

Research Paper

Impact of 'Status' and 'Gender' on Death Anxiety, Life Orientation and Life Satisfaction

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ABSTRACT

This study explores how gender and status influence death anxiety, life orientation, and life satisfaction. We hypothesized that both gender and status would significantly affect these aspects of psychological well-being. Participants were grouped by gender (male and female) and status (institutionalized and non-institutionalized). The findings showed that males and institutionalized individuals reported higher life satisfaction. Interestingly, the effects of gender and status on life satisfaction were independent of each other. For life orientation, while gender and status alone did not show significant effects, their combined impact was noteworthy, indicating a unique interaction between these factors. Regarding death anxiety, females and non-institutionalized individuals experienced higher levels, with gender and status independently affecting this anxiety. These results highlight the need to consider both the separate and combined effects of gender and status when addressing psychological well-being, suggesting that interventions should be tailored accordingly.

Keywords: *Death Anxiety, Life Orientation, Life Satisfaction, Gender, Status*

The psychological study of death anxiety, life orientation, and life satisfaction has garnered significant interest due to its implications for understanding human behaviour and well-being. These constructs are influenced by a multitude of factors, among which 'status' and 'gender' play pivotal roles. This paper explores the complex relationship between the status and gender of elderly people and their levels of life satisfaction, life orientation, and death anxiety, emphasizing the mediating impact of health, income, and social support. This topic is an outcome of the increasing awareness of the psychological welfare of the elderly. Due to demographic changes, the proportion of elderly people in the general population has been steadily rising and is predicted to continue to rise. Thus, the elderly are becoming a growing concern for the general public, as well as theorists in social and clinical psychology. There has also been increasing interest in the socioeconomic factors affecting psychological well-being, and a growing acceptance of the

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life span model, emphasizing the importance of considering and understanding the entire life span. Most of the existing literature on the anxiety and bereavement of the elderly has been qualitative, focusing on emotional coping with bereavement resulting from the death of peers, or on the subjective perceptions of coping strategies and their effectiveness. Primarily, this body of literature suggests that the elderly as a group, and especially elderly women, experience a higher level of death anxiety than younger people and use avoidance coping in attempting to deal with death and their anxiety about it. This can have detrimental effects on mental health, as neurotic fear of death is correlated with inferior mental health in the elderly. The effects on the life satisfaction of survivors following bereavement have been less studied, particularly in the context of the comparison between men and women. High levels of death anxiety and avoidance coping are likely to be linked with negative perceptions of life satisfaction. As yet, there is little research about the psychological distress suffered by people who are expecting their own deaths due to terminal illness and approaching old age, as opposed to bereaved survivors. This research is still theoretically included in the study of bereavement and loss. High death anxiety can be associated with a fear for one's own survival, and avoidance coping may be disrupted by intrusive thoughts concerning personal mortality. However, considering the increased anxiety of a terminally ill patient and the bereavement of survivors as similar phenomena is overgeneralization and may not be appropriate. This then leads to further destabilization of psychological health in that these individuals feel that they have less to lose in comparison with the past and that they have little control over their life circumstances. This is reflected in patients diagnosed with terminal illnesses. This vulnerable population, usually at the end of their career and older aged, suffer from loss of esteem/status and have ultimately lost a lot of control over their life due to illness (Dormandy, 1995). This can be seen as a similar case to someone having regressed in status. Dormandy's observations reveal that these patients display greater death anxiety, and measures of morale are generally low (Ward, 1987). This bandwidth of human reaction to the idea of mortality, from death anxiety to life satisfaction, provides a good base for a study on the effects status and control have on psychology towards life and death. The theory of how status and gender affect attitudes comes from Mow and Kalle's (1972, 1973, 1975) work on the social psychological effects of status. They elaborate on the negative relationship between psychological well-being and lower status in that any demotion entails a shameful loss of face which predicts self-directed hostility and depression. The subject of presentation of this proposition is to investigate the effects of status and gender on actual and potential death anxiety, life orientation, and life satisfaction. This project is based upon a theoretical model, a model which is based upon the functionalist psychological perspective of attitude theory. A review of our dependent and independent variables and our proposed hypotheses will now be discussed, and limitations to the study will be addressed. According to Kübler-Ross (1969), death anxiety refers to the dread of dying and the emotional responses that are to the thought of one's own death. Death anxiety is a serious issue in which most individuals try to avoid or completely ignore due to the fear of what death will bring them. To some, the idea of death is peaceful and desired. Some individuals hold this belief due to the fact that life itself may have brought such negativity that dying would be a relief. However, individuals who are satisfied with life and would desire it to last longer tend to have much higher death anxiety. With the knowledge that life is finite, the thought of death troubles these individuals. The fear of death increases as one grows older, near death or witnesses' others in terminal states (Kastenbaum, 2000; Templer, 1970; and Wass & Neimeyer, 1992). Women have been found to have higher death anxiety than men despite the fact that the majority of methods and studies of death anxiety have unaccounted for gender differences. This observation leads us to believe that there may be an issue of generalizability with the data we currently have, or that women's

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stereotypes contribute to higher anxiety. This thought warrants the idea to test and compare death anxiety among genders with other psychological constructs to find out if there is a difference. Most of the existing research on the anxiety and bereavement of the elderly has been qualitative, focusing on emotional coping with bereavement resulting from the death of peers, or on the subjective perceptions of coping strategies and their effectiveness. Primarily, this body of literature suggests that the elderly as a group, and especially elderly women, experience a higher level of death anxiety than younger people and use avoidance coping in attempting to deal with death and their anxiety about it. This can have detrimental effects on mental health, as neurotic fear of death is correlated with inferior mental health in the elderly. The effects on the life satisfaction of survivors following bereavement have been less studied, particularly in the context of the comparison between men and women. High levels of death anxiety and avoidance coping are likely to be linked with negative perceptions of life satisfaction. As yet, there is little research about the psychological distress suffered by people who are expecting their own deaths due to terminal illness and approaching old age, as opposed to bereaved survivors. This research is still theoretically included in the study of bereavement and loss. High death anxiety can be associated with a fear for one's own survival, and avoidance coping may be disrupted by intrusive thoughts concerning personal mortality. However, considering the increased anxiety of a terminally ill patient and the bereavement of survivors as similar phenomena is overgeneralization and may not be appropriate. The impact of demographic variables such as socioeconomic status, age, gender, and marital status among others have long been a consideration in thanatology research. It is fair to say that the majority of studies are more concerned with the impact that these variables have on either physical or cognitive health, and the topic of death and dying has been somewhat avoided. This may be due to the lack of a theoretical framework which provides testable propositions about how these variables are related to death anxiety, or due to difficulty in obtaining adequate samples of terminally ill persons. Nevertheless, from a socio-structural view, one may speculate that a lowering in status or more specifically a change in role such as retirement will have an adverse effect on one's fear of death. This is because such status-related variables are often associated with disengagement from society, and disengagement theory has listed an increase in death awareness as one of the psychological dysfunctions of the disengaged. This increase in death awareness would then increase death anxiety, which is consistent with terror management theory. However, the relationship between status variables and death anxiety has only recently become a consideration in research published by Lyons and Aupont (2010). Another area that might be expected to affect death anxiety and quality of life is that of gender. Although gender differences in death anxiety are not universally found, particularly since the advent of inclusive masculinity to which men can endorse in death acceptance coping strategies (Snyder and Jason, 1998), women have tended to report greater death anxiety in later life (Mehta et al., 1997; Wisocki et al., 1985). Measures of quality of life commonly show women of older age to have lower satisfaction than men, and studies of specific populations of aging women have suggested that this is due to greater morbidity, concerns about economic security, and lack of social support from living longer than their spouses (Carr and Chiu, 2001). Death has been discussed and debated by theorists, theologians, and philosophers for centuries. In this vein, psychologists have explored death anxiety, generally defined as a sense of apprehension related to death, which is thought to be a fundamental part of the human condition, though presenting itself to varying degrees (Thorson and Powell, 1992). Researchers have associated death anxiety with various forms of psychopathology, including depression, suicide, personality disorders, and general psychological disturbance (Neimeyer, 1994). Further still, positive relationships between death anxiety and general anxiety have been reported; for example, a study by Wisocki and

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Skowron (1985) found that death anxiety was strongly correlated with general anxiety in a sample of older adults. Thus, it seems there is an important distinction to be made between death anxiety and quality of life, since the death anxious individual, while experiencing a realization of his non-existence, might still live a life of relative satisfaction. This leads to consideration of factors which may delineate between individuals in their death anxiety and quality of life, ultimately guiding the focus of this study.

Objectives

To examine the Impact of Gender and Status on Life Orientation, Satisfaction with Life and death anxiety.

Hypotheses

- There would be significant impact of gender and Status on life orientation.
- There would be significant impact of gender and Status on satisfaction with life.
- There would be significant impact of gender and Status on death anxiety.

METHODOLOGY

Participants

Total of 200 elderly people of both gender (institutionalized and non- institutionalized), age range 45-80 years, comprised from rural and urban area of Uttar Pradesh. Purposive Sampling Technique are used for sample selection.

Research Design

Factorial design was used in this study. For analysis, the effect of independent variables on dependent variable two-way ANOVA was applied.

Study Instruments (Tools)-

- **Death anxiety scale:** G.P. and M. Thakur designed the Death Anxiety Scale (1984). It comprises 16 items and a five-point Likert scale, with 1 denoting "totally incorrect" and 5 denoting "completely right." The score goes from 16 to 80, and a high score implies greater concern about dying. The scale's convergent validity is 0.75, and its internal consistency and test-retest reliability are 0.78 and 0.86, respectively.
- **Life Satisfaction scale:** The Life satisfaction scale (LSS) developed and standardized by Dr. Pramod Kumar and Dr. Dhyani. The Life Satisfaction Scale (LSS) is developed with a view to provide a handy tool for identifying persons having low satisfaction in life, and who may require psycho-diagnostic help. The Life Satisfaction Scale (LSS) in its final form consists of 54 highly discriminating items- 45 positively worded and 9 negatively-worded. These items are presented in a 3- point rating format.
- **Life Orientation scale:** Optimism and Pessimism, The Life Orientation Test-Revised (LOT-R; Carver & Scheier, 2003) is a self-report measure of dispositional optimism and pessimism. The LOT-R consists of 10 items, of which three measure dispositional optimism (e.g., "In uncertain times, I usually expect the best"; $\alpha=.50$), three measure dispositional pessimism (e.g., "If something can go wrong for me, it will"; $\alpha=.68$), and four are filler items. Participants respond on a Likert scale ranging from 1=strongly disagree to 5= strongly agree. Items were summed so that higher scores indicated higher levels of optimism and pessimism.

RESULT**Satisfaction with Life**

Table: Descriptive details based on Gender (Male & Female) and Status (Institutionalized and Non-Institutionalized) of Satisfaction with Life.

Gender	Mean	SD	Status	Mean	SD
Male	133.46	8.43	Institutionalized	133.46	8.43
Female	130.34	10.91	Non-Institutionalized	130.34	10.91

Gender*Status-

Gender	Status	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Male	Non Institutional	131.943	1.293	129.394	134.493
	Institutional	134.682	1.159	132.397	136.967
Female	Non Institutional	128.574	1.373	125.867	131.282
	Institutional	132.794	1.614	129.611	135.978

Table: Impact of Gender and Status on Satisfaction with Life.

Source	Sum of Squares	df	Mean Squares	F
Gender	326.205	1	326.205	3.68*
Status	571.55	1	571.55	6.45**
Gender* Status	25.90	1	25.90	0.29

The above table showed that there was a significant main effect of Gender ($F= 3.68, >0.05$) and status ($F= 6.45, >0.01$) on satisfaction with life but no interaction effect. It was shown that Males ($M= 133.46$) were more satisfied with life than females ($M= 130.34$).

Life Orientation-

Table: Descriptive details based on Gender (Male & Female) and Status (Institutionalized and Non-Institutionalized) of Life Orientation.

Gender	Mean	SD	Status	Mean	SD
Male	24.79	2.92	Institutionalized	24.79	2.92
Female	24.85	3.57	Non-Institutionalized	24.85	3.57

Gender*Status-

Gender	Status	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Male	Non Institutional	25.340	.437	24.477	26.202
	Institutional	24.364	.392	23.591	25.136
Female	Non Institutional	24.511	.464	23.595	25.426
	Institutional	25.324	.546	24.247	26.400

Table: Impact of Gender and Status on Life Orientation.

Source	Sum of Squares	df	Mean Squares	F
Gender	0.202	1	0.202	0.02*
Status	0.314	1	0.314	0.03**
Gender* Status	37.77	1	37.77	3.72

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The result showed there was no significant main effects of gender and status on life orientation. But there was significant interaction effect of gender and status on life orientation.

Death Anxiety-

Table: Descriptive details based on Gender (Male & Female) and Status (Institutionalized and Non-Institutionalized) of Death Anxiety.

Gender	Mean	SD	Status	Mean	SD
Male	41.20	7.41	Institutionalized	41.20	7.41
Female	46.70	8.62	Non-Institutionalized	46.70	8.62

Gender*Status-

Gender	Status	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Male	Non Institutional	45.585	.873	43.863	47.307
	Institutional	37.682	.782	36.139	39.225
Female	Non Institutional	51.596	.927	49.767	53.424
	Institutional	39.941	1.090	37.791	42.091

Table: Impact of Gender and Status on Death Anxiety.

Source	Sum of Squares	df	Mean Squares	F
Gender	807.436	1	807.436	19.98*
Status	4515.545	1	4515.545	111.74**
Gender* Status	166.143	1	166.143	4.11

There was significant main effect of gender ($F = 19.98, >0.05$) and status ($F = 111.74, >0.05$) on death anxiety. It also showed that there was no significant interaction effect on death anxiety. It was shown that female ($M = 46.70$) have more anxiety of death than males ($M = 41.20$).

DISCUSSION

The analysis reveals a significant main effect of gender on life satisfaction ($F = 3.68, p < 0.05$), with males ($M = 133.46$) reporting higher life satisfaction compared to females ($M = 130.34$), suggesting that gender differences play a critical role in influencing individuals' overall contentment with their lives, potentially due to societal expectations, gender roles, and varying stressors; additionally, there is a significant main effect of status on life satisfaction ($F = 6.45, p < 0.01$), with institutionalized individuals ($M = 133.46$) having higher life satisfaction compared to non-institutionalized individuals ($M = 130.34$), which could indicate that institutionalized settings provide a more structured and supportive environment that enhances life satisfaction; however, there is no significant interaction effect between gender and status on life satisfaction ($F = 0.29$), implying that the effects of gender and status on life satisfaction are independent of each other, necessitating interventions that address gender-specific and status-specific factors separately rather than focusing on their interaction.

Regarding life orientation, the results indicate no significant main effects of gender ($F = 0.02$) and status ($F = 0.03$), suggesting that, independently, neither gender nor status significantly influences individuals' life orientation, which might be more deeply rooted in personal traits and broader psychosocial factors rather than these demographic variables;

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however, the significant interaction effect between gender and status ($F = 3.72$) indicates that the combined influence of these factors is more complex, as institutionalized males and non-institutionalized females may exhibit different patterns of life orientation compared to their counterparts, highlighting the necessity of considering both gender and status together when studying life orientation.

In terms of death anxiety, there is a significant main effect of gender ($F = 19.98$, $p < 0.05$), with females ($M = 46.70$) experiencing higher levels of death anxiety compared to males ($M = 41.20$), aligning with existing literature suggesting that females tend to have higher anxiety levels possibly due to factors like heightened emotional sensitivity and different coping mechanisms; status also significantly affects death anxiety ($F = 111.74$, $p < 0.05$), with non-institutionalized individuals ($M = 46.70$) experiencing higher death anxiety compared to institutionalized individuals ($M = 41.20$), possibly because the structured environment in institutions might provide more psychological security, thereby reducing anxiety related to death; however, there is no significant interaction effect between gender and status on death anxiety ($F = 4.11$), suggesting that gender and status independently contribute to variations in death anxiety, indicating that programs aimed at reducing death anxiety might benefit from tailored approaches that separately address the unique needs of different genders and statuses.

Overall, the study demonstrates significant impacts of gender and status on life satisfaction and death anxiety, with notable differences between males and females, and between institutionalized and non-institutionalized individuals, while life orientation is primarily influenced by the interaction of these variables rather than by gender or status alone. These findings underscore the importance of considering both individual and contextual factors in psychological assessments and interventions, as tailored strategies that address the specific needs of different demographic groups can enhance life satisfaction and reduce death anxiety more effectively.

Implications

The study's findings reveal significant implications for life satisfaction, life orientation, and death anxiety based on gender and status. For life satisfaction, males have higher mean scores ($M = 133.46$) compared to females ($M = 130.34$), and institutionalized individuals score higher ($M = 133.46$) than non-institutionalized individuals ($M = 130.34$). The lack of a significant interaction effect suggests that gender and status independently affect life satisfaction. In terms of life orientation, while there are no significant main effects of gender and status, a significant interaction effect indicates that the combined influence of these factors uniquely affects life orientation. This means that institutionalized males and females differ in their life orientation scores from their non-institutionalized counterparts, but these differences are only apparent when considering both gender and status together. Regarding death anxiety, females exhibit higher levels ($M = 46.70$) than males ($M = 41.20$), and non-institutionalized individuals report higher anxiety ($M = 46.70$) than institutionalized individuals ($M = 41.20$). The absence of a significant interaction effect implies that gender and status independently influence death anxiety. Overall, these findings underscore the importance of considering both independent and combined effects of gender and status in understanding and addressing psychological well-being.

CONCLUSION

Both gender and status significantly influence life satisfaction, with males and institutionalized individuals reporting higher satisfaction. The absence of a significant

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interaction effect implies that interventions to improve life satisfaction might need to consider gender and status separately rather than in combination. While gender and status alone do not significantly impact life orientation, their interaction does. This suggests the need for nuanced approaches that consider the combined effects of these variables when addressing life orientation. Gender and status are significant predictors of death anxiety, with females and non-institutionalized individuals showing higher levels of anxiety. The independent effects of gender and status on death anxiety suggest that targeted interventions could be more effective if they separately address the needs of different genders and institutional contexts.

Overall, the study highlights the importance of considering both individual (gender) and contextual (status) factors in understanding psychological constructs like life satisfaction, life orientation, and death anxiety. These findings can inform targeted interventions and policies aimed at improving well-being across different demographic groups.

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Conflict of Interest

The author(s) declared no conflict of interest.

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