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Research Paper



Death Anxiety and Life Satisfaction among Elderly Living with Family and in Old Age Home

Kausthubha A¹*

ABSTRACT

Death anxiety and Life satisfaction plays a major role in an individual's life. Older adults may be more prone to death anxiety than their younger counterparts; however, death anxiety and Life satisfaction among older adults is not well understood. This aim of the study explores the Death anxiety and Life satisfaction among Elderly living with family and in old age home in Mysuru, Karnataka. Convenient sampling is used to collect the data, a total of 80 elderly aged 60 years and above participated in the study among which 40 elderly living with the family and 40 elderly living in old age home. The study is exploratory in nature adopt survey sample research design, and in order to collect data Templers' Death Anxiety Scale (DAS) and Satisfaction with life scale (SWLS; Diener) were used. The obtained results were analyzed using MANOVA and Pearson's Co-efficient of correlation. The findings revealed, that there is no significant difference in Life satisfaction among elderly living with family and in old age home and there is significant difference in death anxiety among elderly living with family and in old age home. The correlation results indicated that there is no significant relationship between Death anxiety and Life satisfaction among elderly living with family. And there is no significant relationship between Death anxiety and life satisfaction among elderly living in old age home. The implications and summary pertaining to the study have been discussed.

Keywords: Elderly, Death anxiety, Life Satisfaction

eath anxiety is a common phenomenon in all societies. Older adults may be more prone to death anxiety than their younger counterparts; however, death anxiety among older adults is not well understood. This study explores the Death anxiety and Life satisfaction among Elderly living with family and in old age home in Karnataka, India.

Death anxiety, often known as thanatophobia (fear of death), is anxiety brought on by thoughts of one's own mortality. People who suffer from this type of anxiety face difficulties and problems in many areas of their lives. Death anxiety is a psychological condition that can be conscious or unconscious and is brought on by a defensive mechanism that can be activated when a person feels threatened by death. Three main reasons of death anxiety were put forth by psychotherapist Robert Langs: existential, predatory, and predatory. Death

¹MSc Psychology, SDM PG Centre, Ujire, Affiliated to University of Mangalore, Karnataka, India *Corresponding Author

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anxiety can be categorised as a specific phobia even though it is not a recognised illness in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Death anxiety is linked to suicide ideation, generalised anxiety, and depression, all of which have a negative impact on a person's performance.

Anxiety of death is not only real, but it is also one of the most significant elements that affect the mental health of individual's value, and purpose and meaning in life (Vafai et al., 2011). Aging is a process associated with changes in physiological, psychological and sociological dimensions. In addition to quantitative and qualitative increasing of stress related to aging, facing with inevitable death and its' anxiety. (Alipour & Esmaili, 2013). Elders who were living in elderly home experienced undesirable emotions and feelings such as insecurity, abandonment, loneliness, lack of privacy, which leads to experience more death anxiety (MY Tse, 2007).

Numerous theorists have studied death anxiety and its effects on cognitive functioning, including Sigmund Freud, Erik Erikson, and Ernest Becker. emotional pain and uneasiness brought on by death-related memories and thoughts, particularly one's own. According to traditional psychoanalytic thinking, thanatophobia is a cover for a deeper anxiety since the unconscious cannot accept its own mortality. Later existentialists suggested that all worries originate from a fear of dying, even if it is frequently covered up. The majority of people, according to a large body of research employing self-report scales, exhibit low to moderate levels of death anxiety.

Death anxiety is a multifaceted construct. It was defined and the many manifestations were detailed. Anxiety about dying has been defined as dread of dying, fear of dying others, fear of dying oneself, and fear of dying others. Age, sex, culture, religion, physical and mental health, as well as age and sex are just a few elements that can affect death anxiety. In developmental psychology, ageing is a period that is accompanied by a number of health issues, the death of loved ones, and declining cognitive function. Older people who are closer to death may suffer dread or anxiety related to dying. If death anxiety is particularly acute, it will weaken, as individuals have not directly encountered death and live people have not.

Belski considers death anxiety as thoughts, fears and emotions which related to the event the end of life and beyond the conventional state. Death anxiety is a negative psychological reaction to the perspective of mortality (Templer et al., 2006). In recent years, death anxiety has been largely investigated. Recent bio, mental, social and theological studies have declared several factors influencing death anxiety in elderlies. Self-integrity, mental and physical difficulties, age, sex, ethnicity, life order, as well as religious prejudices, for instance, are correlated to death anxiety. Death anxiety is a term used for the apprehension produced by death awareness. It is considered now as a worldwide psychological problem for humans (Lehto & Stein, 2009). Halter & Halter claim that it encompasses the following eight dimensions: Necrophobia is followed by early death phobia, dread of losing a loved one, death phobia, fear of falling, fear of dead bodies, fear of untimely death, and fear of the dead.

Types of Death anxiety

Robert Langs distinguishes three types of death anxiety:

- Predatory Death anxiety: Predatory death anxiety arises from the fear of being harmed. Anxiety about being killed by a predator result from a fear of harm. It is the oldest and most fundamental type of death anxiety, and it has its roots in the initial adaptive mechanisms of single-celled creatures. Unicellular organisms feature self-protective, response mechanisms designed to maximise the likelihood of survival in the face of chemical and physical forms of attack or danger, as well as receptors that have developed to respond to external hazards. Numerous risky circumstances that endanger or threaten survival might trigger predatory death fear in humans. Anxiety over predatory death activates a person's compensatory mechanisms and triggers a fight-or-flight reaction, which involves making active efforts to fend off the threat or attempting to flee the dangerous circumstance.
- Predation or predator: Predation or predator death anxiety is a form that arises when
 an individual harms another, physically and/or mentally. When someone hurts
 another person physically or mentally, they can develop predator death anxiety.
 Insecurities about dying are sometimes accompanied with guilt. The perpetrator of
 harm to others then uses this remorse to drive and support a variety of self-made
 decisions and activities.
- Existential: Existential death anxiety stems from the basic knowledge that human life must end. The fundamental understanding that human life must end leads to existential death fear. The strongest type of death dread is thought to be existential. It is claimed that language has contributed to existential death fear through changes in communication and behaviour. The ability to predict the future, having a strong sense of one's own identity, and being aware of the difference between oneself and others are other factors. Humans are prone to death dread, according to existential psychiatrist Irvin Yalom, because "our existence is forever shadowed by the knowledge that we will grow, blossom, and inevitably, diminish, and die."

1.2 Life Satisfaction

The Latin term "satisfaction" implies "to make or do enough." In order to be satisfied with one's life, one must be content with or accept the circumstances surrounding it, as well as have all of their wishes and requirements for their entire life met. Life satisfaction is essentially a judgement of one's subjective life quality. Life satisfaction judgements have a significant cognitive component because it is necessarily an appraisal. Life satisfaction is a measure of a person's well-being, assessed in terms of mood, relationship satisfaction, achieved goals, self- concepts, and self-perceived ability to cope with life. People find Life satisfaction when they get older. A person's level of well-being is measured by their level of life satisfaction, which is evaluated in terms of their mood, relationship satisfaction, goals achieved, self-concepts, and self-perceived ability to cope with life. Life satisfaction is more about having a positive attitude towards one's life than it is about evaluating how one is feeling right now. Life satisfaction has been calculated in relation to a person's financial situation, educational attainment, life experiences, place of residence, and other elements.

Life satisfaction has been defined as "a person's cognitive and affective evaluations of his or her life" (Diener et al., 2002). A person's thoughts and sentiments in dangerous situations are influenced by a number of essential aspects, including life satisfaction, meaning in life, and hope. Additionally, if the threat persists for a long time and the quality of life for people begins to decline, these variables have an impact on how the present situation and the future

are assessed. People who have a high level of life satisfaction and a higher sense of purpose in life may find it easier to deal with risky abnormalities (Abrams et al., 2005; Batthyany and Russo-Netzer, 2014).

A significant component of subjective well-being is life satisfaction. Subjective well-being and life satisfaction are influenced by a variety of circumstances. Gender, age, marital status, income, and education are sociodemographic characteristics. Health and disease, functional capacity, degree of activity, and social connections are all examples of psychosocial elements.

The idea of life satisfaction in older people is crucial because it provides a broad overview of adjustment and individual adaptation. The elderly's evaluation of their past influences whether or not they are satisfied with their lives today. As the final stage of development, ageing serves to reflect on and give light on the meaning of life and how the individual has lived a life. If the person at this stage can adjust to changes and losses through reality and flexibility and spends their final years of life with a sense of self-worth, developmental growth can begin. More importantly, the person may benefit from their previous labours in the presence of their offspring, other people, or their cultural, social, and economic environment. self-esteem, gender, aging, outlook of the individual life, culture, seasonal effect, family, marriage, education, career.

The factor effecting satisfaction with life among people are:

Personality

In addition to the Big Five model, a person's chronotype also has a bearing on their level of life satisfaction; larks reported higher levels of life satisfaction than owls did. Low neuroticism was found to be the highest predictor of life satisfaction among the Big Five personality traits in a meta-analysis utilising The Big Five personality model. Life satisfaction is also predicted by openness to experiences. Life satisfaction is impacted by socialisation as well. Those who are socially active report higher levels of life satisfaction. Life satisfaction is somewhat heritable since genes have an impact on an individual's level of happiness. According to one study, there are no discernible differences in the heritability of life happiness between men and women.

• Aging

According to a widely held belief, life satisfaction and age follow a "U-shape", with life satisfaction increasing as people age and falling as they approach middle age. Other researchers have discovered no overall age trend in life satisfaction, contending that Blanchflower and Oswald's work was flawed because it used unsuitable control variables (which cannot alter an individual's age). The majority of the subjects that psychologists Yuval Palgi and Dov Shmotkin studied in 2009 were elderly in their nineties. It was discovered that this subject group had high opinions of both their past and present. However, the group's outlook on the future was mostly negative. Prior to being polled, these people were quite content with their lives, but they were not as content because they knew the end was coming.

• Life events and experiences

Self-reported levels of life satisfaction are affected and influenced by a number of variables, including each person's particular life events and experiences. These include both sudden, life- changing occurrences (like the loss of a loved one) and ongoing, daily encounters (like family strife). Harvard lecturer Tal Ben-Shahar contends in the book Happier: Learn the

Secrets to Daily Joy and Lasting Fulfilment that happiness should be one's ultimate objective and the main criterion for weighing different options. Happier advises pursuing immediate joy in methods that lead to greater long-term, meaningful satisfaction, as the subtitle of the book suggests. Ben-Shahar goes on to say that the best way to achieve both short-term and long-term happiness is to pursue genuine self-motivated goals rather than just momentary gratification or selflessness in the service of long-delayed satisfaction.

Culture

Referring to deeply ingrained societal ideals and beliefs while defining culture. Culture has an impact on psychological health. General life satisfaction and the ratio of positive to negative affect in daily life are both components of wellbeing. Culture guides the focus to various information sources while making judgements on life satisfaction, which has an impact on how subjectively well-being is assessed. Individualistic cultures focus on internal states and emotions (such as positive or negative impacts), whereas collectivistic cultures focus on external sources (such as upholding social norms or performing one's obligations).

Family

Family dynamics and living arrangements are factors that affect life satisfaction. Everyone's family influences them in some manner, making family life happiness an important topic to discuss. Most people aspire to high levels of life satisfaction, including satisfaction within their own families. The ability of family members to jointly realise their family-related ideals in behaviour has been proven in research to increase family life happiness.[38] It is crucial to look at family life satisfaction from both a "perceived" perspective and a "ideal" one for each family member. Through communication and an awareness of each family member's attitudes and perspectives, life happiness among family members grows. The family can significantly influence a person's level of life satisfaction.

1.3 Late adulthood

Late adulthood includes the years from when we turn middle-aged to when we pass away. Over the lifespan, this developmental period is the longest. This chapter will discuss the rise in the number of people who are in their late 20s and early 30s, how that number is predicted to alter in the future, and the ramifications this will have for both the United States and the rest of the world. We'll also look at several theories of human ageing, the socioemotional, cognitive, and physical changes that this population experiences, and the enormous variation among people at this developmental period. We'll also look at ageism and a number of fallacies about people in their late 20s and 30s.It starts from the time we reach our midsixties until death. This is the longest developmental stage across the lifespan, and a growing age group. According to WHO the age range of late adulthood is 60 and over.

The number of people aged 60 and older is rising globally, as a result of a drop in their mortality rate and an increase in life expectancy (Shoaib, Khan, & Khan, 2011). According to Dawane, Pandit, and Rajopadhye (2014), there are 605 million elderly people in the globe today, while Perna et al. (2012) predict that there will be 2 billion elderly people by the year 2050.

According to WHO older people are a valuable resource for any society. Growing older is a natural process that comes with opportunities and difficulties. India has 104 million senior adults (60 years and above), or 8.6% of the total population, according to the Census of 2011. Males outweigh females among seniors (60+). Seniors are forced into loneliness and neglect due to an increase in lifespan, the collapse of joint families, and social fabric. A

healthy lifestyle that includes exercise, a balanced diet, and a commitment to abstaining from alcohol, tobacco, and other addictive substances is advised. Age-related quality of life is promoted by a positive outlook and mental health.

1.4 Old age homes

A retirement home is a multi-residence living complex designed for the elderly. It is often referred to as an old people's home or old age home, while old people's home can also refer to a nursing home. Every person or couple living in the house typically has their own apartment-style room or suite of rooms. There are more facilities in the building. This can include places for socialising, eating, playing, and receiving medical or hospital care. Retirement home accommodations may be rented out, much like an apartment, or purchased outright, much like a condominium. There are now 728 old homes in India. There are 547 senior living facilities with full information available. There are 116 old age facilities that offer both free and paid services, 95 that charge a fee, 325 that do not, and 11 about which no information is available. There are 101 old homes exclusively for women and 278 houses for the elderly worldwide. The majority of India's old age homes are located in Kerala, where there are 124 of them.

REVIEW OF LITERATURE

Review of literature is to understand the work done on Death anxiety and life satisfaction. The literature review is a search and evaluation of the available literature review of in your given subject or chosen topic area. It also allows the researcher to explore the positive and negative of a study. A researcher can gain skills of identifying and analysing unbiased and valid data on the topic of the study by doing review of literature. As the present study deals with death anxiety and life satisfaction among elderly living with family and in old age home, literature regarding the effect, characteristics of several kinds of anxiety towards death and satisfaction with life was reviewed by the researcher.

The reviews are arranged in the following order:

- 2.1 Studies related to Death anxiety among elderly people
- 2.2 studies related to Life satisfaction
- 2.3 Studies related to Death anxiety and Life Satisfaction among elderly people

2.1 Studies related to Death anxiety among elderly people

According to study by Caroline Neel, Chris Lo, Anne Rydall, Sarah Hales, Gary Rodin (2016) on Determinants of death anxiety in patients with advanced cancer. The aim of the study is to examine the presence of death anxiety in patients with advanced cancer and to identify the psychosocial and disease-related factors associated with it. A total of 60 adult outpatients with metastatic breast, endocrine, gastrointestinal, gynaecological, genitourinary and lung cancer patients from Princess Margaret Cancer Centre, University Health Network, Toronto, Canada were taken part in the research through Cross-sectional analysis of baseline data from a phase 2 pilot intervention trial. The scale used is Death and Dying Distress Scale (DADDS). The findings suggest that death anxiety in patients with advanced cancer is common and determined by the interaction of individual factors, family circumstances and physical suffering. Multidimensional interventions that take into account these and other factors may be most likely to be effective to alleviate this death related distress.

According to the study by Fatima Azeem and Mahwesh A. Naz (2015) on Resilience, Death Anxiety, and Depression Among Institutionalized and Noninstitutionalized Elderly. The aim of the study is to find out the level of resilience, death anxiety, and depression among

institutionalized and noninstitutionalized elderly. Purposive sampling was used and a total of 80 elderly aged 60 years and over participated in this study. There were 40 noninstitutionalized (20 men and 20 women) and 40 institutionalized elderly people (20 men and 20 women) in the sample. Urdu translated version of State-trait Resilience Checklist (Sawar, 2005), Death Anxiety Scale (Templer, 1970), and Siddique Shah Depression Scale (Siddiqui & Shah, 1997) were administered on participants. The results revealed that noninstitutionalized elderly scored high on state-trait resilience, whereas, institutionalized elderly was having more death anxiety and depressive symptoms. Results showed no gender difference on state resilience, but elderly men had more trait resilience than elderly women. According to findings both elderly women and men had equal level of death anxiety. However, elderly women were found more depressed than elderly men.

A.V. Singh Madnawat and P. Singh Kachhawa (2017) on Age, Gender and Living Circumstances: Discriminating Older adults on Death anxiety. The aim of the study examines the effect of age, gender, and living circumstances on elderly persons' death anxiety. A total of 229 older people were participated. The scale used is Death anxiety Survey Schedule which consist of 10 questions. The result shows that those living with family have significantly higher death anxiety are not in agreement with past western studies and may reflect cultural differences in anxiety about death.

According to the study by Renu Bala, S K Maheshwari (2018) on Death Anxiety and Death Depression among Elderly. The aim of the study is to assess the death anxiety and death depression among elderly and their relationship with socio-demographic variable. A total of 100 elderly who were age of more than 60 years were participated in the study. cross-sectional survey was done to assess the death anxiety and death depression was used. The result shows that A significant moderate positive correlation was found between death anxiety and death depression. Elderly people had moderate death anxiety and death depression and both are positively correlated.

According to the study by Gokcen Gonen, Semra Ulusoy, Eylem Sahin Cankurtara, Ersin Hatice Karsl Hatice Karslioglu, Elvan Ozalp and Haldun Siygur (2012) on The factors contributing to Death anxiety in Cancer patients. The aim of the study was to investigate the relationship between death anxiety and its correlates in cancer patients. A total of 70 patients were participated. The scales used were Templer's Death Anxiety Scale, the Hospital Anxiety (A) and Depression (D) Scale, the Distress Thermometer, the Visual Analogue Scale for pain (VAS), the Global Assessment of Functioning, and Glock and Stark's Dimensions of Religious Commitment scales, and these assessments were compared between cancer patients with and without death anxiety. The result showed Axis I psychiatric diagnosis, pain scores, and negative believes about what will happen after death were found to be higher in patients having death anxiety than patients not having death anxiety. Also, life expectancy was perceived as shortened in patients with death anxiety. Death anxiety was associated with anxiety, depressive symptoms, and beliefs about what will happen after death.

According to study by Zahra Zahedi Bidgoli, Zahra Tagharrobi, Zahra Sooki, Khadijeh Sharifi (2020) on Death Anxiety and Its Predictors Among Older Adults. The aim of the study is to assess death anxiety and its predictors among older adults during and after hospitalization. A total of 241 hospitalized patients aged ≥60 years and cross-sectional study was conducted. The scale used were Death Anxiety Contributing Factors questionnaire, the Templer Death Anxiety Scale, the Life Satisfaction Index-Z Scale, and the Spiritual Well-

Being Scale. The statistical results showed that Approximately 17.7% of the total variance of death anxiety at T1 was explained by the number of hospitalizations, satisfaction with hospital staff's performance, and spiritual well-being. The significant predictors of death anxiety at T2 were marital status, satisfaction with hospital staff's performance, children's gender, satisfaction with bed arrangement, age, and the number of hospitalizations, which explained 32.1% of the total variance. Older adults suffer from moderate death anxiety during and after their hospitalization due to various factors.

2.2 Studies related to Life Satisfaction

Latha KS, Sahana M, Mariella D, Subbannayya K, Asha K, (2013) on Factors Related to Life satisfaction, Meaning of life, Religiosity and Death Anxiety in Health Care Staff and Students: A Cross Sectional Study from India. The aim of the study examines the relationship between five dimensions of attitude toward death (fear of death, death avoidance, neutral acceptance, approach acceptance, and escape acceptance), death anxiety, life satisfaction and meaning, religiosity and selected personal factors among health care staff and students in three teaching hospitals. A total of 230 adolescents and adults both sexes who were willing participated. Diener et al Satisfaction with Life, Steger et al Meaning of Life Questionnaire; Templer's Death Anxiety Scale, Wong's Death Attitude Profile-R and a religious attitude scale were administered. Findings showed students' search for meaning was higher than faculty. An unusual finding of higher Approach acceptance death attitude in students emerged. Correlation analysis revealed that presence of meaning was related to greater life satisfaction in both groups. Faculty's search for meaning was positively associated with negative death attitudes and surprisingly one positive death attitude. Death anxiety was more with faculty's advancing age, and was also more when both groups held negative death attitudes.

According to the study by Neal Krause (2004) on Lifetime Trauma, Emotional Support, and Life Satisfaction Among Older Adults. The aim of the study is to examine the relationships among lifetime exposure to traumatic events, emotional support, and life satisfaction in three cohorts of older adults. A total of 1518 sample of older people were participated. The scales used are Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961), Lifetime trauma (Wheaton, Roszell), and Hall (1997), Turner and Lloyd (1995), Social support (Krause 1995). The findings suggest that exposure to lifetime trauma is associated with less life satisfaction in all three age cohorts. The data further reveal that emotional support offsets the effects of trauma on feelings of life satisfaction in the old-old and the oldest–old. The stress buffering properties of emotional support were especially evident in the oldest–old cohort.

According to the study by Shahab Papi, Maria Cheraghi (2021) on Multiple factors associated with life satisfaction in older adults. The aim of the study is to assess multiple factors associated with life satisfaction in older adults in Qom city, Iran. A total of 679 older adults through convenience sampling method and a descriptive-analytical study was used to collect the data. The results showed a significant relationship of job and education with life satisfaction. The results also showed that social support and daily activities significantly predict the level of life satisfaction, and the dimensions of health and cognitive status have a larger share in predicting the satisfaction of older adults' life.

According to the study by Sevilay S. Celik Yusuf Celik, Neset Hikmet, and Mahmud M. Khan (2017) on Factors Affecting Life satisfaction of Older adults in Turkey. The aim of the study to examine the determinants of life satisfaction of older adults in Turkey. The sample consisted of 2,959 older adults over 65 years. The effects of psychological, daily life and

instrumental activity, physical health and health status, and other important variables on life satisfaction were analysed. The variables lessening life satisfaction for older adults included poverty, a lower self-reported health status, a decline in physical health, ability to chew, ability to do household activities, and an increase in feelings of depression and feeling social withdrawn. In contrast, being married, having a higher education level, and having an income-generating work increased life satisfaction among older adults.

According to the study by Huang Yunong (2012) on Family relations and life satisfaction of older people: a comparative study between two different hukous in China. The aim of the study examined the relationships between family relations and life satisfaction between the two groups of older people with different hukous in Putian, Fujian, China. A total of 532 valid questionnaires, 263 and 269 being filled in by older people with agricultural and nonagricultural hukous, respectively, were obtained. Bivariate analyses indicated that five factors were correlated significantly with life satisfaction for both groups of older people. The results of hierarchical regression analyses showed that when controlling for sociodemographic variables, filial support was associated with life satisfaction for both groups of older people; satisfaction with family support and filial discrepancy was only associated with life satisfaction among older people with agricultural hukous; family harmony only contributed to explaining life satisfaction among older people with non-agricultural hukous. The present study confirmed some previous empirical findings, which indicated the importance of family relations to older people's lives, and extended our understanding about the correlates of life satisfaction for the two groups of older people with different hukous in China.

According to the study by Christel Borg, Ingalill R Hallberg, Kerstin Blomqvist (2005) on Life satisfaction among older people (65) with reduced self-care capacity: the relationship to social, health and financial aspects. The aim is investigating life satisfaction and its relation to living conditions, overall health, self-care capacity, feeling lonely, physical activities and financial resources among people (65) with reduced selfcare capacity. A total of 522 persons was selected from a randomly selected cross-sectional survey using a modified form of the Older Americans' Resources Schedule and Life Satisfaction Index Z. the result showed that Low life satisfaction was found among women, as well as those living in special accommodations. Gender and living conditions did not explain life satisfaction whilst poor overall self-reported health and poor financial resources in relation to needs had the strongest explanatory value. Also of significant importance were loneliness, the degree of reduced self- care capacity and feeling worried.

2.3 Studies related to Death anxiety and Life Satisfaction among elderly people

According to the study by Khadijeh Roshani (2012) on Relationship between religious beliefs and life satisfaction with death anxiety in the elderly. The aim of the study is to investigate the relationship between religious beliefs and life satisfaction with death anxiety in the elderly. A number of 120 elderly people were selected as the participants using cluster sampling method.

The scales used are Arian's Religiosity Questionnaire, Satisfaction with Life Scale and Collet Lester's Fear of Death Scale were used to collect the data. Pearson correlation formula and multiple regression analysis were run to analyse the data. The results showed a negative correlation between religious beliefs and death anxiety as well as between life satisfaction and death anxiety in the elderly. The results of regression analysis revealed that, from among the predictive variables, life satisfaction was the best predictor of death anxiety.

According to the study by Silvi Jose, Nancy George, and Garcia Dante (2018) on Life satisfaction as a predictor of death anxiety among the elderly people. The aim of the study is to examined the possible predictive factor of death anxiety among the selected elderly Filipinos. A number of f 152 of both sexes, ages between 60-75 were participated. The scale used are Diener's Satisfaction with Life Scale and Templer's Death Anxiety Scale were used to measure the variables. The study showed that the elderly people with high level of life satisfaction experiences comparatively low level of death anxiety and vice versa. A regression analysis of the data showed that life satisfaction, 37% alone contribute the variance in the death anxiety of elderly people.

According to the study by Jiaxi Zhang, Jiaxi Peng, Pan Gao, He Huang, Yunfei Cao, Lulu Zheng and Danmin Miao (2019) on Relationship between meaning in life and death anxiety in the elderly: self-esteem as a mediator. The aim of the study explores the relationship between meaning in life, self-esteem, and death anxiety in senior citizens in China. A total of 283 older adults participated in this study; data were collected. The scale used are Meaning in Life Questionnaire, the Rosenberg Self-Esteem Scale, and the Death Anxiety Scale. It was found that the dimensions of meaning in life, presence of meaning, search for meaning and self- esteem were each negatively correlated with death anxiety. Regression analysis reveals that meaning in life significantly predicted self-esteem and death anxiety.

According to the study by Leila Shirkavand, Abbas Abbaszadeh, Fariba Borhani, Somayeh Momenyan (2018) on Correlation between spiritual well-being with satisfaction with life and death anxiety among elderlies suffering from cancer. The aim of the study the correlation between spiritual well-being with life satisfaction and death anxiety among patients enduring cancer at major hospitals in Tehran. A total of 185 elderly were participated a through convenience sampling method using a demographic questionnaire, spiritual well-being scale (Ferry and Dollman), satisfaction with life scale (SWLS; Diener), and death anxiety scale (Templer). The finding shows that there is a positive significant relationship between spiritual well-being and life satisfaction. In addition, there was seen a significant inverse relationship between death anxiety and spiritual well-being. As a result, the individuals with higher spiritual well-being would experience less death anxiety.

According to the study by Omnia Ali Abd EL-Haleem Hassan, Nadia Mohamed Hassan, Maha Mohamed El Sayed Gaafar (2019) on Relationship between Purpose in Life and Death Anxiety among Elderly Home Residents. The aim of the study to determine relationship between purpose in life and death anxiety among elderly home residents. A total of 66 out of 99 elderly persons residents in governmental elderly home in Dakahlia governorate, in Tanta city and in Ras El-Bar city were included in the study. A descriptive correlational research design was used. The scale used were: Mini Mental State Examination, Purpose in Life test, Death anxiety scale, Socio-demographic & clinical data structured interview schedule was used to collect the data. The results showed Sixty percent of the elderly home residents had a definite purpose in life and 72.7% had low death anxiety. Also, there was negative significant correlation between purpose in life and death anxiety among residents of elderly homes.

According to the study by Khalid Khayat Biyuk Tajri Sara Bashng, Saeed Malih Al-Zakrini (2018) on Mediation the role of Life satisfaction in relationship between Personality factor and death anxiety in the elderly. The aim of the study was to examine the mediating role of life satisfaction in the relationship between personality factors and death anxiety in the elderly. A total of 234 (150 men and 84 women) elderly over the age of 60 were randomly

selected. Data were collected using Templer Death Anxiety (TDAS), Satisfaction with Life Scale (SWLS), and NEO Five Factor Inventory (NEO-FFI). The finding showed each of the variable of Life satisfaction and agreement had a direct and negative relationship with death anxiety. Also, the results showed that each of the variable of neuroticism and conscientiousness had a direct and positive relationship with death anxiety. Other findings of the study suggested that neuroticism, extraversion, flexibility and agreement were indirectly related to death anxiety through life satisfaction.

2.4 Summary

The reviews are collected for collected for the present study is related to Death anxiety, life satisfaction among the people of various age groups, and also how these variables are interconnected and how they affect each other. The literature focus on, what is the impact of death anxiety and life satisfaction among different population. The researches and articles help the researcher to work on to understand how death anxiety and life satisfaction play a significant role in individual's life, and death anxiety affect the various of individuals life.

Rationale for the study

People may experience various types of fear in their life. Experience of fear events may affect significant areas of one's life. Death anxiety and Life satisfaction are the two important factors which may play a great role in individual life. So, the present study will help us provide necessary information about fear of Death and Satisfaction level of Life among both elderly living with family and in old age home.

METHODOLOGY

This Chapter consists of aim, research questions, objectives, participants, samples, tools, research design, procedure and the statistical analysis used in the research.

Aim: To study the Death anxiety and Life satisfaction among elderly living with family and in old age home.

Research questions

- 1. Is there a significant difference in life satisfaction among Elderly living with family and in old age home?
- 2. Is there a significant difference in Death anxiety among Elderly living in old age home and in old age home?
- 3. Is there any relationship between Death anxiety and life Satisfaction among Elderly living with family?
- 4. Is there any relationship between Death anxiety and Life satisfaction among Elderly living in old age home?

Objectives

- 1. To find out the significant difference in Death anxiety among Elderly living with family and in old age home.
- 2. To find out is there any significant difference in Life satisfaction among Elderly living with family and in old age home.
- 3. To find out the significant relationship between Death anxiety and life Satisfaction among Elderly living with family.
- 4. To find out the significant relationship in Death anxiety and Life satisfaction among Elderly living in old age home.
- 5. To explore the results obtained from quantitative data.

Hypothesis

- Ho 1. There is no significant difference in Life satisfaction among elderly living with family and in old age home.
- Ho 2. There is no significant difference in Death anxiety among elderly living with family and in old age home.
- Ho 3. There is no significant relationship between Death anxiety and Life satisfaction among Elderly living with family.
- Ho 4. There is no significant relationship between Death anxiety and Life satisfaction among Elderly living in old age home

Variables

Independent Variable

- Elderly living with family
- Elderly living in old age home

Dependent Variables

- Death Anxiety
- Life Satisfaction

Sample Description

Convenient sampling method was adopted to select the sample. The sample for the study consists of 80 elderly people (40 living with family and 40 living in old age home). Participants are aged from 60 and above who are living with family and in old age home in Mysuru, Karnataka hailing from different Socio-economic statuses.

Inclusion Criteria

- Individual age range above 60 and above
- Both urban and rural elderly people
- Individuals who are living with family and in old age home are included
- Individual who are rescinding in Mysuru

Exclusion Criteria

Elderly with severe mental illness, cognitive impairment and physical illness were excluded.

Operational Definition

- Death anxiety: It refers to fear of death. An emotional distress and insecurity aroused by reminders of mortality, including one's own memories and thoughts of death.
- **Life satisfaction:** It is the degree to which a person positively evaluates the overall quality of his/her life as a whole. In other words, how much the person likes the life he/she leads. Life satisfaction has been defined as "a person's cognitive and affective evaluations of his or her life".

Tools

Satisfaction with Life Scale (SWLS): The scale was developed by Diener et al. (1985) to measure satisfaction with life. It consists of 5 items on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). Reliability of the scale was calculated using

Cronbach alpha formula and split-half method, which yielded reliability coefficients of 0.82 and 0.81 and Construct validity is used respectively. *Scoring*

- 31 35 Extremely satisfied
- 26 30 Satisfied
- 21 25 Slightly satisfied
- 20 Neutral
- 15 19 Slightly dissatisfied
- 10 14 Dissatisfied
- 5 9 Extremely dissatisfied

Death anxiety scale (DAS): This scale was developed by Donald Templer in 1970 (Templer, 1970). It was used to measure an elder's score of death anxiety. It includes 15-item scale rated as true or false. Reliability of the test is 0.86 with Face validity. The classification for questions 1, 4, 8, 9, 10, 11, 12, 13 and 14 is that: for choosing true giving number 1 and 0 for the false. While questions 2, 3, 5, 6, 7 and 15 giving 0 for choosing the true and 1 for the false.

This scale was classified as follows:

- 0 indicates absence of death anxiety
- Below 4 indicates low death anxiety
- (5-10) show Moderate death anxiety
- (11-15) indicates High Death anxiety

Research design

The study is exploratory in nature. The research design adopted in this study is sample survey method. Questionnaire are used to collect the quantitative data, and the data was later analyzed using norms and appropriate statistical tools.

Tabular representation of research design

Phase	Procedure	Product
Quantitative data collection	Administering Questionnaire through survey method regarding the experience of Death anxiety and life satisfaction.	Numerical data
Quantitative data analysis	Descriptive statistics and inferential statistics	Graphical and tabular representation
Inferential of analyzed data	Explanation of obtained quantitative data	Discussion, suggestion and recommendation for further research studies.

Procedure

A good rapport was established and Participants was explained about the purpose of the present study. Before giving the questionnaire, written consent was taken from the participant. Demographic details were taken from the participants. The participants will be approached by the researcher through giving questionnaire to fill it with clear instruction and explanation of the questions which is translated in Kannada. They will be explained about the purpose of the study clearly before the questionnaire begins. And also, the participant's willingness to participate in the study will be ascertained. After collecting the data, the data

was analysed using SPSS. On the basis of the result retrieved through SPSS, the results were interpreted.

Statistical Analysis

Descriptive statistics

- Mean
- Standard deviation

Inferential statistics

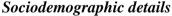
- MANOVA to find out the significant difference in Death anxiety and Life satisfaction among Elderly living with family and in old age home.
- Pearson's product moment coefficient correlation to find out the relationship between Death anxiety and Life satisfaction among middle and late adults) was done using SPSS (Statistical Package of Social Sciences).

Ethical considerations

- 1. Research was undertaken after the approval taken from the department of the institution
- 2. Each participant will be explained the purpose of the study
- 3. Informed consent will be taken from every participant before filling the questionnaire.
- 4. Confidentiality and privacy will be maintained regarding the identity of the participant.
- 5. Researchers bias will be avoided the study
- 6. Data collected will be used only for the research purpose

RESULT AND DISCUSSION

The data obtained were analyzed using MANOVA and Pearson Co efficient of correlation. The MANOVA was used to understand the significant difference in Death anxiety and Life satisfaction among elderly living with family and in old age home. The Co-efficient of correlation between Death anxiety and Life satisfaction was obtained through Pearson's Co-efficient of correlation.



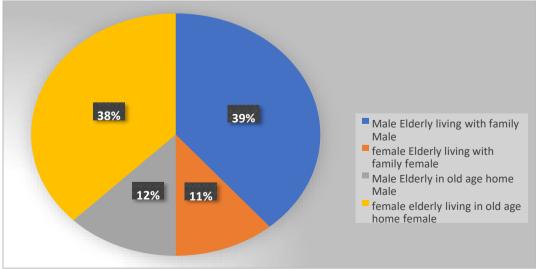


Figure 4.1: Percentage of elderly people living with family and in old age home across gender

Pie chart of the samples revealed that, among elderly living with family 39% are Males and 11% are Females. Elderly living in old age home 12% are Males and Females are 38% who are participated in the study.

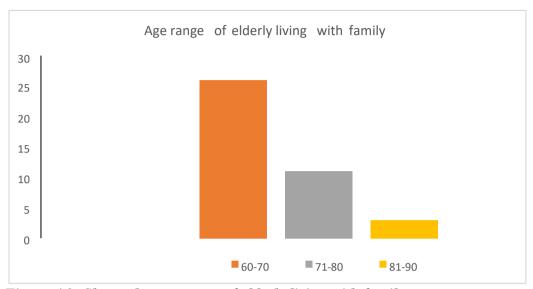


Figure 4.2: Shows the age range of elderly living with family

Bar graph revealed that, among 26 Late adults are within the age range of 60-70, 11 of late adults are within the age range of 71-80 and 3 of late adults are within the age range of 81-90 were participated in the study.

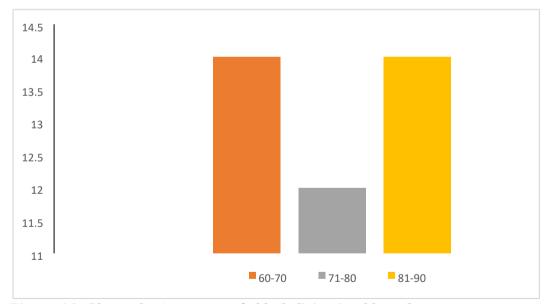


Figure 4.3: Shows the Age range of elderly living in old age home.

Bar graph revealed that, among 14 Late adults are within the age range of 60-70, 12 of late adults are within the age range of 71-80 and 14 of late adults are within the age range of 81-90 were participated in the study.

Table 4.1 Normality test of the variables Death anxiety and Life Satisfaction among elderly living with family and in old age home.

Tests of Normality							
	grouping variable	Kolmogorov-Smirnov ^a		Shapiro-Wilk			
		Statistic	df	Sig.	Statistic	df	Sig.
Life	with	.095	40	.200*	.977	40	.573
Satisfaction	family						
	old age home	.081	40	.200*	.981	40	.724
Death Anxiety	with family	.163	40	.009	.956	40	.122
·	old age home	.118	40	.165	.964	40	.222

^{*.} This is a lower bound of the true significance. a. Lilliefors Significance Correction

Shapiro-Wilk test of normality was conducted to check if the chosen sample was normally distributed. When the data is normally distributed, there occurs a bell curve and the sample is skewed positively from left to right. Normality test is conducted to check the normality which decides the further course of action of choosing either a parametric test or non-parametric test. If P>0.05, then the data is normally distributed. According to the Shapiro-Wilk's test of normality, it is found that the df value is 40 with the significant value of .573 and .724 (p>0.05) on Life satisfaction among elderly living with family and in old age home which indicates the data falls under Normal Probability curve and significant value of .122 and .222 (p>0.05) on Death anxiety among elderly living with family and in old age home which indicates the data fall under Normal Probability curve.

Table 4.2: Descriptive statistics of Life satisfaction and Death anxiety among elderly living with family and in old age home.

	grouping variable	Mean	Std. Deviation	N
	with family	25.7500	4.79182	40
life satisfaction	old age home	24.3000	6.17356	40
	Total	25.0250	5.53922	80
	with family	6.9250	2.18840	40
death anxiety	old age home	5.9250	1.85897	40
	Total	6.4250	2.07928	80

Table 4.3: Significant difference in Death anxiety and life satisfaction among elderly living with family and in old age home.

	Variable	Sum of squares	df	Mean square	F value	p value
Elderly living with family Elderly living in old age home	Life satisfaction	42.050	1	42.050	1.377	.244
Elderly living with Family Elderly living in old age home	Death anxiety	20.000	1	20.000	4.852.	0.31

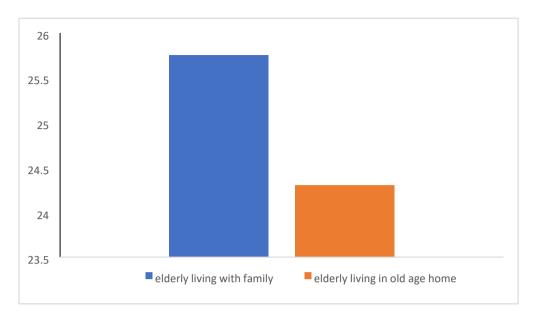


Figure 4.4: Mean scores on Life satisfaction among elderly living with family and in old age home.

From Table 4.2 Among Elderly living with family shows higher Life satisfaction than elderly living in old age home with a mean score of 25.7500 and 24.3000 respectively. The total mean of 6.9250 and 5.9250 in Death anxiety among elderly living with family and in old age home.

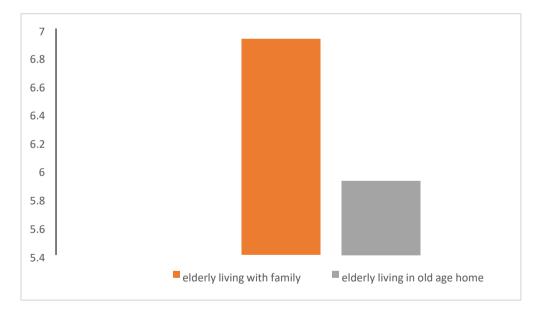


Figure 4.5: Mean scores on Death anxiety among elderly living with family and in old age home.

Table 4.3 shows the results that, there is no significant difference in Life satisfaction among elderly living with family and in old age home was tested using MANOVA. As observed from the above table, the obtained p value is .244 (p>0.05) indicates that there is no significant difference in Life satisfaction among elderly living with family and in old age home.

Null hypothesis stating that, there is no significant difference in Death anxiety among elderly living with family and in old age home. As observed from the above table, the obtained p value is 0.31 (p<0.05) indicates that there is a significant difference in death anxiety among elderly living with family and in old age home. Hence Null hypothesis is rejected. The current findings were contradicted to the study done by Silvi Jose, Nancy George, and Garcia Dante (2018) the results showed that the elderly people with high level of life satisfaction experiences comparatively low level of death anxiety and vice versa. A regression analysis of the data showed that life satisfaction, 37% alone contribute the variance in the death anxiety of elderly people.

Table 4.4: Karl Pearson Co-efficient of correlation between a Death anxiety and Life Satisfaction among elderly living with family

	Life satisfaction	Death anxiety
Life satisfaction	1	.133
Death anxiety	.133	1

The hypothesis stating that there is no significant relationship between death anxiety and life satisfaction among elderly living family was tested using Pearson Co- efficient of correlation. The r value is .133 which is not significant. Hence the null hypothesis is accepted which states that there is no significant relationship between death anxiety and life satisfaction among elderly living family.

Table 4.5: Karl Pearson Co-efficient of correlation between a Death anxiety and Life Satisfaction among elderly living in old age home.

	Life satisfaction	Death anxiety
Life satisfaction	1	197
Death anxiety	197	1

The hypothesis stating that there is no significant relationship between death anxiety and life satisfaction among elderly living in old age home was tested using Pearson Co- efficient of correlation. The r value is -.197 which is not significant. Hence the null hypothesis is accepted which states that there is no significant relationship between death anxiety and life satisfaction among elderly living in old age home.

SUMMARY AND CONCLUSION

This chapter contains brief summary of the present research work, major findings, conclusions, implications, limitations, and scope for further research.

Summary of the study

The present study was undertaken to study the Death anxiety and Life satisfaction among elderly living with family and in old age home. Elderly living with family and Elderly living in old age home is the independent variable; Death anxiety and Life satisfaction are the dependent variable. The sample consist of 80 elderly people is participants. Simple Purposive sampling technique was used to collect the data. The sample survey research design was adopted in this study. The participants who are in the age range of 60 and above years were included in the study. Sample is collected from the Mysuru District, Karnataka. The tool used were Templer's Death anxiety Scale (DAS) developed by Donald Templer in 1970 is used to assess the level of death anxiety and Satisfaction with Life Scale (SWLS) developed by Diener et al. (1985) to measure satisfaction with life. The obtained results

were analyzed using MANOVA and Pearson's Co efficient of correlation. The finding suggested that there is no significant difference in Life satisfaction among elderly living with family and in old age home and there is significant difference in death anxiety among elderly living with family and in old age home. The correlation results indicated that there is no significant relationship between Death anxiety and Life satisfaction among elderly living with family. And there is no significant relationship between Death anxiety and life satisfaction among elderly living in old age home.

Hence the null hypothesis is accepted.

Major Findings

- The results shows that there is no significant difference in Life satisfaction among elderly living with family and in old age home.
- The results shows that there is no significant difference in Death anxiety among elderly living with family and in old age home.
- The results shows that there is no significant relationship between Death anxiety and Life satisfaction among elderly living with family.
- The results shows that there is significant relationship between Death anxiety and Life satisfaction among elderly living in old age home.

CONCLUSION

The present study was conducted to study Death anxiety and life satisfaction among elderly living with family and in old age home. Elderly living with family and Elderly living in old age home is the independent variable; Death anxiety and Life satisfaction are the dependent variable. The variable was tested by formulating null hypothesis. The major findings of the study shows that there is no significant difference in Life satisfaction among elderly living with family and in old age home and there is significant difference in Death anxiety among elderly living with family and in old age home. And the correlation results indicated that there is no significant relationship between Death anxiety and Life satisfaction among elderly living with family. There is no significant relationship between Death anxiety and Life satisfaction among elderly living in old age home. Hence the null hypothesis is accepted.

Limitations

- The data of the study was collected mainly from the state of Mysuru, Karnataka caution has to be exercised while generalizing the findings.
- Since, questionnaire method is the only tool used for data collection; the study got limited to the provide set of questions and restricts vast exploration. • The sample size
- Only quantitative method is used for the study.

Implication of the study

The findings of the study offer valuable insight into the relationship between Death anxiety and Life satisfaction and provide awareness about condition and issues that elderly people are facing both living in old-age homes. So, the insight gained from this study can used to develop intervention which aims to tackle anxiety towards death. And enhance Death anxiety and Satisfaction with life among elderly people. It helps to understand the life style and quality of living for psychologist, care taker and social workers.

Scope for the study

- Further study can be done by considering, the large population for the study. And in different geographical locations.
- The study can be done comparing by male and female of elderly people.
- Qualitative research can be done for improving the quality of paper.

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Conflict of Interest

The author(s) declared no conflict of interest.

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