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## Study on some factors influencing thanatophobia in the individual's elderly

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### Abstract

The study was conducted to assess some factors influencing Thanatophobia in aged individuals. The consequences found out that aged ladies confirmed better quantity of Thanatophobia and extrinsic religiosity than aged men, excessive alienated aged folks mentioned greater Thanatophobia in comparison to the ones of low alienated aged folks, and people aged folks who loved excessive own circle of relatives help had proven decrease dying tension and the vice-versa. HIV sufferers had proven considerably better dying tension than their regular elderly counterparts.

**Keywords:** Psychiatric disorders, suicide, suicide attempt, first admission, recurrent admission

### Introductions

Thanatophobia isn't formally identified via way of means of the American Psychiatric Association as a disorder. Instead, the tension a person can also additionally face due to this worry is frequently attributed to standard tension. Symptoms of thanatophobia won't be gift in any respect times. In fact, you can simplest observe symptoms and symptoms and signs and symptoms of this worry whilst and if human beings begin to consider their loss of life or the loss of life of a cherished one. This phobia has been defined as a sense of dread, tension or worry on the idea of loss of life, or something to do with dying.

According to Holland the most common symptoms of this psychological condition of thanatophobia include - *frequent panic attacks related to dying process, increased anxiety, sweating, heart palpitations or irregular heartbeats, nausea, stomach pain, sensitivity to hot or cold temperatures*. When episodes of thanatophobia begin or worsen, clients may also experience several emotional symptoms. These emotional and interpersonal symptoms may reveal - avoidance of friends and family for long periods of time, anger, sadness, agitation, guilt, and persistent worry.

Many variables were proposed to steer dying tension among the aged persons, such as-religiosity, gender, mental nation and age. Robert Kastenbaum and Ruth Aisenberg tested in element the philosophical, non-public and social implications of dying. Although aged human beings is probably anticipated to worry dying extra than the younger, Kastenbaum concludes that maximum antique human beings aren't frightened of dying. People who acquire the 8th level of improvement defined with the aid of using Erikson (19), that is, the level of Ego integration vs Despair (65+ yrs) do now no longer explicit worry however be given the inevitability of dying and haven't any remorse approximately their lives. Erikson believed that at this level of lifestyles human beings end up senior citizen, and in the event that they see their lives as unproductive, sense guilt approximately their past, or sense that they did now no longer accomplish their lifestyles goals, they end up disenchanting with their lifestyles and increase despair, regularly main to despair or hopelessness. On the alternative hand feeling achievement at this level cause he distinctive feature of wisdom, that permits someone to appearance returned on their lifestyles with a experience of closure and completeness, and additionally be given dying without worry. Death is feared maximum with the aid of using younger those who sense that they've a proper to stay to antique age. To a few volume dying is feared with the aid of using regular humans irrespective of age, however Kastenbaum's information shows that difficulty with dying and hostility towards dying are extra customary amongst younger human beings.

The psychological state is a known factor to cause higher death anxiety, especially in persons suffering from generalized anxiety disorder. It has been stated that death anxiety is probably a consequence of unresolved psychological and physical distress.

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Kesebir showed that those with higher level of humility, that is less feeling of self-importance, actually had lower levels of death anxiety. On another note, McCarthy felt that death anxiety in adults was a consequence of the struggle to psychologically separate from their parents and requiring to form an independent and individual identity. From this viewpoint, adult children struggle to psychologically separate from their parents often resulting in anxiety for death of their parent.

The protective effect of religiosity is in. In the literature, there have been reports that religiosity has a positive protective effect since one is going to meet the Supreme Being and finally be given their rewards for their life on Earth. Yet others have found it to increase the fear of death for the same reason that they will be judged in heaven for their deeds while they were on Earth, a problem cross-culturally. Gender has also been in discussion since some reports have found greater prevalence of death anxiety in males, and others describe greater death anxiety in females. So it is still unclear if gender constitutes a protective or harmful effect.

Pierce Jr *et al.* observed that Women were both a higher death anxiety and also higher extrinsic religiosity than men. Gender differences in extrinsic religiosity were partially explainable by gender differences in death anxiety. Also, gender differences in death anxiety could partially be explained by gender differences in extrinsic religiosity. They provide two alternative theoretical models of causal links: (a) women’s higher death anxiety promotes extrinsic religiosity or (b) women’s higher extrinsic religiosity promotes greater death anxiety.

Dattel and Neimeyer, opine that several researchers have reported sex differences in death anxiety, but such differences have not been systematically investigated. This

study attempts to test the generality of elevated death anxiety of women in a heterogeneous, racially mixed adult sample (h = 117). Moreover, we tested the viability of one explanation of this apparent gender difference. We statistically controlled for potential sex differences in self-disclosure or “social desirability” response bias. As predicted, women scored higher than men on the affectively oriented Death Anxiety Scale, but not on the more cognitively oriented Threat Index. However, in conflict with the emotional expressiveness hypothesis, this pattern of findings remained unchanged once we statistically controlled self-disclosure and social desirability. These findings suggest that sex differences in death attitudes are real rather than artifactual, and deserve more empirical study.

Keeping in view above facts present study was conducted to assess the contributions of gender, religiosity, and alienation, and family support in the feeling of death anxiety among elderly persons.

**Method**

**Sample and Research Tools-** The sample of the study consisted of 200 persons aged between 67 to 88 years residing in old-age homes and joint families selected conveniently. They were administered standardized tolls for eliciting responses relating to Death anxiety, to demographic characteristics, religiosity, alienation, and family support.

**Results-**Results obtained in this study have been presented in the following Table- Comparison of Mean Death Anxiety Scores of Elderly Persons Having Difference in terms of gender, Religiosity, Alienation, And Family Support.

**Table 1:** Comparison of Mean Death Anxiety Scores of Elderly Persons

Group	N	Mean Death Anxiety Score	SD of Anxiety Score	t-ratio	df	p-value
Elderly Men	127	47.30	4.02	9.5	198	<.01
Elderly Women	73	52.62	5.43			
High Religious	68	53.62	4.85	10.31	198	<.01
Low Religious	132	6.30	4.63			
High Alienation	112	53.77	4.92	11.21	198	<.01
Low Alienation	88	46.15	4.56			
High Family Support	56	45.11	3.62	13.04	198	<.01
Low Family Support	144	54.81	5.86			

Results contained in above Table make it clear that elderly woman were feeling more death anxiety (M=52.62 ± 5.43) compared to elderly men (M=47.30 ± 4.02) as the obtained t-ratio (t=9.5; df=198; P<.01) was significant beyond chance. The reason behind such finding may be that most of the elderly women in the sample were widows living helpless and hopeless life.

As regards the role of religiosity in death anxiety it was observed that high religious elderly persons showed also greater amount of death anxiety (M=53.62 ± 4.85) compared to those elderly persons who performed low religious rituals (M=46.30 ± 4.63). The mean difference was significant (t=10.31; df=198; P<.01) beyond chance.

The reason may be that high religious persons experience more nearer to God and feel themselves non-existent. They often think that at any moment the God may call them from this world. So they are often thinking dying process.

The results regarding alienation showed that elderly persons feeling high alienation had also experienced high amount of death anxiety (M=53.77 ± 4.92) compared to those feeling low amount of alienation (M=46.15 ± 4.56), and the Mean difference was significant (t=11.21; df=198; P<.01) beyond chance. The reason may be that high alienated elderly persons were seen to lost all hopes and prospects of life, most of the time think of dying process.

The results regarding the family support it was observed that

elderly persons enjoying high family support had been experiencing less death anxiety ( $M=45.11 \pm 3.62$ ) compared to those having lower or virtually no family support ( $M=54.81 \pm 5.86$ ). This Mean difference was significant ( $t=13.04$ ;  $df=198$ ;  $P<.01$ ) beyond chance. The reason behind this finding may be that in absence of adequate family support the elderly persons become tools in the hands of nature and environment having no aspiration for self. Hence they always think of dying process and becoming afraid of it.

### Conclusion

It is apparent from this examine that aged women, excessive non secular individuals, excessive alienated individuals, and people having low own circle of relatives aid had skilled more quantity of loss of life tension in comparison to their male counterparts. As the dwelling circumstance of aged individuals have become terrible to worst withinside the gift world, as a result it's far advised that on the authorities degree concrete high quality steps must be taken for the welfare of the elderly man or woman with the aid of using growing their old- age pension, and fitness care facilities. The society contributors too must display accepting mindset in the direction of the aged individuals.

### References

1. Abdel-Khalek A, Lester D. Religiosity and death anxiety no association in Kuwait. *Psychol Rep* 2009;104(3):770-2.10.2466/PRO.104.3.770-772.
2. Templer DI. The construction and validation of a Death Anxiety Scale. *Journal of General Psychology* 1970, 82(2nd half)
3. Beydag KD: Factors affecting the death anxiety levels of relatives of cancer patients undergoing treatment. *Asian Pac J Cancer Prev* 2012;13(5):2405-8.
4. Falkenhain M, Handal PJ. Religion, death attitudes, and belief in afterlife in the elderly: untangling the relationships. *J Religion Health* 2003;42(1):67–76.10.1023/A:1022216828508.
5. Dattel Andrew R, Neimeyer Robert A. Sex differences in death anxiety: Testing the emotional expressiveness hypothesis, *Death Studies* 1990;14:1-11.
6. Gonen G, Kaymak SU, Cankurtaran ES, Karslioglu EH, Ozalp E, Soygur H. The factors contributing to death anxiety in cancer patients. *J Psychosoc Oncol* 2012;30(3):347-58.10.1080/07347332.2012.664260.
7. Farley G. Chapter 6: Death anxiety and death education: a brief analysis of the key issues. In: Foyle L, Hostad J, editors. *Delivering Cancer and Palliative Care Education*. Oxford: Radcliffe 2004, 73–84.
8. Holland K. Everything You Should Know About Thanatophobia. *Healthline News Letter*, 2017.
9. Kesebir P. A quiet ego quiets death anxiety: humility as an existential anxiety buffer. *J Pers Soc Psychol* 2014;106(4):610-23.10.1037/a0035814.
10. Gallagher MW, Naragon-Gainey K, Brown TA. Perceived control is a transdiagnostic predictor of cognitivebehavior therapy outcome for anxiety disorders. *Cognit Ther Res* 2014;38(1):10-22.
11. Kraft WA, Litwin WJ, Barber SE. Religious orientations and assertiveness: relationship to death anxiety. *J Soc Psychol* 1987;127(1):93-5.
12. Lehto R, Stein KF. Death anxiety: an analysis of an evolving concept. *Res Theory Nurs Pract* 2009;23(1):23-41.
13. McCarthy JB. *Death Anxiety: Loss of Self*. New York: John Wiley & Sons 1980.
14. Pierce Jr, John D, Cohen Adam B, Chambers Jacqueline A, Meade Rachel M. Gender differences in death anxiety and religious orientation among US high school and college students, *Mental Health, Religion & Culture* 2007;10(2):143-150.