Death Anxiety, and Emotional Maturity among old Aged

Mir Waseem khaliq

(Research Scholar, Jiwaji university Gwalior, MP)

Dr. Anita Tiwari

(Associate Professor MLB, Govt. College of excellence, Gwalior, MP)

Dr. Navshad Ahmad Wani

(Asst. Professor, Govt. Degree College, Baramulla, J&K)

Death anxiety and Emotional maturity seems to vary across different stages of life span. The objectives of the study were to clarify the present stage of death anxiety and emotional maturity among old aged; to find out whether there exists any significant differences between males and females in death anxiety and emotional maturity; to find out whether there exists any significant difference between the aged who are ill and who are not ill in death anxiety and emotional maturity; to find out whether there exists any significant difference between the aged who are ill and who are not ill in death anxiety and emotional maturity; to find out whether there exists any significant difference among aged who stays in family, who stays alone, and who stays old age homes in death anxiety and emotional maturity and to find out whether there is significant correlation among the variables death anxiety and emotional maturity. For this purpose the data were collected from 100 aged individuals by administering Death anxiety scale, Emotional maturity scale, and personal data schedule. The statistical techniques used were the t-test, one way ANOVA, and correlation. Pearson product moment correlation results of the study indicated the existence of a significant negative relationship between death anxiety and emotional maturity. The results indicate significant difference among old aged in their death anxiety and emotional maturity on the basis old gender, illness, and area of stay.

Key words: Death anxiety, Emotional maturity; Old age

I.INTRODUCTION:

Old age is closing period in life span characterized by certain physical and psychological changes. The effects of these changes determine; to a large extent, whether elderly men and women will make good or poor personal and social adjustments. Death anxiety includes concern over pain, bodily malfunctioning, humiliation, rejection, non-being, punishment, interruption of personal goals, and negative effects on survivors (Schulz, 1978). Death anxiety is the thoughts, fears and emotions about the final event of living that we experience under more normal conditions of life. In other words, as people live their daily lives day to day, they suffer different degrees of anxiety about death (janet-Belsky, 1999). "Death anxiety" is a term used to conceptualize the apprehension

generated by death awareness (Abdel-khalek, 2005). According to, Antecedents of death anxiety include stressful environments and the experience of unpredictable circumstances, diagnosis of a life-threatening illness or the experience of a life threatening event, and experiences with death and dying (Lehto & stein, 2009).

Emotions are the foundation of each relationship in our lives, and the power of those emotions cannot be overlooked. Emotions often override our thoughts profoundly influence our behaviour-often without our awareness, and whether we like it or not. Maturity is the ability to live up to the responsibilities of a love relationship, and this means being dependable. It is the ability to harness your abilities and your energies and to do more than is expected in your relationship. We grow from babies to adults passing through various stages of maturity. We are expected to undergo physical, cognitive, emotional and relationship maturity. But when our bodies age and our muscle mass and body shape define itself, does our emotions follow suit? If there is a balance between your physical ages, IQ, social maturity, then you have really grown up.

In the present circumstances, youth as well as children are facing difficulties in life. These difficulties are giving rise to many psycho somatic problems such as anxiety, tensions, frustrations and emotional upsets in day to day life. So, the study of emotional life is now emerging as a descriptive science, comparable with anatomy. It deals with interplay of forces with intensities and quantities. Variable tests are crude and measure chiefly the degree of dependence. But this test measures the different aspects of emotional maturity. As self acceptance an important aspect of maturity says Wenkart, and it must be preceded by acceptance from others. Actually, emotional maturity is not only the effective determine of personality pattern but it also helps to control the growth of adolescents' development. The concept "Mature" emotional behaviour of any level is that which reflects the fruits of normal emotional development. A person who is able to keep his emotions under control, which is able to break delay and to suffer without self pity, might still be emotionally stunned and childish. Morgan (1934) stated the view that an adequate theory of emotional maturity must take account of the full scope of the individuality, powers and his ability to enjoy the use of powers." According to Walter D.Smitson (1974) –emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health. Both intra-physically and intra-personality.

Roger's (1980), in a study undertaken to compare attitude toward death and dying among young adults and people over age 65, found that 19 percent of the young adults were afraid of death, compared with only 1.7 percent of the older adults. Studies have also attempted to measure the impact of environment, or where people live on death anxiety. Goebel and Boeck (1987) examined the effects of different types of dwelling with regard to death anxiety. They found that ego integrity was a significant additional factor affecting the impact of living environment on death anxiety. Specifically they found that low ego integrity people living in a nursing home reported higher death anxiety than low integrity people living in an apparent complex. In contrast, no difference in death anxiety was reported in high ego integrity individuals living in either environment.

Hickson, Housely, and Boyle (1988) examined the relationship of "locus if control" to emotional maturity and death anxiety. Similar to Goebel and Boeck (1987), the authors concluded that an older adult, sense of control affects emotional maturity, which in turn affects death anxiety. Given and Range (2003) compared emotional



maturity and death anxiety of 30 elderly residents of a public housing apartment complex and 20 nursing home residents. Nursing home residents more frequently reported that in five years they expected to dead, whereas public housing residents more frequently reported that in five years they would be doing about the same thing or nothing. The two groups did not differ on their reported death anxiety or emotional maturity. However, across both groups, those reporting higher emotional maturity also reported lower death anxiety and a more positive attitude toward growing older. It appears that, for the elderly individuals in this study, place of residence was not related to their expression of emotional maturity or death anxiety.

In a study conducted among Egyptian population by Ahmad, Abdel, and Mohammad in 2005, they found out a significant correlation between emotional maturity and death anxiety. According to Ardelt and koeing, 2006 individuals with lower levels of subjective health experienced more death anxiety. Gender difference also exists in death anxiety among the elderly (Mimrot, 2011). Older women display higher levels of death anxiety than older men (Abdel-khalek, 2007).

Based on the purpose of the study the following hypotheses were formulated: (1) there will not be any significant difference between males and females in death anxiety and emotional maturity (2) There will not be any significant difference between the aged who are ill and who are not ill in death anxiety and emotional maturity (3) There will not be any significant difference among the aged who stays in family , who stays alone, and who stays in old aged homes in death anxiety and emotional maturity (4) There will not be any significant correlation among the variables death anxiety and emotional maturity.

Method

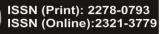
Sample:

The sample consisted of 120 aged individuals (56 males and 64 females) of aged ranging from 65 to 85, from the district of Baramulla, Jammu and Kashmir, India.

TOOLS:

The major variables in the study were death anxiety, and emotional maturity of aged people as reported by them. The tools used were death anxiety scale by Templer (1984), and the forty eight item scale developed by Singh & Bhargava (1984) was used to measure the emotional maturity, and personal Data schedule.

Death Anxiety scale was developed by Templer in 1984 to assess the emotional reactions to death and dying. The DAS was developed to reflect a wider range of life experiences than in other tools that measure death fear/ anxiety. The test contains 15 items which were highly relevant to elicit the subjects' death anxiety. All items in the test were in the form of descriptive statements to be answered as true or false. The test –retest reliability of this test is .83 and internal consistency coefficient is .76. Validity of this test is supported by studies of



psychiatric patients and college students. A high correlation coefficient of .74 between the DAS and a similar tool (FODS) was found out.

Emotional Maturity: The forty eight item scale developed by Singh & Bhargava (1984) was used to measure the emotional maturity. The respondents were required to give their responses on 5 point Likert type rating scale. The scale measures five components of emotional maturity labelled as emotional instability, emotional regression, social maladjustment, personality disintegration and lack of independence. The emotional unstability scale is comprised of ten items which incorporate items related to lack of capacity to dispose of problems, constant help in ones day to day work, vulnerability, stubbornness, and temper tantrums. The ten items measuring emotional regression represents broad group of factors that measures syndrome as feeling of inferiority, restlessness, aggressiveness, self- centeredness and so forth. The ten items of social maladjustment measures pearson's lack of social adaptability, seclusiveness and so forth. The personal disintegration of personality, like reaction, phobias, rationalization, immorality and so forth. Finally, the lack of independence component of emotional maturity is comprised of eight items. The scale intends to measure respondent parasitic dependence on others, egotic tendencies etc. The test-retest reliability of the entire scale was found to be 75. The internal consistency method was used to estimate the reliability of the five subscales of emotional maturity. The reliability of the five subscales labelled as emotional unstability, emotional regression, social maladjustment, personal disintegration and lack of independence was found to be .75, .63, .58, .86 and .42 respectively. The high score on the emotional maturity scale are indicative of low maturity.

Procedure:

The subjects were met individually and the investigator established a good rapport with the subjects to make them feel comfortable. Brief introductions of each topic were given and detailed information regarding how to respond to each questionnaires were given. The responses given by the subject were marked by the investigator. Instructions to the subjects were present clearly at the beginning the test. So it was not considered necessary to go in the details of answering each question. However, some general instructions were given. They were requested to be spontaneous and honest in their responses and to ensure that every item had been answered. Respondents were assured that their responses to each statement were recorded by the investigator. The statements were read out and the subjects' verbal responses to each statement were recorded by the investigator. The statements were read out in such a manner that the old people could understand. Then the data collected were consolidated for further statistical techniques used for the analysis were the t-test, one-way ANOVA, and correlation.

II.RESULTS AND DISCUSSION:

In order to find out whether there exists a significant difference between males and females in death anxiety and emotional maturity the t-test was used. The results are shown in table 1. The mean values for the death anxiety obtained by males (N=56) and females (64) were 2.48 and 3.91 respectively. The t- value obtained was - 4.56. The mean values for the emotional maturity obtained by males and females were 152.18 and 124.97



respectively. The t-value obtained was 4.12. The results indicated that there was a significant difference between old aged males and females on death anxiety, since the t-value obtained was significant at 0.01 levels. From the mean values, it is clear that, the females had higher levels of death anxiety compared to males. For emotional maturity, the results indicated that there was significant difference between males and since the t-value obtained was significant at 0.01 levels. From the mean values, it is clear that, the mean values, it is clear that, the mean values is clear that, the mean values of death anxiety compared to males. For emotional maturity, the results indicated that there was significant difference between males and since the t-value obtained was significant at 0.01 levels. From the mean values, it is clear that, the males had higher level of emotional maturity compared to females.

Variable	Sample	Ν	Mean	S.D	t-value
Death anxiety	Males	56	2.48	1.47	-4.65
	Females	64	3.91	1.98	
Emotional	Males	56	152.18	30.57	4.76
maturity	Females	64	124.97	37.45	

Table 1. Mean SD and t –value between males and females on death anxiety and emotional maturity

P<0.01

Comparison of the aged who have illness and who don't have illness yielded some differences on death anxiety and emotional maturity. The details are given in table 2. The mean values for death anxiety by the aged people who have illness (N=74) and who do not have illness (N=46) were 3.68 and 2.58 respectively and the t-value obtained was 3.43. The mean values for emotional maturity obtained by the aged people who have illness and who do not have illness were 126.77 and 155.30 respectively. The t- value obtained was -4.21. On comparison of death anxiety between the aged people who have illness and who do not have illness, the results of t-test revealed that there was a significant difference. The mean value between the two groups showed that the old who were ill had higher scores in death anxiety compared of the old who were not ill.

Table 2: Mean SD and t-value between the aged people who have illness and who do not have illness on death anxiety, and emotional maturity

Variable	Sample	Ν	Mean	S.D	t-value
Death anxiety	Group with	74	3.68	1.87	
	illness				3.56
	Group with no				
	illness	46	2.54	1.89	
Emotional	Group with	74	126.78	36.67	
maturity	illness				
	Group with no				-4.32
	illness				
		46	155.30	34.65	

P<0.01



Physical health is related to mental health. Mind and body are interrelated. The disruption in the body mechanism does have a profound effect on mental system. People having illness are found to have higher death anxiety, death depression and lower emotional maturity than those who are not ill. When people do become ill, they worry a lot because illness in old age can lead to death. Fears and worries regarding the chance of having death as a result of illness may be the reason why ill people are having greater death depression than those who are not ill.

Comparison of the aged based on where they stay, produced the following results: in order to find out whether there exists significant differences among the aged who stays in family, alone, and in old aged home, on the variables death anxiety and emotional maturity, the analysis of variance was done. The F-values clearly indicate that there is a significant difference among the aged who stays in family, alone, and in old aged home on death anxiety and emotional maturity. The F-values for death anxiety is 22.48, and for emotional maturity the F-value is 11.67. The F-values for both variables are significant at 0.01 levels. Post hoc comparison, for identifying where the differences existed came out with the following results.

Group	Ν	Mean	Group	Group	Group
			1	2	3
Family dwellers	63	2.54	-		
Those who live	42	3.48		-	
alone					
Old age home	15	5.54			-
dwellers					

Table 3: Duncan test for death anxiety: comparison of family dwellers, those who live alone, and old age home dwellers

P<0.05

Table 3 reveals significant differences in death anxiety among all the three old age groups. The old age home dwellers showed significantly higher mean score on death anxiety (M=5.53) than those who live alone (M=3.48), and old people who live in families got lower scores than the other two groups (M=2.54). This indicates that old age home dwellers have higher death anxiety than those who live alone or those who live in families.

Very low level of emotional maturity is found among old age home dwellers than those who live in families or alone (Table 4). The mean value of 98.93 for old age home dwellers indicated low level of emotional maturity when compared to family dwellers with a mean value of 147.78. The people who live in alone had a mean value of 136.67. There exists no significant difference between old age home dwellers and those who live alone.



Table 4. Duncan test for emotional maturity: comparison of family dwellers, those who live in alone, and old age home dwellers

Group	Ν	Mean	Group	Group	Group
			1	2	3
Family dwellers	63	147.87	-		
Those who live	42	136.19		-	
in alone					
Old age home	15	98.97			-
dwellers					

In order to find out whether there exists a significant correlation between the Pearson's level of death anxiety, and emotional maturity, the technique of Pearson correlation coefficient was used. The results are shown in table 5.

Table 5: Results of correlation analysis among the variables death anxiety, and emotional maturity

SI.NO	Variables	Death anxiety	Emotional maturity
1	Death anxiety	()	68
2	Emotional maturity		()
	P<0.01		·

The correlation between death anxiety and emotional maturity obtained on a sample of old aged was found -.68, which is significant at 0.01 levels. This 'r' is verbally interpreted as substantial or marked negative relationship.

The results of the study indicate that people in old age homes are more vulnerable to death anxiety, death depression than those who live in families. They are found to have low level of emotional maturity too. In families, individuals get enough support, and care from the family members. But in old age homes, the conditions are not so. People are found to lonely, isolated. If proper support and care is given to the old individuals in old age homes, and if necessary steps and actions are taken to uplift the mental health of those people, this will lead to an increase in the level of emotional maturity.

People who stayed in families had significantly high level of emotional maturity and lower level of death anxiety and death depression than those who stayed alone or those who stayed in old age home. People who stayed in old age home had lower level of emotional maturity than those who stayed along with family members. In the family, the old one receives love, care and support from their children, grand children and family members. This should be noted by each and every individual. It is the duty of each and every individual to take care of the old members in the family. By providing love, warmth, care and support every old individual



can be made mentally healthy enough to live satisfactorily and this enable them to prepare for their death without fear, anxieties and depression. Awareness programs and education to eradicate the fear and anxiety regarding death can provide the knowledge that helps to face matter regarding death, for both dying and living. Females are found to have more death depression and death anxiety. So it is necessary to give more attention to the problems of the females that lead them to greater anxieties and depression. Educating the family members and members of the society to take care of the elderly can be useful to a great extent to help the elderly face the problems of the old age. This can lead to a better emotional maturity.

III.CONCLUSION

It is concluded that most of the old people who are ill have high level of death anxiety, death depression. Ill people had low level of emotional maturity than those who were not ill. Old people who had high level of death anxiety and death depression had low level of emotional maturity. Those people who stay in family had higher level of emotional maturity than those who stays alone or in old age home. High level of death anxiety was found in people who reside in old age home or alone than those who stays in family. Females had high level of death anxiety and death depression than males. Males had more emotional maturity than females and there is a significant negative association between emotional maturity and death anxiety. This study elicits the level of death anxiety , and emotional maturity of the old aged individuals.

REFERENCES

- [1.] Abdel-khalek, A.M.(2005). Death anxiety in clinical and non clinical groups. Death studies, 29, 251-259.
- [2.] Abdel-khalek, A.M (2007).Love of life and death distress: Two separate factors. Omega: The journal of death and dying, 55, 267-278.
- [3.] Ardelt,M; & Koeing, C. (2006). The role of religion for hospice patients and relatively healthy older adults. Research on aging, 28, 184-215.
- [4.] Ahmad,m; Abdel.K; & Mohammed,N; (2005). Satisfaction with life and death distress. Psychological reports.97, 790-792.
- [5.] Barmi, B.(2007). Life style management and psychological intervention for enhancement of well being. International conference in mental health, Bangalore. (pp.241-262).
- [6.] Belsky, J. (1999). The psychology of aging. Brooks/ Cole publishing company.
- [7.] Daimond, E.L;(1982). The role of anger and hostility in essential hypertension and coronary heart disease. Psychological bulletin, 92, 410-433.
- [8.] Geobel,B.L; & Boeck,B.E.(1987). Ego integrity and fear of death: a comparison of institutionalized and independently living older adults. Death studies, 11, 193-204.
- [9.] Kubler-Rose, E.(1969). On death and dying. New York: McMillan.
- [10.] Lehto, R.h; & Stein, k.f; (2009). Death anxiety : Ann analysis of an evolving concept. Research and theory for nursing practice: An international journal. 1, 5.
- [11.] Mimrot, B.H. (2011). A comparative study of death anxiety of old persons. Indian streams research journal. 1,5.



- [12.] Rogers, W.(1980) . Anxieties of distress. London: Health publishers.
- [13.] Rakhee, A.S. & Sananda Raj, H.S.(1997). Healthy personality profile and manual. Trivamdrum: Department of psychology.
- [14.] Schulz, R.(1978). The psychology of death dying, and Bereavement. Reading, MA: Addison Wesley.
- [15.] Templer, D.I. (1971).Death anxiety scales mean, standard deviation and embedding. Psychological Reports, 29, 173-174.