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Fear of death: An Indic representation

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Abstract

The research question of the study was which variables of late adults i.e. age, gender, education, chronic physical illnesses, trait anxiety and dimensions of attitude towards religion play most important roles in accounting for a dimension of fear of death (reaction to death - the fear)? A stratified random sample of 200 late adults aged 65-85 years was selected from the population. Apart from a General Information Schedule the following tools were administered for data collection - Fear of Personal Death Scale (Rajamanickam 1999), The State-Trait Anxiety Inventory, Form X2 (Spielberger *et al.* 1970), Rajamanickam's Religious Attitudes Scale (Rajamanickam 2004) and Socio-Economic Status Scale (Singh *et al.* 2006). Stepwise Regression was conducted. Gender and trait anxiety were found to be major predictors of fear the reaction to death of sampled late adults.

Keywords: Fear of death, gender, trait anxiety, late adults

Introduction

Studies of death in the Judeo-Christian tradition abound. Death studies in the Indian tradition are comparatively less evident in Western research literature. India being a plural society has Hindu belief system about death alongside Islamic, Christian, Buddhist and several other ones. The Hindu tradition is the point of reference. Sarvepalli Radhakrishnan in his Upton Lectures later compiled as a book *The Hindu View of Life* dealt with death in a passing manner referring to it as an end or termination of historical existence of an individual. According to Radhakrishnan (1927, 1993, 2018)^[22]. The law of Karma tells us that the individual life is not a term, but a series. Fresh opportunities will be open to us until we reach the end of the journey. The historical forms we assume will depend on our work in the past. Heaven and hell are higher and lower stages in one continuous movement. Purification is by means of purgation. The wages of sin is suffering....'(Radhakrishnan, 1927, 1993, 2018, p. 92)^[22]. The Bhagavat Gita speaks about death.

The translation of verse 22 of chapter 2 of Bhagavat Gita means this,

A person gives up worn out clothes just as he becomes attired in new ones so he gives up the worn out body and assumes a new form. Here, giving up the worn out body means death.

Fear of death is present throughout life but it assumes significance in late adulthood where death becomes unavoidable (Feldman, 2011)^[10]. A review of relevant studies revealed that fear of death is influenced by several interacting variables – demographic, epidemiological, psychological and sociocultural (Rajamanickam, 1999)^[23]. The pertinent demographic variables include age, gender and education. Epidemiological variables comprise chronic physical illnesses. Major psychological concomitants include trait anxiety. A prominent sociocultural variable is attitude towards religion (e.g. Cicirelli, 2002)^[8]. It seems that these classes of variables may be somewhat overlapping but classification facilitates comprehension. It also appears that there are other important correlates of fear of death but it is not possible to study a plethora of variables in a single investigation (Chowdhury and Ghosh, 2018; Chowdhury, 2022)^[6-7].

The following review illustrates the relation of fear of death with the correlates – age, gender, education, chronic physical illnesses, trait anxiety and attitude towards religion. Only studies conducted in India have been surveyed to keep the milieu uniform as fear of death is culture-specific (Kagawa-Singer, 1998; Gire, 2014)^[14, 16]. Since the term thanatophobia seems to cover fear of death and death anxiety (Iverach *et al.* 2014; Sinoff, 2017; Pandya and Kathuria, 2021)^[15, 20, 28] the two terms have been used interchangeably in the present review.

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Age: Most studies set in India (e.g. Madnawat and Kacchawa, 2007; Singh, 2013) [27, 18] have revealed that age bears a significant relationship with fear of death with its repercussions on the individual throughout their lifetime. But some others (e.g. Singh and Roy, 2017; Lodha *et al.*, 2022) [17, 25] have posited insignificant relationship between the two variables. Madnawat and Kacchawa (2007) [18] studied the effect of variables including age on elderly persons' death anxiety. Those persons who were women, relatively older and those living with family were significantly more anxious about the word death. The authors said gender and age results in this sample were similar to that in some Western studies. Singh (2013) [27] found that younger persons were more anxious about death than older ones. Fear of death and its acceptance were found to be simultaneous in old age. Acceptance of death appeared to prevail in old age. Those who attained sixty years were not found to be much frightened of death. On a different note Singh and Roy (2017) [25] seemed to provide important data on the association between Thanatophobia and age. Age appeared not to play a significant role in death anxiety among women. Another study (Lodha *et al.*, 2022) [17] was conducted in a high morbidity and mortality backdrop of COVID 19. Factors including age were found to show non-significant association with COVID 19.

Gender: Majority of researches (Ghufran and Ansari, 2008; Princy and Kang, 2013; Singh, 2013) [13, 21, 27] have found the important role of gender of the aged in their fear of death with women being more afraid of death. But a few findings of a different nature (e.g. Sridevi and Swathi, 2014; Alagh and Ghosh, 2022) [1, 30] have been reported. Ghufran and Ansari (2008) [13] found that among persons who had lost their marriage partner, the women were more afraid of death than the male peers. Princy and Kang (2013) [21] reported significant gender difference in death anxiety among the elderly. Singh (2013) [27] found women more anxious about death than the men. However, Sridevi and Swathi (2014) [30] reported non-significant gender difference in death anxiety among institutionalized elders. But among the non-residents of old age homes, men were significantly more anxious about death than the women. Alagh and Ghosh (2022) [1] also found no significant gender difference in the association between life satisfaction and fear of personal death.

Education: Ghosh and Dey (2009) [12] found greater numbers of the less educated elderly who were lying below the poverty line to be afraid of death more than their better educated peers who were above the poverty line. The lack of relevant studies conducted in India is worthy of note. This lacuna has to be filled.

Chronic Physical Illnesses: Ghosh and Dey (2007) [11] reported that for a sample of 100 elderly an overwhelming majority were afraid of death. They believed that it was best to pass away before becoming too old and sick. Bhan *et al.* (2017) [4] reported that in rural regions the elderly and their caregivers were faced with health concerns related to ageing. There is paucity of studies conducted in India in this area.

Trait Anxiety: Singh (2012) conducted a study and concluded that variables including likelihood of death were found leading to anxiety in the elderly. Chattopadhyay and Singh (2016) [5] found that anxiety that lingers can result in several health problems as people age. Studies set in India on

the trait anxiety–fear of death linkage seem uncommon and need investigation.

Attitude towards Religion: After conducting a study, Dhillon and Mathur (1992) concluded that the aged were more religious but very much frightened of death. Ghosh and Dey (2009) [12] remarked that higher proportion of the poor elderly were likely to adopt religious practices to allay fear of death; their poorer status did not allow them the opportunity of using sophisticated mechanisms of reducing fear of death. Anitha and Sridhar (2014) [3] in their study did not find large difference in fear of death among the elderly Hindus, Muslims and Christians in India. Pandya and Kathuria (2021) [20] said that humans endure death anxiety regularly. They think that the relevant literature generally highlight the ideas of death fear, religion and their role in psychiatric disorders. In view of the often contradictory nature of findings in the fear of death literature Neimeyer *et al.* (2004) [19] in their important study pointed out the many sprangled nature of death and religiosity apart from different perspectives on death in different religions. A research gap is noticed. There are inconsistencies in the nature of findings on the relationship of fear of death with age and gender of the elderly. This study may help resolve these controversies. There are lacunae in researches on the correlates of fear of death i.e. education, chronic physical illness and trait anxiety of the elderly. These lacunae need to be filled. Hence the present study.

Method

Research Question: Research question rather than hypotheses has been formulated as the relative importance of dependent variables is not known. The research question is the following -

Which of the variables of late adults i.e. age, gender, education, chronic physical illnesses, trait anxiety and dimensions of attitude towards religion (nature of god, prayer and worship, formal religion, priest, future life and spiritual and spirits world) play most important roles in accounting for a dimension of fear of death (reaction to death-the fear)?

Operational Definitions of Variables

Fear of Death: It includes terror regarding death; feeling of lack of personal satisfaction and company; foreboding of anguish caused to kin by the person's death; felt lack of control over event of death; dread of annihilation of self; and fright of retribution following death (Rajamanickam, 1999; Chowdhury, 2022) [23, 6].

Age: It refers to the chronological age of a person i.e. the time in years which has passed between her / his birth and the present time.

Gender: Socially constructed roles, behaviours, activities and characteristics that a particular society regards suitable for men and women (World Health Organization, 2012).

Education: Academic qualifications a person has attained.

Chronic Physical Illnesses: Lasting or frequent health consequences spanning over years (Chowdhury, 2022) [6].

Trait Anxiety: Comparatively stable anxiety-proneness i.e. the individual's consistent tendency to respond to situations considered threatening with high state anxiety (Anastasi, 1988; Spielberger *et al.*, 1970) [2, 29].

Tools

a) **General Information Schedule:** It was prepared by the present authors to collect identifying and background

information from late adults. There were 12 items in the schedule. The items were mostly closed-ended. The items were framed to elicit late adults' name, address, age range, gender, marital status, education, previous and current occupations, monthly income, place of residence, living arrangement, number of children and chronic physical illnesses.

- b) Fear of Personal Death Scale: It was developed by Dr. M. Rajamanickam (1999) [23]. It measures the eight sub-scales of fear of death the foremost of which is reaction to death – the fear. There are a total of 40 statements (three negatively worded and 37 positive ones). The response categories follow Likert scaling with five options. Higher score indicates relatively strong fear of death. Split-Half reliability was found to be .89($t=35.3$; $p<.01$). Intrinsic validity was found to be 0.94($t=49$; $p<.01$).The norms are in quartiles. The sample size was 335(Rajamanickam, 1999) [23].
- c) The State-Trait Anxiety Inventory, Form X2: It was developed by Spielberger *et al.* (1970) [29]. Form X2 was administered to measure trait anxiety of late adults. There are 20 items in Form X2 with four response options. There are seven reversed items and 13 direct items. Higher score indicates more trait anxiety. Test-Retest reliability coefficients for Form X2 ranged from .73 to .86. Significant positive correlations were obtained between Form X2 and Personality Research Form Aggression and Impulsivity scores. Norms are in the form of percentiles and T scores for samples of undergraduates, patients etc. (Spielberger *et al.*, 1970) [29].
- d) Rajamanickam's Religious Attitudes Scale: It was developed by Rajamanickam (2004) [24]. It was administered to measure attitudes towards religion of late adults. There are 60 statements in the scale with six dimensions each having 10 statements. Responses are categorised on five-point Likert scale. Higher score in each dimension indicates anti-religiosity. Split-Half reliability coefficient of .89($p<.01$) and intrinsic validity of .94 ($p<.01$) were found for 330 persons employed in

various organizations all over India. For the same sample, norms in terms of range of scores were found out (Rajamanickam, 2004) [24].

- e) Socio-Economic Status Scale (Singh *et al.*, 2006) [26] was administered for control of the variable of socioeconomic status of participants.

Participants

A stratified random sample of 200 late adults aged 65-85 years were selected from the population based on four age-based strata i.e. 65-70 years; 70-75 years; 75-80 years; and 80-85 years. The sample consisted of gender-based strata i.e. women and men. There were equal number of 100 women and 100 men in each stratum. There were 88 school educated, 35 professional diploma holders, 37 graduates, 19 professional degree holders and 20 post graduate late adults in the sample. Most of them were widows or widowers having retired from their vocations. The participants belonged to middle socio-economic status families as assessed by Socio-Economic Status Scale (Singh *et al.*, 2006) [26] and resided in their own residence in various urban localities of Kolkata city (India i.e. Bharat). The participants appeared to be currently free from acute health problems but reported different chronic health problems.

Procedure

Data were collected by personally administering the above tools on sampled late adults. Administration of tools took place in homes of the elderly. These individuals who could not respond to the tools in writing heard the items of the tool being read aloud and their responses were written down by the investigator. Scoring of the tools except General Information Schedule was done by consulting the manuals. All usable data were tabulated and statistically analysed. Stepwise Regression was carried out prior to discussion of findings. Ethical standards were followed at each stage.

Results

Table 1: Results of Stepwise Regression for Dependent Variable –Reaction to Death: The Fear (Late Adults; N=200)

Steps in Regression	Predictors	R	R ²	SE	F	R ² Change	F Change	df 1	df 2	Sig. F Change	Durbin-Watson
1	(Y-Intercept), Gender	.79** (df =198)	.616	3.63	317.93 (df 1,198; Sig. .000)	.616	317.93	1	198	.000	1.615
2	(Y-Intercept), Gender & Trait Anxiety	.81** (df =198)	.661	3.42	191.78(df 2,197; Sig. .000)	.044	25.81	1	197	.000	
3	(Y-Intercept), Gender, Trait Anxiety & Illness 2	.82** (df =198)	.671	3.38	133.36(df 3, 196; Sig. .000)	.011	6.26	1	196	.013	
4	(Y-Intercept), Gender, Trait Anxiety, Illness 2 & Illness 3	.83** (df =198)	.681	3.33	104.17 (df 3, 195; Sig. .000)	.010	6.14	1	195	.014	

N: Sample size; R: Coefficient of Multiple Correlation; df: Degrees of Freedom; R²: Coefficient of Multiple Determination; SE: Standard Error of Estimate; F: Fischer Ratio (outcome of Analysis of Variance); Sig.: Significance. ** $p<.01$.

Table 2: Standardized Regression Coefficients of Predictors (Late Adults: N=200): Regression of Reaction to Death

Steps in Regression	Predictors	Beta	t	Sig.	Tolerance	Variance Inflation Factor
1	(Y-Intercept)		11.01	.000	1	1
	Gender	.785	17.83	.000		
2	(Y-Intercept)		.34	.735	.844	1.185
	Gender	.876	19.38	.000		
	Trait Anxiety	.230	5.08	.000		
3	(Y-Intercept)		.46	.649	.831	1.203
	Gender	.862	19.19	.000		
	Trait Anxiety	.220	4.91	.000		

4	Illness 2	.103	2.50	.013	.983	1.017
	(Y-Intercept)		.14	.890		
	Gender	.857	19.31	.000	.830	1.206
	Trait Anxiety	.243	5.38	.000	.801	1.248
	Illness 2	.117	2.85	.005	.965	1.036
	Illness 3	-.104	-2.48	.014	.922	1.085

N: Sample size; Beta: Standardized Regression Coefficient; t: Outcome of Test of Significance; Sig.: Significance

Table 3: Components of Regression Analysis of Reaction to Death

Components	Minimum	Maximum	Mean	SD
Predicted Value	15.38	31.72	22.65	4.82
Residual	-11.794	9.338	.000	3.30
Standardized Predicted Value	-1.509	1.879	.000	1.00
Standardized Residual	-3.539	2.802	.000	.99

SD: Standard Deviation

Results of stepwise regression analysis are presented. In Table 1 the dependent variable is reaction to death. In the first step, the effective predictor is gender of late adults besides the y intercept. The relation between these predictors and reaction to death is strongly significant (Coefficient of Multiple Correlation, $R=.79$, $p<.01$). The Coefficient of Multiple Determination, R^2 value shows that about 62% of the variance in reaction to death scores can be predicted by these predictors. The standard error value of 3.63 indicates that the accuracy of prediction is moderate. The F value of 317.93 (sig. .000) indicates that the regression is strongly significant. In the second step of regression, the effective predictors were y intercept as well as gender and trait anxiety of late adults. The relation of these predictors with the dependent variable i.e.; reaction to death is strongly significant ($R=.81$, $p<.01$). The R^2 value indicates that 66% of the variance in reaction to death scores can be explained by these predictors. The standard error value of 3.42 indicates moderate accuracy of prediction. The F value of 191.78 (sig. .000) shows that the regression is significant. In the third step of the regression, the effective predictors, besides y intercept, are gender, trait anxiety and illness 2 of late adults. The relationship of these predictors with the dependent variable i.e.; reaction to death is strongly significant ($R=.82$, $p<.01$). The R^2 value indicates that 67% of the variance in reaction to death scores can be predicted by these predictors. The standard error value of 3.38 indicates moderate precision of prediction. The F value of 133.36 (sig. .000) shows that the regression is significant. In the fourth step of the regression, the effective predictors, besides y intercept, are gender, trait anxiety, illness 2 and illness 3 of late adults. The association between these predictors and the dependent variable i.e.; reaction to death is strong and significant ($R=.83$, $p<.01$). The R^2 value indicates that 68% of the variance in reaction to death scores can be accounted for by these predictors. The standard error value of 3.33 indicates moderate accuracy of prediction. The F value of 104.17 (sig. .000) shows that the prediction is significant. The changes in R^2 values show that from step one to step two there was increase of 4.4%; from step two to step three there was increase of 1.1% and from step three to step four there was increase of 1% in the variance of reaction to death scores which could be accounted for by the addition of predictors at each step. Change in F values (Step 1 to 2: 25.81, sig. .000; Step 2 to 3: 6.26, sig. .013; Step 3 to 4: 6.14, sig. .014) show that these have progressively decreased from step one through step four of regression. These indicate that addition of any other predictor became unnecessary after step four. The Durbin- Watson value of 1.615 shows that first order positive autocorrelation was marginal. Table 2 shows that gender of late adults is the strongest predictor (Step 1: Beta=.785,

$t=17.83$, sig. .000; Step 2: Beta=.876, $t=19.38$, sig. .000; Step 3: Beta=.862, $t=19.19$, sig. .000; Step 4: Beta=.857, $t=19.31$, sig. .000) of their reaction to death scores. Next in magnitude is trait anxiety of late adults (Step 2: Beta=.230, $t=5.08$, sig. .000; Step 3: Beta=.220, $t=4.91$, sig. .000; Step 4: Beta=.243, $t=5.38$, sig. .000). The research question is answered thus – gender and trait anxiety are major predictors of fear the reaction to death of sampled late adults. These findings are congruent with those of Ghufuran and Ansari (2008)^[13], Singh (2013)^[27]. Values of Tolerance and Variance Inflation Factors indicate that the problem of multicollinearity does not affect the findings. In Table 3, the predicted and residual values are compared. This comparison shows enough precision of prediction.

Discussion

The reported result shows two variables – gender and trait anxiety to be the major predictors of fear of death of the participants. The two predictors together account for a substantial proportion of reaction to death – the fear. The fear though culture-specific (Kagawa-Singer, 1998; Gire, 2014)^[14, 16] seems universal in import. Radhakrishnan's views (1927, 1993, 2018)^[22] can be challenged easily in the light of modern medical evidence. That leaves one with only one life to live and dying leaves out the person from the worldly pleasures hence the fear the expression of which may be culture-specific. The Bhagavat Gita says death is like leaving a worn out garment in this case the body tired of wear and tear. This is apparently true of the elderly- the participants of the present study. Chronic physical illnesses are also reasons behind fear of death of the elderly. From the coded data it is apparent that female elderly especially those with higher trait anxiety which is dispositional by nature suffer more from fear of death. This is in line with findings of earlier studies (e.g. Ghufuran and Ansari, 2008; Singh, 2012; Princy and Kang, 2013; Singh, 2013; Chattopadhyay and Singh, 2016)^[13, 21, 27, 5]. The novel feature of this study is that the secondary sources cited in Results and Discussion sections are all set in India and are by Indian authors.

Conclusion

Female elderly especially those with higher dispositional anxiety are at risk of developing fear of death. Diagnosis of high trait anxiety among elderly women and their counselling can help them deal with it. However, the results of this study are tentative and require confirmation after work with elderly of upper and lower socioeconomic strata of society.

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