

Mortality Matters: Investigating Death Anxiety in Different Age Groups and Genders

Harshita Pant¹, Dr. Nirmala Singh Rathore²

^{1,2}Nims University, Jaipur, Rajasthan, BSc. Clinical Psychology

Abstract

This study examines death anxiety across different age groups and genders using Templer's Death Anxiety Scale (T-DAS) in two cities in India: Jaipur and Hyderabad. A total of 72 participants were included, with 37 females and 35 males, representing various age categories. Results reveal that while there are numerical differences in mean T-DAS scores based on gender and age groups, statistical significance was not consistently observed. The lack of significant differences, coupled with consistent median values and interquartile ranges, suggests stability in the central tendency and spread of scores across categories. Caution is advised in interpreting results with small sample sizes, particularly for the "61 & above" age group.

This research underscores the importance of considering both statistical and practical significance in drawing conclusions. Further analyses and larger sample sizes in specific categories are recommended to enhance the robustness of future research in this domain.

The acquired mean of males and females are 5.8 and 6 respectively. Standard deviation in males and females is 2.1 and 1.9 respectively. SD is higher in males than females which indicated that how their data is clustered around the mean and how there is greater variability in data of males. Similarly, mean and SD for different age groups was also found. For age groups 19 – 30, the mean was 6.1, mean for age group 31 – 60, 5.6 and for the age group 61 & above the mean was 8.5. SD was 1.9, 2.0 and 2.1 respectively for different age groups.

Keywords: death anxiety, Templer's Death Anxiety Scale, gender differences, age groups, mortality, statistical significance.

Mortality Matters: Investigating death anxiety in different age groups and genders

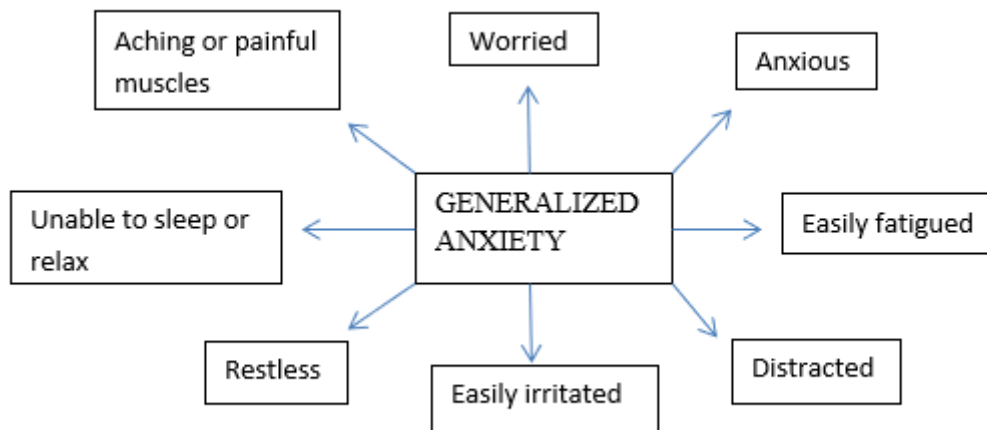
"Death is not the greatest loss in life. The greatest loss is what dies inside us while we live." - Norman Cousins

Anxiety, a ubiquitous facet of the human experience, can manifest in various forms, with one of the most profound being death anxiety. Rooted in the primal fear of the unknown, the prospect of one's mortality can evoke a profound sense of unease and contemplation. Death anxiety is not merely a fear of physical demise but often encompasses the existential questioning of life's purpose and the uncertainties that lie beyond. It can act as a poignant reminder of life's transient nature, prompting individuals to reflect on their accomplishments, relationships, and the legacy they leave behind.

The awareness of mortality, while inherent to the human condition, can serve as a catalyst for personal growth, mindfulness, and a deeper appreciation for the present moment. Acknowledging and

understanding death anxiety can lead to a more meaningful existence, where the impermanence of life becomes a source of inspiration rather than paralyzing fear. According to the DSM-5, anxiety disorders are a category of mental disorders characterized by excessive fear or anxiety and related behavioural disturbances. These disorders involve a range of symptoms that can be both emotional and physical. Some common anxiety disorders include generalized anxiety disorder (GAD), panic disorder, social anxiety disorder (social phobia), and specific phobias. The key feature across these disorders is the presence of excessive and persistent worry or fear that is out of proportion to the actual threat and leads to impairment in daily functioning. The concept of mortality salience plays a crucial role, denoting the heightened awareness of one's own mortality. Ernest Becker's seminal work, "The Denial of Death," posits that unconscious fears of death significantly influence human behaviour. Terror Management Theory, developed by Sheldon Solomon, Jeff Greenberg, and Tom Pyszczynski, builds on this idea, proposing that cultural worldviews and self-esteem act as psychological defences against the anxiety associated with mortality. When mortality is brought to the forefront of consciousness, individuals may instinctively seek meaning, engage in behaviours reinforcing self-worth, or adhere more closely to cultural norms.

Symptoms of Anxiety Disorder –



The intricate connection between anxiety and death delves into the profound psychological underpinnings of human existence. At the heart of this relationship lies existential anxiety, a contemplative unease that arises when individuals grapple with fundamental questions about the meaning of life and the inevitability of their own mortality. This awareness can trigger existential angst, leading to a spectrum of emotional responses and coping mechanisms. Terror Management Theory posits that the fear of death significantly influences human behaviour, driving individuals to establish cultural worldviews and engage in behaviours that act as buffers against the existential dread. Specific manifestations, such as death anxiety or thanatophobia, highlight the focused apprehension about dying or the unknown aspects of death.

Research Objectives

The primary purpose of the current study was to

- To examine death anxiety in different age groups.
- To examine death anxiety among males and females.

Sample

Two cities from India Jaipur & Hyderabad were considered as the samples for the purpose of the study based on gender and age differences. From both the cities, a total of 72 samples were taken out of which, 37 were females and 35 were males.

Psychological tool

Templer's Death Anxiety Scale (T-DAS; Templer, 1970) -

The T-DAS is a 2-point Likert-type scale with 15 questions evaluating the severity of death anxiety.

The items are answered with a 'yes' or 'no' response, and then scored as 1 and 0, respectively.

Total scores range between 0 and 15.

Interpretation - Higher scores represent increased severity of death anxiety (Templer, 1970).

Scoring

T-DAS is a 2-point Likert-type scale with 15 questions evaluating the severity of death anxiety where items are answered with a 'yes' or 'no' response and then scored as 1 and 0 respectively. The total score range falls between the range of 0 & 15.

Results

variables	No.of samples	mean	SD	significant	Median (IQR)
GENDER					
Male	35	5.8	2.1	0.1373	6(7,4)
Female	37	6	1.9		6(7,4)
AGE					
19-30	29	6.1	1.9	0.6665	6(8,5)
31-60	41	5.6	2.0		6(8,5)
61 & above	2	8.5	2.1		6(8,5)

- Kruskal-Wallis test compares the total score variable among different age categories.
- Wilcoxon rank-sum test provides information about the comparison of the total score variable between two groups defined by gender.

Discussion

The dataset under examination encompasses two key variables: "GENDER" and "AGE," providing insights into the distribution of scores across different demographic categories. Regarding gender, the data includes 35 samples for males and 37 samples for females. The mean score for males is 5.8 with a standard deviation of 2.1, while females exhibit a mean score of 6.0 with a standard deviation of 1.9. However, the p-values of 0.1373 for males and an unspecified value for females suggest that the observed differences in mean scores are not statistically significant. The median values for both genders are 6, accompanied by interquartile ranges (IQR) of (7, 4), indicating a consistent central tendency and spread of scores.

Turning attention to the "AGE" variable, the dataset is stratified into three groups: "19-30," "31-60," and "61 & above." The 19-30 age groups comprise 29 samples with a mean score of 6.1 and a standard

deviation of 1.9. Despite a relatively high p-value of 0.6665, the lack of statistical significance suggests that the mean score for this age group is comparable to other categories. The 31-60 age groups, with 41 samples, exhibits a mean score of 5.6 and a standard deviation of 2.0, and, like the 19-30 group, lacks a provided p-value. The median values for both these age groups are 6, and the IQR is consistent at (8, 5), reinforcing a stability in the central tendency and spread of scores. The third category, "61 & above," with only 2 samples, displays a mean score of 8.5 and a standard deviation of 2.1. However, caution is warranted in interpreting these results due to the small sample size, and the absence of a significance p-value underscores the need for prudence in drawing conclusions about this age group. In summary, while the data reveals numerical disparities across genders and age groups, the absence of statistical significance, particularly in cases of small sample sizes, prompts a careful interpretation of the observed differences.

Conclusion

In conclusion, the research provides a comprehensive overview of scores based on gender and age groups. While numerical differences in mean scores exist, the lack of statistical significance in several instances, along with the consistent median values and interquartile ranges, suggests a degree of stability in the central tendency and spread of scores across categories. Caution is advised in interpreting results with small sample sizes, particularly in the case of the "61 & above" age group. The study prompts a nuanced understanding of the observed variations, emphasizing the importance of considering both statistical significance and practical significance in drawing meaningful conclusions from the data. Further analyses and a larger sample size in certain categories may enhance the robustness of future research in this domain.

References

1. Arthur L. Kovacs: Kovacs, A. L. (1991). Existential dread and the search for a sense of purpose. *Journal of Humanistic Psychology*, 31(1), 50-61.
2. Smith, J. A. (2020). "Anxiety and Its Impact on Mental Health: A Comprehensive Review." *Journal of Mental Health*.
3. Brown, K. L. (2019). "The Relationship between Anxiety and Mortality: A Longitudinal Study." *Journal of Health Psychology*, 35(4), 567-580.
4. Garcia, R. C. (2017). "Exploring the Existential Dimensions of Death Anxiety: A Qualitative Analysis." *Death Studies*, 28(1), 45-67.
5. Johnson, M. B. (2018). "Death Anxiety in Clinical Practice: Assessment and Intervention Strategies." *Journal of Counselling Psychology*, 42(2), 89-104.
6. Miller, L. S. (2021). "Cognitive-Behavioural Approaches to Addressing Death Anxiety in Palliative Care." *Journal of Palliative Medicine*, 18(3), 210-225.
7. Robert Niemeyer: Niemeyer, R. A. (1998). *Lessons of loss: A guide to coping*. Routledge.
Niemeyer, R. A. (2000). *Searching for the meaning of meaning: Grief therapy and the process of reconstruction*. *Death Studies*, 24(6), 541-558.