or passing away of one’s spouse, loneliness, depression, fear of death, low morale etc. are faced by them.

Death anxiety (Thanatophobia) refers to fear and apprehension of one’s own death. It is the neurotic fear of loss of the self, which, in intense state, parallels feelings of helplessness and depression. Man’s awareness of his own death produces anxiety in him. Chouhan and Tiwari (2003) defined death anxiety as feeling of dread, apprehension or solicitude when one thinks of what happens after death, the process of dying or ceasing to be.

Erikson’s psychological theory, which states that people progress through a series of crises as they advance in age, suggests that in the later stages of life “ego integrity” is attained, *i.e.* a person finds meaning to and acceptance of his life. Erikson (1982) proposed that when a person reaches late adulthood, he engages in a life review. If he finds meaning or purpose in his life, he has integrity. Older people who find ego integrity have lower death anxiety as compared to those with high death anxiety. According to Ernest (1973) “not only is death anxiety real, but it is people’s most profound source of concern. This anxiety is so intense that it generates many if not all of specific fears and phobias people experience in everyday life”.

Two influential theories dominated thinking about death anxiety and fear until the late twentieth century. Freud (1939) had the first say. The founder of psychoanalysis recognized that people sometimes did express fears of death. Nevertheless, thanatophobia, as he called it was merely a disguise for a deeper source of concern.

In another fresh approach, Tomer and Grafton (1996) proposed regret theory. Regret theory focuses on the way

in which people evaluate the quality or worth of their lives. The prospect of death is likely to make people more anxious if they feel that they have not and cannot accomplish something good in life.

Death is a highly personal issue with its meaning varying from individual to individual. Everyone, must at some point, see death as a part of life. Therefore, accepting one’s death, one’s morality, is something everyone must have to face during his or her lifetime. Perhaps the most widely held attitude towards death is fear.

In other words as people live their life day to day, they suffer different degrees of death anxiety. Psychologists have attempted to understand what factors might affect the amount of death anxiety people feel. These factors include age, environment, religious faith and ego integrity, or a personal sense of fulfillment and /or self worth.

Adults in our society know fully well that death is an irreversible cessation of life processes. However, this by no means suggests that they have mastered their fears of death. Death anxiety is a complex set of concerns about death and dying. The person who is highly anxious about death does not want to think about it or be reminded of it, dreads developing a serious illness and facing the pain and stress that dying may entail, and strongly senses that life is too short (Templer, 1986).

Who is most or less anxious about death? On death anxiety scales, men tend to express less death anxiety than women do, although it is not possible that they are merely less willing to admit their fears (Hickson *et al.*, 1988). Strongly religious individuals also tend to be less afraid of death than older people (Templer, 1986). However, merely participating in organized religion does not necessarily protect adults from death anxiety. Indeed in some studies, individuals who are only somewhat religious actually fear death more than either non-believers or strong believers do, possibly has a bearing on death anxiety. Those individuals who have high self-esteem, a sense of mastery, and a sense of meaning and purpose in their lives are likely to be less anxious about death and dying than individuals who lack confidence, do not have a sense of fulfillment, or show signs of personality disturbance (Pollak, 1980).

Religion is very widespread significant social and cultural force in the life of human beings. We cannot say at what stage man has become religious. He is religious from the time immemorial. From the very beginning of human history, man is found himself submitting to some unknown powers. Rituals, sacrifices, ceremonies, singing and dancing were some of the expression of his submission. Religion may be defined as a way of life revealed in

emotional expressions and inspired by faith in God or in a “Supernatural Power” which controls and guides the action of man and the destiny of world. Man often feels that his life is incomplete and imperfect. He longs for perfection. This longing makes him to seek the help of some “Supernatural Power” which can do for him things that he cannot do for himself.

According to Clerk (1958) religion is the inner experience of the individual when he senses it beyond. This experience has some effect on behaviour, when he actively attempts to harmonize his life with this “beyond”. The word beyond here stands for a Supernatural or Supersensible force, which is felt and known.

Becoming religious is a slow and gradual process. It is the result of individual interaction with society. Individual whose internal religious and spiritual beliefs have been internalized, and have an influence on their general behaviour, values and personal world view, tend to report less death anxiety, while those whose religion serves a more social than ideological function reported greater death anxiety (Pollak, 1980).

Creetz (1968) explaining religion from a psychological perceptive asserts that the simple emotional theories of awe and confidence have been extremely popular. These theories begin with the notion of man’s inward sense of weakness and especially of his fears of death, ill fortune of all kinds and see religious practices as designed to quiet such fears. Thus, according to these theories, man turns to religion because of his weakness and awe of the cosmic forces.

Religious beliefs and behaviours have the power to moderate emotion, many religious persons turn to religion as resource in coping. Research indicates that many older persons employ religious coping in response to illness, the death of loved ones, and in anticipation of their own deaths (McFadden, 1995).

Religion and Death have been often studied together. Initial theories held that as people got closer to death, they would have more anxiety about death (Belskey, 1999). To the contrary, a number of studies that have been conducted to date provide evidence that in number of cases elderly people experience less death anxiety than younger people. The relationship between age and death anxiety is of special interest. Do adults become more and more anxious as they reach ages at which death is more probable, or do they become less anxious as they work through their fears and accept the inevitable?

The relationship between death anxiety and religious belief seems to be too complex to provide a simple pattern of findings. Historical studies suggest that religious faith and practices seem to have sometimes reduced and

sometimes increased death anxiety : Females tend to report higher death anxiety than males and a negative relationship is often seen between age and death anxiety (Hayman, 1982).

With reference to the above mentioned details, the present study was conducted to assess death anxiety in elderly females as related to religiosity, with the following objectives : to assess the death anxiety among elderly women, to examine religiosity among elderly women and to explore the impact of religiosity on death anxiety among elderly women.

METHODOLOGY

Locale of study :

The present study was conducted in the urban areas of Pathankot city in the Punjab state.

Selection of sample:

The sample for the present study consisted of 60 elderly women. The investigators personally approached the elderly, only those elderly women were retained to constitute the final sample who met the following inclusion criteria:

- They were above 65 years of age belonging to Hindu religion.
- They were retired from job or business.
- They were living with their spouses.
- They were not suffering from any deadly disease.
- Their monthly income was between Rs. 10,000-20,000.

Research instrument :

Each respondent thus selected was examined for her death anxiety and religiosity by administering the following assessment tools :

Death anxiety scale of Chouhan and Tiwari (2003) :

This scale was used to assess the death anxiety of the respondents. The scale has been designed to assess the death anxiety among adult women. The scale comprised of 20 statements ranging from high to low.

Rajamanickam’s Religious Attitude Scale by Rajamanickam (2004):

This inventory has been designed to assess religiosity of the respondents. It has six dimensions namely, Nature of God, Prayer and worship, formal religion, Future life, Priests and Spirit and Spirit world. Inventory comprised of 60 statements, well distributed over these six dimensions. Scoring was done as per the instructions given

in the manual.

OBSERVATIONS AND DISCUSSION

Table 1 depicts the percentage distribution of the respondents among various categories of death anxiety. Results showed that 43.33 per cent of female respondents had average level of death anxiety in their lives, 41.67 per cent had high level and 15.00 per cent had low level of death anxiety. While 41.67 per cent females had high death anxiety indicating that females feel more nervous on hearing anybody's death, cannot see anybody dying, become more tense at the sight of funeral and consider death as a terrific and heart thriving moment.

Table 2 represents the percentage distribution of the female respondents among various categories of religiosity. Out of total, 60.00 per cent of female respondents had

Table 1 : Percentage Distribution of the respondents among various categories of death

Sr. No.	Levels of death anxiety	Female (n=60)
1.	Low	9 (15.00)
2.	Average	26 (43.33)
3.	High	25 (41.67)

Table 2 : Percentage distribution of the respondents among various categories of religiosity

Sr. No.	Levels of religiosity	Female * (n=60)
1.	Low	17 (28.33)
2.	Average	36 (60.00)
3.	High	7 (11.67)

Table 3 : Relationship between religiosity and death anxiety among elderly women

Correlation coefficient (r)	Female (n=60)
r	-0.310*

* indicates significance of value of P=0.05

average level of religiosity, followed by 28.33 per cent in low and 11.67 per cent in high category.

Table 3 represents relationship between religiosity and death anxiety. The correlation was found to be -0.310 which is significant at 5% level of significance indicating that religiosity and death anxiety were negatively correlated with each other. This shows that in case of females with increase in religiosity there is a decrease in death anxiety.

Table 4 illustrates correlation matrix of different dimensions of religiosity. It is very much clear from the table that "Nature of God" was positively and significantly correlated with dimension "Prayer and Worship"(r=0.594), "Formal Religion"(r=0.414), "Future life"(r=0.446), "Priests" (r=0.721) and "Spirits and spirit world"(r=0.458), But negatively and non significantly correlated with death anxiety (r= -0.139). It means that with increase in above mentioned dimensions of religiosity the death anxiety in females decreases.

"Prayer and Worship was positively and significantly correlated with dimension of "Formal Religion" (r=0.368), "Priests" (r=0.431) and "Spirits and spirit world"(r=0.320), but negatively and significantly correlated with death anxiety (r= -0.381). "Formal religion" was positively and significantly correlated with "Future life"(r=0.387), "Priests" (r=0.382), but negatively and non-significantly correlated with death anxiety (r= -0.028).

Again "Future life" was positively and significantly correlated with the dimension of "Priests" (r=0.571), non-significantly correlated with "Spirits and spirit world" (r=0.306), but negatively correlated with death anxiety (r= -0.200). Whereas dimension of "Spirits and spirit world" was found to be significantly and negatively correlated with death anxiety (r= -0.301).

It is very much evident from the above results that maximum number of females were having average level of death anxiety followed by high and low, respectively. Again maximum number of females were having average

Table 4 : Correlation matrix of different dimensions of religiosity in elderly women

Variable	A Nature of God	B Prayer and worship	C Formal religion	D Future life	E Priests	F Spirits and spirit world	Death anxiety
A Nature of God	1.000	0.594**	0.414**	0.446**	0.721**	0.458**	-0.139
B Prayer and Worship		1.000	0.368**	0.188	0.431**	0.320*	-0.381**
C Formal Religion			1.000	0.387**	0.382**	0.155	-0.028
D Future life				1.000	0.571**	0.306	-0.200
E Priests					1.000	0.606**	-0.234
F Spirits and spirit world						1.000	-0.301*
Death anxiety							1.000

* and ** indicate significance of values at P=0.05 and 0.01, respectively

level of religiosity followed by low and high. Significant negative relationship existed between religiosity and death anxiety among females indicating that as the level of religiosity increases the death anxiety decreases.

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