

Effect of loneliness on death anxiety among elderly people

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ABSTRACT

The society in India under the stress of industrialization and urbanization accompanied by the impact of Western style of living which is rampant in the urban areas is undergoing profound changes affecting family structure and the norms that sustained it so far. In the midst of these changes the status of the elderly people has changed considerably. The care, love and respect traditionally bestowed on them are rapidly disappearing. This is what makes the people aged. In this study Samples will be selected from elderly residing in institutionalised (50) and non-institutionalised (50) samples selected from Mysore. Objectives of the study is to understand the impact of loneliness on death anxiety among elderly residing in institutionalised and non-institutionalised homes. The outcome of the study is Institutionalised elderly people experienced higher loneliness compared to non-institutionalised elderly. Not much difference was observed among institutionalised and non-institutionalised elderly in their death anxiety.

Do not treat your parents like burden especially when they need you.

Keywords: Loneliness, death anxiety, old age and health

“The fear of death caused by the knocks of old age, which eventually turns into a cage called anxiety, is worse than death itself. The space between two heartbeats echoes the silence of this loneliness.”

-Arjun Kumar

In the Indian home elderly people are regarded as symbols of divinity and are given utmost respect as they are considered as humans of experience and ideas. Elders are considered to be wise because they have had much experience in their long lives. Many cultures view elders with respect and kindness, and depend upon them to pass down knowledge to the younger people. The elderly is the rich reservoir of family love and caring.

Old age is the closing period in the life span. It is a period when people "move away" from previous, more desirable periods-or times of "usefulness." As people move away from the earlier periods of their lives, they often look back on them, usually regretfully, and tend to live in the present, ignoring the future as much as possible.

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Older adults, make important contributions to society as family members, volunteers and as active participants in the workforce. As per the Census 2001, the elderly population account for 7.4% of total population in 2001. From 5.6% in 1961 it is projected to rise to 12.4% of population by the year 2026. The number of senior citizens is slated to grow substantially in the coming years with better quality of life and better medical services at least in the urban areas. A study by the National Commission on Population projects that senior citizens will comprise 8.3 per cent of the population by 2011, 9.3 per cent by 2016, 10.7 per cent by 2021 and 12.40 per cent by 2026.

Old age comprises "the later part of life; the period of life after youth and middle age, usually with reference to deterioration". It consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. At the same time, the WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contributions to society. Old age has a dual definition. It is the last stage in the life processes of an individual, and it is an age group or generation comprising a segment of the oldest members of a population. The social aspects of old age are influenced by the relationship of the physiological effects of aging and the collective experiences and shared values of that generation to the particular organization of the society in which it exists.

Loneliness

Loneliness is a complex and usually unpleasant emotional response to isolation or lack of companionship. Loneliness typically includes anxious feelings about a lack of connection or communication with other beings, both in the present and extending into the future. Research has shown that loneliness is widely prevalent throughout society among people in marriages, relationships, families, veterans and successful careers. It has been a long explored theme in the literature of human beings since classical antiquity. Loneliness has also been described as social pain—a psychological mechanism meant to alert an individual of isolation and motivate them to seek social connections. Loneliness is often defined in terms of one's connectedness to others, or more specifically as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way." People can experience loneliness for many reasons, and many life events may cause it, like the lack of friendship relations during childhood and adolescence, or the physical absence of meaningful people around a person. At the same time, loneliness may be a symptom of another social or psychological problem, such as chronic depression.

Death anxiety

Death anxiety is the morbid, abnormal, or persistent fear of one's own mortality. One source defines death anxiety as a "feeling of dread, apprehension or solicitude (anxiety) when one thinks of the process of dying, or ceasing to 'be'". It is also referred to as thanatophobia (fear of death), and is distinguished from necrophobia, which is a specific fear of dead or dying persons and/or things (i.e. others who are dead or dying, not one's own death or dying). Lower ego integrity, increased numbers of physical problems, and more psychological problems are predictive of higher levels of death anxiety in elderly people. It typically includes emotional, cognitive, and motivational components that vary according to a person's stage of development and sociocultural life experiences (Lehto & Stein, 2009).

Adams, et al. (2004) studied the risk factors of loneliness in older adults in independent living retirement communities and found that having a smaller social network, grieving a recent loss, and receiving fewer visitors, especially friends, were associated with loneliness.

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Duff & Hong, 1995 studied on elderly people, frequency of attending religious service was used as a variable that might affect death anxiety. The results demonstrated that the frequency of attending religious services is most significant and strongest predictor of death anxiety while the subjective importance of religion and non-social religious behaviours (private prayers, meditation) are not. It is worth nothing that simply attending religious service increases the feelings of death anxiety as compared to importance of religion of the individual.

METHODOLOGY

Statement of the problem

To study the effect of loneliness on death anxiety among elderly people residing in institutionalised and non- institutionalised homes.

Objectives of the study

1. To understand the impact of loneliness on death anxiety among elderly residing in institutionalised and non- institutionalised homes.
2. To know the difference between loneliness and death anxiety among elderly men and women residing in institutionalised and non-institutionalised homes.
3. To understand the impact of loneliness and death anxiety in elderly with spouse and without spouse residing in institutionalised and non-institutionalised homes.
4. To assess loneliness and death anxiety among pension and non-pension elderly residing in institutionalised and non-institutionalised homes.

Hypothesis of the study

1. There is significant difference in the impact of loneliness on death anxiety among elderly residing in institutionalised and non-institutionalised homes.
2. There is no significant difference between elderly men and women in their loneliness and death anxiety.
3. There is significant difference between elderly with and without spouse in their loneliness and death anxiety.
4. There is no significant difference between pension and non-pension elderly in their loneliness and death anxiety.

Sample design

Samples will be selected from elderly residing in institutionalised and non-institutionalised homes, 50 samples from institutionalised and 50 from non-institutionalised. In gender researcher selected 25 men and 25 women. The samples selected are from Mysore.

Research design

2 x 2 x 2 Factorial design

Tools

1. Perceived Loneliness Scale (L-scale): Perceived Loneliness Scale by Dr. Praveen Kumar Jha (1997) was administered to the whole sample to measure their level of loneliness (Annexure I). The L-scale consists of items which conceptualized loneliness as a unidimensional psychological state of an individual.
2. Death Anxiety by Dhar, Mehta and Dhar (1998): This test is constructed by Upinder Dhar, Savita Mehta and Santosh Dhar. Total 10 statements are there.

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Procedure of the study

The primary purpose of the research is to study the loneliness and death anxiety among elderly in institutionalised and non-institutionalised homes. In order to collect data from the elderly residing in institutionalised and non-institutionalised homes, a visit was made to the institutions and homes. This was done by administering individually by using the Loneliness scale and Death Anxiety scale. Prior to administration of the test in an institution so investigated, co-operation of the Heads/Authorities are to be taken. While visiting homes, co-operation from family members was not taken in order to make an attempt to create a healthy rapport among the elderly participants.

The process of data collection by using the questionnaire method. First, the investigator handed over the questionnaire to the participants. The procedure and purpose of the study was explained to the participants and the investigator was available to answer all the participants' questions. Subjects were supposed to be seated in a quiet place to answer the questionnaire. General information regarding age, marital status, qualification was collected from them. With the above instructions the test was administered by first giving the Loneliness scale for about 15- 20 minutes for the participant to finish. After about 5 minutes, a scale on death anxiety is given for the participant to respond. Questionnaires are returned to the investigator when they are completed. All the data and information collected are kept confidential. Precautions were taken to ensure that the subject doesn't take any help from others in giving response. Thus the data collected was tabulated and analysed through SPSS.

Statistical analysis

Mean, Standard deviation and T test will be used to analyse the data.

ANALYSIS OF RESULTS

This chapter includes the analysis of results of the data obtained in the present investigation. The data was collected from the elderly men and women residing in Institutionalised and non-Institutionalised homes in Mysore on loneliness and death anxiety.

Table-1 Correlation between loneliness and death anxiety

Group	Pearson Correlation	Loneliness	Death Anxiety
		1	.639**
Loneliness	Sig. (2-tailed)		.000
	N	100	100
		.639**	1
Death Anxiety	Sig. (2-tailed)	.000	
	N	100	100

Relationship between loneliness and death anxiety a significant and positive relationship was observed correlation. Co-efficient of .639 is found to be significant at .000 level.

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Table-2 Mean, SD, t-value of institutionalised and non-institutionalised elderly people in their loneliness and death anxiety

	Group	N	Mean	SD	df	t-value	p-value
Loneliness	Institution	50	129.7000	17.58739	98	4.797	.000
	Non-Institution	50	111.5800	20.10492			
Death Anxiety	Institution	50	5.7600	1.45069	98	1.795	.076
	Non-institution	50	5.2800	1.21286			

In loneliness a significant difference was observed between institutionalised and non-institutionalised elderly where t-value of 4.797 is found to be significant at .000 levels. From the mean values it is clear that institutionalised elderly experienced significantly higher loneliness (M=129.70) compared to non-institutionalised elderly (M=111.58).

In death anxiety a non-significant difference existed between institutionalised and non-institutionalised elderly (t=1.795; p=.076). The mean of death anxiety scores for institutionalised and non-institutionalised elderly were 5.76 and 5.28 respectively, which were statistically same.

Table-3 Mean, SD, t-value of elderly male and female in their loneliness and death anxiety

	Gender	N	Mean	SD	df	t-value	p-value
Loneliness	M	50	116.1000	21.11412	98	-2.217	.029
	F	50	125.1800	19.82854			
Death Anxiety	M	50	5.2200	1.2170	98	-2.265	.026
	F	50	5.8200	1.42414			

In loneliness not much difference was observed between male and female elderly where t-value of -2.217 is found to be significant at .029 level. From mean values it is clear that elderly female respondents experienced higher loneliness (M=125.1800) compared to elderly male respondents (M=116.1000).

In death anxiety a significant difference existed between male and female elderly (t = -2.265; p = .026). The mean of death anxiety scores for male and female were 5.2200 and 5.8200 respectively.

Table - 4 Mean, SD, t-value of elderly with spouse and without spouse in their loneliness and death anxiety

	Spouse	N	Mean	SD	df	t-value	p-value
Loneliness	With Spouse	54	109.3148	18.90874	98	-7.245	.000
	Without Spouse	46	133.9348	14.27103			
Death Anxiety	With Spouse	54	5.0741	1.28639	98	-3.810	.000
	Without Spouse	46	6.0435	1.24644			

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In loneliness highly significant differences was observed between elderly with spouse and without spouse where t-value of -7.245 is found to be highly significant at .000 level. From the mean scores it is clear that elderly without spouse experienced a higher loneliness (M=133.9348) compared to elderly with spouse (M= 109.3148).

In death anxiety highly significant difference existed between elderly with spouse and elderly without spouse (t=-3.810; p=.000). The mean of death anxiety scores for elderly with spouse and without spouse were 5.0741 and 6.0435 respectively.

Table-5 Mean, SD, t-value of elderly with pension and non-pension in their loneliness and death anxiety

	Pension	N	Mean	SD	df	t-value	p-value
Loneliness	Yes	51	116.7843	21.36756	98	-1.909	.059
	No	49	124.6531	19.78799			
Death Anxiety	Yes	51	5.2941	1.23764	98	-1.721	.088
	No	49	5.7551	1.43658			

In loneliness a significant difference was observed between pension and non- pension elderly where t-value of -1.909 is found to be significant at .059 level. From the mean score it is clear that non-pension elderly experienced higher loneliness (M=124.6531) compared to pension elderly (M=116.7843)

In death anxiety a non- significant difference existed between pension and non-pension elderly (t-value= -1.721; p=.088). The mean of death anxiety score for elderly pension and non-pension were 5.2941 and 5.7551 respectively.

SUMMARY

Main findings of the study

1. Institutionalised elderly people experienced higher loneliness compared to non-institutionalised elderly.
2. Not much difference was observed among institutionalised and non-institutionalised elderly in their death anxiety.
3. Female respondents experienced higher loneliness
4. Significant difference existed between male and female in their death anxiety.
5. Without spouse elderly people experienced higher loneliness.
6. Highly significance level was observed between elderly with spouse and without spouse in their death anxiety.
7. Significant difference was observed between pension and non-pension elderly in their loneliness.
8. In death anxiety a non- significant difference existed between pension and non-pension elderly.

Hypotheses related discussion

1. H1. Institutionalised and non- institutionalised elderly differ significantly in their loneliness and death anxiety

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Observed result of loneliness shows that elderly people who are living in institutions have experienced higher loneliness compared to those living in non-institutional homes. Statistically significant (.000) level. Significant difference existed between institutionalised and non-institutionalised elderly in their loneliness. Therefore, the formulated hypothesis is that there is significant difference between institutionalised and non-institutionalised elderly people. Hence, the formulated hypothesis was accepted related to this hypothesis reported by Chadha and Kanwara (1998) compared institutionalised and non-institutionalised elderly and found significant differences on social support, depression, and loneliness. The study also returned negative and significant correlation between social support and loneliness.

In death anxiety a non-significant score was observed between institutionalised and non-institutionalised elderly. This result is supported by the research evidence provided by Templer, Ruff & Franks, 197, studied with large sample of 2000 subjects reported a non-significant relationship between person's age and level of death anxiety.

H2 stated as "There is significant difference between elderly men and women in their loneliness and death anxiety. It is observed from the results that elderly female respondents experienced higher loneliness.

This result is supported by the research evidence provided by Balachandran et al (2007) compared alienation and life satisfaction of elderly men and women. Their results showed that elderly men experience less alienation than the elderly women, and the results were found to be significant. Both the groups did not exhibit significant differences in their life satisfaction. Research also provides support for gender differences in physical and mental health, life satisfaction and social activities of aging persons (Shirokar, 1995; Jamuna, 1996)

Another study by Kausar & Saima (2002) examined the effect of gender on death anxiety. 132 participants were interviewed using Templer death anxiety scale and Collett-Lester's fear of death scale. It was concluded that effect of gender was more pronounced using Collett-Lester's fear of death scale and women reported more death anxiety than their counterparts. This study doesn't support the results observed by elderly in their death anxiety,

H3 stated as "There is significant difference between elderly with and without spouse in their loneliness and death anxiety". These results observed by elderly in their loneliness is supported by Peters and Liefbroer (1997) studied well-being in old age in the light of a life course perspective. For this, the relationship of partner's history and marital status with loneliness was examined using data from a survey conducted in Netherlands in 1992. The sample consisted of 3390 aged people between 55 and 89 years of age. Loneliness, the variable for well-being was estimated by the 'Jong Gierveld Loneliness Scale'. The following results were achieved: (1) the well-being of older adults was not only influenced by marital status but also by aspects of their partners history; (2) the older adults who are currently not involved in a partner relationship were lonelier than the older adults with a partner; (3) loneliness increased with number of union dissolutions that older adults have experienced and decreased with the time elapsed since the last dissolution; (4) loneliness was more severe with males without a partner than for females without a partner; but no gender difference in loneliness was found among older adults with a partner; (5) no difference in 37 loneliness was found between widowed and divorced older adults; (6) the

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difference in loneliness between older adults with and without a partner was smaller for the older old than the younger old.

H4: There is no significant difference between pension and non-pension elderly in their loneliness and death anxiety. Khan (1997) studies the aspect of anxiety of relation to sex, marital status, family structure, economic hardships in two neighborhoods. The findings were: (a) 18.5% females are over concerned about day to day in comparison to only 13.3% males (b) 21% of the widow/widower as compared with 14.3% of the married subjects complained about tensions relating to their personal and other problems. (c) Worries and over concern were found in subjects (22.5%) living alone than those 13.5% living in a joint family (d) 42.4% of the subjects facing economic hardships worries more as compared to only 0.5% who have less economic hardships.

GENERAL DISCUSSION

The study shows a significant and positive relationship between loneliness and death anxiety among elderly people. The results of the study show that there is a significant difference between the institutionalized and non-institutionalized elderly people in their level loneliness and death anxiety. It also shows highly significant difference between elderly with spouse and without spouse. Whereas much difference was not observed between male and female elderly in their loneliness compared to in their death anxiety.

CONCLUSION

The purpose of the research was to study the effect of loneliness on death anxiety among elderly people residing in institutionalized and non-institutionalized homes. The study shows a significant and positive relationship between loneliness and death anxiety among elderly people. The results of the study show that there is a significant difference between the institutionalized and non-institutionalized elderly people in their level loneliness and death anxiety

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Conflict of Interest

The author declared no conflict of interest.

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