

## Prediction of Death Anxiety Based On Demographic Characteristics and Spirituality Components in the Elderly

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Farhad Khormaei<sup>1\*</sup>, Fatemeh Azadi Dehbidi<sup>1</sup>, Elham HassanZehi<sup>2</sup>

1 Department of Educational Psychology, Shiraz University, Shiraz, Iran.

2 Department of Clinical Psychology, Shiraz University, Shiraz, Iran.

### Abstract

**Background and Objectives:** Spirituality is a concept that has found its position in the field of psychology for years. The purpose of present study is to examine that spirituality and demographic characteristics to what extent can predict death anxiety and to determine how to use spirituality as a frame and supportive source against the difficulties like death anxiety.

**Methods:** Methods this descriptive study was correlational. Statistical society of the present study was consisted of older adults of retirement homes that from them 245 (121 female and 124male) older adults were recruited via accessible sampling method and responded to Death anxiety Scale (DAS) and Spiritual Assessment Inventory(SAI). Data of research were analyzed by enter regression analysis by using SPSS Software.

**Results:** The results showed that among the spirituality components, disappointment and instability were predictors of the death anxiety. It means that the increases in these two components lead to the increase in the death anxiety. None of the demographic characteristics in this study could predict the death anxiety.

**Conclusion:** The result indicates that the spirituality components can significantly predict death anxiety. So it can be concluded with the raising spirituality components among the older adults, their death anxiety rate decreased.

**Keywords:** Anxiety, Death, Demographic Factors, Spirituality.

\* **Correspondence:** Should be addressed to Mr. Farhad Khormaei. **Email:** khormaei@shirazu.ac.ir

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### Introduction

From the beginning of human history, the truth of death and human limitations in this regard have been turned into a serious concern and shocking force, and is widely considered to be the most unpleasant human characteristic and his inability to deal with the future (1). Abdel-Khalek argues that anxiety and death anxiety are the unpleasant and common experiences of humans (2). Anxiety is a reaction against an unknown, internal, and vague threat with an unconscious and unstoppable origin that is caused by several factors. Meanwhile, specific types of anxiety have been identified and named based on their origin. Death anxiety is one of the most important types of anxiety. Death anxiety refers to unusual and great fear of death associated with feelings of anxiety when thinking about the process of dying or the things that happen after death (3).

Death anxiety is one of the concepts that has been frequently addressed in mental health area. Importantly, death anxiety is a normal experience and it is necessary for any people to have moderate levels of this anxiety so that they are forced to take measure in positive directions. In contrast, if death anxiety exceeds moderate levels, it is not useful for adaptation. Such levels of anxiety cause acute and unbearable stressful conditions and feelings of emptiness and despair in life.

Spirituality is one of the concepts that has recently attracted many psychologists' attention. West argues that spirituality is an experience that is associated with awareness of an immaterial aspect and determines its recognizable values. These values are related to others, self, and nature and refer to anything that one considers to be ultimate. More clearly, spirituality refers to being aware of immaterial.

aspect of having meaning and purpose in life, having mission in life, consecrating life, feeling of compassion, and awareness of the tragedy of one's and others' lives (4).

Rasmussen and Johnson investigated the role of spirituality and religiosity in death anxiety, and found that spirituality was significantly and inversely associated with death anxiety (5). James study demonstrated that religious belief and spirituality were predictors of death anxiety (6). Thiemann et al. reported that nursing students experienced moderate levels of death anxiety, and the levels of anxiety and depression increased with increase in death anxiety (7). Broumand Zadeh and Karimi Sani found that training spiritual skills was effective on relief of anxiety (8). Moreover, people who have poor emotional regulation strategies experience higher levels of death anxiety (9).

In this study, some of the variables that are potentially related to spirituality and can predict death anxiety levels in the elderly were studied. Demographic characteristics such as age, gender, education level, economic status, number of children, and marital status are some of the variables that were investigated alongside spirituality components. Regarding these variables as confounders as well as association between spirituality and death anxiety in the elderly based on demographic characteristics, appropriate and correct approaches can be developed to deliver and design mental health services for middle aged people. Therefore, in the current study, these variables were studied as independent variables alongside spirituality components.

Given the significant role of spirituality in life particularly among the elderly and increased growth of elderly as well as centrality of spiritual issues and their effects on relief of disorders in the elderly, spiritual well-being, and development of a feeling of relaxation, life satisfaction, and life expectancy, the aim of this study is to predict death anxiety based on demographic characteristics and spirituality components in the elderly.

## Methods

In this correlational study, demographic characteristics and spirituality components

were considered predictors and death anxiety considered criterion variable. To analyze data, descriptive statistics such as mean, standard deviation, and correlation were used. To investigate the research questions, simultaneous multiple regression analysis was used. All data analysis was conducted by SPSS.

The study population consisted of the elderly members of retirement centers in Shiraz. Of this population, 245 people (121 women and 124 men) from the retirement centers of Bank Saderat, Education Organization, and Jahandidegane of Kholde Barin were selected by convenience sampling and enrolled in the study. The inclusion criterion was being member of the retirement centers and the exclusion criteria suffering from physical, psychiatric, and cognitive (such as Alzheimer's disease, dementia, and mental retardation) disorders. All people volunteered to respond to the research instruments. Moreover, before filling out the research instruments, the respondents provided informed consent to participate in the study and were ensured that their responses would be kept private.

**Death Anxiety Scale (DAS):** Templer DAS is an instrument to measure death anxiety. This scale was developed by Templer in 1970 and consists of 15 items to investigate the respondent's attitudes toward death with minimum and maximum attainable score of 0 and 15, respectively. The items are responded by two choices: Yes and No. Yes represents the existence of anxiety in the respondent and high scores for this scale reflect high levels of death anxiety (10). Templer DAS has been demonstrated to have acceptable levels of validity and reliability. In the original culture, its test-retest reliability coefficient was derived 0.83 and its concurrent validity coefficient derived 0.27 with reference to state anxiety and 0.40 with reference to depression.

Rajabi and Bohrani investigated the reliability and validity of DAS in Iran and reported split-half reliability coefficient 0.62 and internal consistency coefficient 0.73. To investigate DAS validity, death worry scale and state anxiety scale were used. The coefficient of DAS validity was derived 0.40 with reference to death worry scale and 0.34 with reference to

the state anxiety scale (10). Tomas and Gomez reported test-retest reliability of this scale 0.76 and its internal consistency 0.83 (11).

Spiritual Assessment Inventory (SAI) was developed by Hall and Edwards (12). This questionnaire assesses two dimensions of spiritual growth: awareness of God presence and the quality of relationship with God. The original version of SAI has five subscales: awareness, realistic acceptance, disappointment, grandiosity, and instability. Hall and Edwards revised the original version and added management impression to it. Therefore, the current version consists of six subscales. SAI is a self-report instrument and has 47 items some of which consist of two sections (13). The items are rated by 5-point Likert scale and the choices are Not at all true (1), slightly true (2), moderately true (3), substantially true (4), and very true (5)

Hall and Edwards reported Cronbach's alpha coefficient for awareness, disappointment, realistic acceptance, grandiosity, instability, and impression management 0.95, 0.90, 0.83, 0.73, 0.84, and 0.77, respectively, which represent acceptable reliability of this scale (12). The reliability of this scale was assessed with reference to Spiritual Well-Being Scale, Object Relationships Questionnaire, Coping Skills Questionnaire, Narcissistic Personality Questionnaire, and Revised Internal/External Motivation Scale. The findings showed acceptable content validity of this scale (13).

To investigate the validity of SAI, principal component analysis with varimax rotation was used. This analysis confirmed the existence of five factors in this scale: awareness, instability, grandiosity, disappointment and realistic acceptance. These factors explained 47.32% of the total variance. Awareness measures individual capacity about awareness and relationship with presence of God. Realistic acceptance measures individual capacity and tolerance to control challenging personal experiences. In this dimension, one is allowed to accept his/her positive and negative emotions in a communication content. People at this level can tolerate ambivalent feelings toward God; God is valuable not only for his deed but also for his existence. Disappointment

is tendency to accept that there are some occasions in life that one feels disappointed in relating to God. It is assumed that disappointment measures defensive dimension in people, but indeed, this dimension represents the quality of relationship between God and man.

People at grandiosity are preoccupied with thoughts of magnification and attention seeking to introduce themselves better. Such people consider God to be their support source and provider of their needs. This component measures preoccupation with personal well-being and power and influence-related issues. Instability measures degrees of feelings, insecurity, and fear of rejection by God. People at this level have difficulty combining good and bad self-concept. Such people have difficulty resting on God and considering it an object. In this study, the Cronbach's alpha coefficient of awareness, realistic acceptance, disappointment, grandiosity, and instability was derived 0.88, 0.80, 0.81, 0.71, and 0.65, respectively.

## Result

A total of 245 people participated in this study 121 of whom were female. The age range of the participants was 56-80 years and most (59.7%) of them were 56-60 years. Thirteen (4.5%) participants were single, 205 (85.1%) married, three (1.2%) divorced, and 20 (8.3%) widows/widowers. Besides that, 103 (42.6%) people had high school diploma and lower education levels, 127 (52.4%) associate degree and BA/BSc., and 12 (5%) MA/MSc. and PhD.

Regarding number of children, 13 (5.5%) people had no children, 66 (28.1%) 1-2 children, 123 (52.4%) 3-4 children, 29 (12.3%) 5-6 children, and four (1.7%) 7-9 children. Moreover, 215 (90.5%) people had average economic status, 20 (8.3%) good economic status, and three (1.2%) excellent economic status. According to the findings, mean (SD) of awareness, disappointment, grandiosity, instability, realistic acceptance, and death anxiety was derived  $60.3 \pm 9.1$ ,  $17.01 \pm 4.02$ ,  $12.4 \pm 4.6$ ,  $11.4 \pm 5.7$ ,  $23.9 \pm 3.3$ , and  $6.15 \pm 2.4$ , respectively. Table 1 shows correlation

Table 1. Correlation coefficients between spirituality components and death anxiety

Variables	Awareness	Realistic Acceptance	Disappointment	Grandiosity	Instability
Awareness	1				
Realistic Acceptance	0.25**	1			
Disappointment	0.21**	-0.07	1		
Grandiosity	-0.29**	0.04	-0.22**	1	
Instability	0.25**	-0.14*	-0.25**	-0.29**	1
Death anxiety	-0.006	-0.11	0.42**	0.14*	0.46**

\*P&lt; 0.05

\*\*P&lt;0.01

coefficients between spirituality components and death anxiety.

As shown in Table 1, correlation between death anxiety and disappointment ( $r=0.42$ ,  $P<0.01$ ), grandiosity ( $r=0.14$ ,  $P<0.05$ ), and instability ( $r=0.46$ ,  $P<0.01$ ) was significant. Moreover, among demographic characteristics, only economic status was inversely and significantly correlated with death anxiety ( $r=-0.16$ ,  $P<0.05$ ). Table 2 shows prediction of death anxiety based on demographic characteristics and spirituality components.

According to the results of regression analysis, only two spirituality components, i.e. instability ( $\beta=0.43$ ,  $P<0.01$ ) and disappointment ( $\beta=0.28$ ,  $P<0.01$ ), could predict death anxiety. Therefore, none of demographic characteristics could predict death anxiety in these elderly people and explained 34% of variance in death anxiety.

Table 2. Results of simultan regression analysis for prediction of death anxiety based on demographic characteristics and spirituality components

Variables	$\beta$	t	P	R	R <sup>2</sup>
Age	-0.003	-0.047	0.96	0.28	0.34
Sex	-0.01	-0.18	0.85		
Number of children	-0.05	-0.74	0.46		
Level of education	-0.03	-0.48	0.64		
Job	-0.08	-1.42	0.16		
Marital status	-0.02	0.43	0.67		
Economic status	-0.04	-0.66	0.51		
Awareness	-0.05	-0.71	0.48		
Realistic acceptance	0.04	-0.57	0.56		
Disappointment	0.28	4.35	0.0001		
Grandiosity	-0.042	0.67	0.50		
Instability	0.43	6.87	0.0001		

## Discussion

This study was conducted to predict death anxiety based on spirituality components and demographic characteristics among the elderly. The findings demonstrated that demographic characteristics did not predict death anxiety

and were not determinants of death anxiety, which is consistent with Cole, Masoud zadeh et al., and Mazaheri et al. studies (14-16). This finding could be due to greater dependency of death anxiety on internal psychological factors and other factors play less important role in predicting death anxiety.

As already mentioned, among the five spirituality components, disappointment and instability could predict death anxiety. Regarding disappointment, it can be argued that this dimension is one's tendency to accept that there are some occasions in life where he/she feels disappointed in relating to God. This dimension represents quality of relationship between people and God. When in-depth relationship between a person and God is gradually weakened, he/she may think that even God can do nothing for him/her, pays no attention to him/her as with the past, and has forgot and left him/her. These states are closely associated with death anxiety. Death anxiety is intensified with increase in disappointment.

Instability is a dimension to measure degrees of feelings, insecurity, and fear of rejection by God. People who are at this level are afraid of being left by God. Such people do not have stable emotional relationship with God and feel that God is punishing them. These people have difficulty trusting God, which leads to fear of death and death anxiety in them. This finding is consistent with some other studies (5,17-20)

Regarding these two dimensions of spirituality that predict death anxiety, it can be argued that disappointment and instability assess quality of one's relationship with God. Disappointment causes people to feel disappointed in their relationship with God, which leads to loss of the greatest support source, i.e. God. This condition results in failure to resist negative incidents of life as

with the past and feelings of weakness and inability. Then, patience and tolerance against stressful events decline, power and will are lost, psychiatric and mental problems easily overcome, and hardships are evaded rather than dealt with and resisted.

Instability was more markedly associated with death anxiety compared to disappointment. People at this level may have difficulty trusting and resting on God. Instability may be turned into frustration over time and one may decide to stop considering God a sturdy anchor. Regarding the findings of this study and comparing them with relevant literature, we can argue that in most cases where spirituality and death anxiety are significantly correlated, the role of spirituality in preventing psychiatric disorders could be seen. Therefore, it can be used as an important support source for physical and mental health among the elderly.

## Conclusion

Spiritual beliefs positively affect mental well-being, physical health, and happiness. Change in beliefs and attitudes and development of meaning and purpose in the current life and life after death are some of the influences of spirituality. Having relationship and bond with God which is seen in religious experiences serves as a support social relationship and assists in development of security and peace for people. Moreover, spirituality causes improvement of the function of the body's immune system and can prevent various types of physical and psychiatric disorders through developing peace, hope, and positive emotion. All these factors play part in well-being and health, which leads to relief of death anxiety. Therefore, regarding the status of spirituality as an influencing variable, further attention should be paid to this factor and its components in research activities. Development of religious attitudes in people can help them cope with death anxiety, disease, adverse events in life, and emotional and psychiatric disorders.

## Conflict of interest

The authors declare no conflict of interest.

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## References

1. Feifel H. Psychology and death. Meaningful rediscovery. *Am Psychol*. 1990;45(4):537-43.
2. Abdel-Khalek AM. Why do we fear death? The construction and validation of the Reasons for Death Fear Scale. *Death Stud*. 2002;26(8):669-80.
3. Martins RK, McNeil DW. Review of Motivational Interviewing in promoting health behaviors. *Clin Psychol Rev*. 2009;29(4):283-93.
4. West W. Psychotherapy and spirituality: Crossing the line between therapy and religion. Translated by: Shahidi SH, Shirafkan S. Tehran: Roshd; 2008. [Persian]
5. Rasmussen CH, Johnson ME. Spirituality and religiosity: Relative relationships to death anxiety. *Omega (Westport)*. 1994;29(4):313-8.
6. Henri James A. Religiousness future time perspective and death anxiety among adults. USA: West Virginia University; 2010.
7. Thiemann P, Quince T, Benson J, Wood D, Barclay S. Medical Students' Death Anxiety: Severity and Association With Psychological Health and Attitudes Toward Palliative Care. *J Pain Symptom Manage*. 2015 Sep;50(3):335-342.
8. Broumand Zadeh N, Karimi Sani P. Determining the effectiveness of spiritual skills training on general health and anxiety of female high school students in tabriz. *J Instr Eval*. 2015;8(31):9-23. [Persian]
9. Bodner E, Shrir A, Bergman Y, Fridel S. Anxieties about again and death and psychological distress: The protective role of emotional complexity. *Pers Individ Dif*. 2015;83:91-6.
10. Rajabi GH, Bohrani M. Item factor analysis of the death anxiety scale. *J Psychol*. 2002;5(20):331-44. [Persian]
11. Tomas J, Gomez J. Psychometric properties of the sponish form of templers death anxiety scale. *Psychol Rep*. 2002;91(2):116-20.
12. Hall TW, Edwards kJ. Intrinsic measurement : I/ E revised and single- time scales. *J Psychol Theol*. 1996;24(3):233-46.
13. Hall TD, Edwards kJ. The spiritual assessment inventory: A theistic model and measure for assessing spiritual development. *J Sci Study Relig*. 2002;41(2):341-57.
14. Cole MA. Sex and marital status differences in death anxiety, omega. *Omega (Westport)*. 1979;9(2):139-47.
15. Masoud zade A, Mohammad Pour R, Medanloukordi M. A survey of death anxiety among personal of a

- hospital in sari. J Mazandarani Univ Med Sci. 2008;18(67):84-90. [Persian]
16. Mazaheri M, Falahi M, Maddah B, Rahgozar M. Nursing attitude to spirituality and spiritual care. Payesh. 2009;8(1):31-7. [Persian]
17. Wink P. Who is afraid of death? Religiousness, Spirituality and death anxiety in late adulthood. J Relig Spiritual Aging. 2006;18(2-3):93-110.
18. Sherman DW. Correlates of death anxiety in nurses who provide aids care. Omega (Westport). 1997;34(2):117-37.
19. Ghobari bonab B, Motavalipoor A, Relationship between anxiety and depression and magnitude of spirituality in students of the university of Tehran. J Appl Psychol. 2009;2(10):110-23. [Persian]
20. Pour Movahed Z, Dehghani KH, Yasini Ardekani M. The study of hopelessness and anxiety among adolescents suffering of major thalassemia. J Med Sci. 2003;5:45-52. [Persian]

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