The Relationship between Religiosity and Death Anxiety among Older Adults: An Empirical Investigation

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ABSTRACT

The inevitability of death among older individuals has sparked significant discussions about death anxiety. This study aims to explore the relationship between religiosity and death-related apprehension in the elderly. We selected 110 individuals aged 65 to 74 using a purposive sampling approach for data collection. To measure death anxiety and religiosity, we employed well-established tools: the Death Anxiety Scale and the Religiosity Scale. Descriptive statistics, including mean, median, and standard deviation, were used to analyze the data distribution. We assessed the relationship between variables using Karl Pearson's correlation coefficient and conducted an independent t-test to examine potential gender differences in death anxiety and religiosity. The results indicate that there is no significant connection between religiosity and death anxiety among older adults. Furthermore, no notable gender disparities were observed in the levels of death anxiety and religiosity among the elderly. These findings highlight the need to identify alternative factors influencing death anxiety in older adults for more accurate predictions and interventions. Given the limited research on the interplay between religiosity and death anxiety in the elderly population in India, further investigations are necessary to understand the role of religiosity in shaping death anxiety in this specific demographic.

Keywords: aging, death Anxiety, gender, religiosity, religion, older adults

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Introduction

It is a widely accepted fact that all living beings have a finite lifespan and will eventually experience death. The inevitability of death is a fundamental principle of the natural world. The human life cycle can be broadly categorised into three distinct stages, namely childhood, youth, and old age. In old age, individuals may experience a sense of liberation and independence. The subject under consideration enjoys a significant degree of freedom from the majority of his obligations. As individuals age, their physical abilities may decline, resulting in a potential need for assistance from others. Individuals may experience feelings of uselessness and futility in their lives. The presence of death anxiety is being observed in their psyche. The tension of mortality is borne by them.   Defining the concept of religiosity can be challenging, but it can be clarified by using various terms such as religiousness, faith, belief, piety, devotion, and holiness. The phenomenon of religiosity can be elucidated through multiple theoretical frameworks. Religiosity can be elucidated by a theologian through the lens of faith (Groome & Corso, 1999).

Religious educators will prioritize orthodoxy and belief, as emphasized by Groome (1998). The phenomenon of religiosity can be elucidated by psychologists through the lenses of devotion, holiness, and piousness. On the other hand, sociologists may offer an explanation of religiosity by examining factors such as membership in religious institutions, attendance at religious gatherings, acceptance of religious beliefs, familiarity with religious doctrines, and adherence to religious practises (Cardwell, 1980).

Religious educators, following Groome's perspective (1998), will place their emphasis on orthodoxy and belief. Meanwhile, psychologists may offer explanations of religiosity through dimensions such as devotion, holiness, and piousness. On the other hand, sociologists, drawing from Cardwell's work (1980), may explain religiosity by considering factors like membership in religious institutions, attendance at religious gatherings, acceptance of beliefs, knowledge of doctrines, and the practical application of faith.

Death anxiety refers to a psychological state characterised by a sense of fear, unease, or concern that arises when contemplating the aftermath of death, the experience of dying, or the cessation of existence. Death anxiety pertains to the cognitive, affective, and behavioural responses towards the ultimate cessation of existence that individuals encounter within typical circumstances of existence. (Belsky, 1990).The death of fear is real but more imaginary. Duff and Hong (1995) conducted a study examining the potential influence of religiosity on death anxiety. They hypothesized that communities characterized by a higher frequency of attendance at religious services might encounter reduced levels of death anxiety.

There was no discernible connection between religiosity and the intensity of fear of death. It seems that age plays a more significant role than religion in this context. The prospect of death creates varying degrees of anxiety in various people, based on a variety of things such as religion. (Harding et al., 2005, Roushani, 2012). Religious beliefs have been identified as a potential prophylactic measure in mitigating the challenges associated with mortality and end-of-life concerns.

As the field of death anxiety research among older adults is still in its nascent stage, it remains a pertinent undertaking for scholars to disentangle the diverse correlates and predictors of death anxiety. There exists a plethora of factors that are recognised to exert an impact on socioemotional reactions towards mortality. Several variables that may influence an individual's well-being encompass age, gender, marital status, education, mental and physical health, hope, and locus of control, spirituality, religiosity, social support, ego-integrity, life satisfaction, and meaning in life.

Review of Literature

In the present study the literature on variables such as death anxiety and religiosity among elderly has been reviewed and presented chronologically to acquaint with the trend in research on this area. Further to identify certain knowledge gap on elderly studies, improve research design, to incorporate new information and to throw light on the research related to various domains on elderly various previous studies are presented.

In a study conducted by Lamba et al. (2022), the research aimed to investigate the impact of religion on death-related anxiety in elderly individuals who practice Hinduism and participate in the Kumbh pilgrimage. The findings indicated that individuals with higher levels of religiosity among the Pilgrim population experienced lower levels of death anxiety compared to those with lower levels of religiosity. Moreover, the study revealed a significant correlation between reduced death anxiety and a stronger belief in the cycle of rebirth, a heightened sense of purpose in life,

and a reduced pursuit of meaning in life. These results provide support for the integration of religious and spiritual awareness among elderly individuals in community healthcare settings.

In a study conducted by Saleem and Saleem (2020), the research aimed to examine the relationship between religiosity and death anxiety. The study sought to investigate this relationship among participants in Muslim dars and explore potential gender-based differences in religiosity and death anxiety within this group. The study's results revealed a significant inverse correlation between religiosity and death anxiety. Additionally, the findings indicated that there was no significant difference in religiosity between Muslim adults of both genders. However, it was observed that death anxiety is more prevalent among Muslim adult females compared to their male counterparts. This significant negative correlation between religiosity and death anxiety may have the potential to alleviate anxiety-related symptoms.

In a study conducted by Ghasemi et al. (2020), the research focused on examining the connection between religious attitudes and death anxiety in elderly individuals. The study's findings revealed a significant inverse correlation between religious attitudes and death anxiety. In other words, there is a negative correlation between anxiety levels and religious attitudes, meaning that as religious attitudes increase, death anxiety tends to decrease. The study demonstrated a correlation between mortality apprehension and demographic factors such as educational attainment, income source, and other related variables. The findings of this study suggest a correlation between religious beliefs and demographic factors such as marital status, educational attainment, income source, way of life, and financial condition.

Mohammadpour et al., (2018) conducted a research study aimed at examining the correlation between the perception of ageing, a set of demographic variables, and death anxiety among elderly individuals residing in Gonabad, Iran. The results of the regression analysis indicated that the score for death anxiety could be predicted based on age and all dimensions of perception of aging, except for the consequences and negative control dimension. This implies that the connection between age and the perception of aging serves as a reliable predictor of death anxiety.

Dadfar & Lester (2017) conducted a study on the correlation between religiosity/spirituality and death anxiety. The study's results suggest that death anxiety is impacted by multiple factors, including religiosity and spirituality, which may have implications for mental health. The implementation of religious and spiritual methodologies has been shown to mitigate mortality-related apprehension and enhance psychological well-being.

In a study conducted by Assari et al. (2016), the research aimed to explore the psychosocial factors associated with death anxiety among elderly individuals in the United States, with a specific focus on race and gender differences. The findings revealed that while race and gender did not have a primary impact on death anxiety itself, they did influence factors related to death anxiety. Notably, age was significantly associated with death anxiety in the female population but not in the male population. Additionally, there was a significant relationship between self-rated health and death anxiety among individuals who identified as White, but this relationship was not observed among those who identified as Black. Interestingly, the study found that death anxiety was only correlated with the total family income among White males.

Missler (2011) conducted a literature review on the subject of death anxiety in the elderly population and proceeded to investigate the characteristics of this phenomenon in a restricted group of elderly individuals, both men and women, who were

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residing in care facilities. The findings indicated that elderly individuals residing in an assisted living facility exhibited greater levels of apprehension towards the process of dying and fear for others, as opposed to fear of the unknown. The study's results indicate a significant correlation between fear for significant others and poor physical health. Additionally, fear of the dying process is linked to low self-esteem, a sense of purposelessness in life, and reduced mental well-being. Notably, the study uncovered gender-based differences in death anxiety, with females displaying a higher level of concern regarding the mortality of their loved ones and the consequences of their own passing, in comparison to males.

Azaiza et al. (2010) conducted a study examining the levels of anxiety related to death and dying in elderly individuals who identify as Arab Muslims living in Israel. The research discovered that residents of nursing homes experienced heightened levels of death anxiety in comparison to the general population. Furthermore, female participants and those with lower levels of education reported higher levels of fear associated with death and dying when contrasted with their counterparts. No significant variations were observed based on religiosity. The study found that death anxiety exhibited a significant association with both gender and education among the elderly residing in the community. However, for individuals living in nursing homes, the study unveiled that social support and self-esteem also played significant roles as factors associated with death anxiety. These findings suggest that nurturing a perception of having a supportive social and familial network is a crucial factor in mitigating anxiety related to death and dying among elderly individuals of Arab descent.

Research Methodology

Statement of the problem

The field of developmental psychology has extensively examined the topic of death, which is a natural and inevitable aspect of the human life span. Various methods can be employed to address this matter, with religiosity being among them. The subject matter of developmental psychology has gained considerable significance in India, particularly in the 21st century. The ongoing research will make a valuable contribution to the field of death and dying, while also providing insight into the overall societal perspective on mortality.

The experience of death anxiety can arise from the anticipation of life-threatening events prior to their actual occurrence. The significance of studying fear of death and death anxiety lies in the fact that mortality is an inevitable reality for all individuals. The possibility of death is a universal reality that can occur at any moment. As a result, the manner in which individuals cope with the acknowledgement of their mortality is a topic of significant importance for all. Conversations regarding matters pertaining to death and dying may not be universally embraced or promoted, as our society tends to avoid acknowledging the inevitability of death. It is crucial to contemplate and discuss mortality in order to gain a deeper understanding of life. Acknowledging our finite existence imbues each moment with significance. The investigation of death anxiety and its management by individuals is a subject of significant importance. Death anxiety is a psychological phenomenon that can have both positive and negative effects on various aspects of an individual's life. In the Indian context, limited research has been conducted on the various aspects of death and dying. Therefore, there is a need for further exploration in this area.

The aim of this study was to examine the correlation between death anxiety and religiosity in older adults and to investigate potential gender differences in both death anxiety and religiosity.

Objectives

- To know the relationship between religiosity and death anxiety among older adults.
- To find gender difference in death anxiety among older adults.
- To find gender difference in religiosity among older adults.

Hypothesis

- H1: There will be a significant correlation between death anxiety and religiosity.
- H2: There will be a significant gender difference in death anxiety.
- H3: There will be a significant gender difference in religiosity.

Research Design

This study was conducted using a combination of correlational and descriptive research design to investigate the association between two variables, namely Death Anxiety and Religiosity. The Pearson Correlation was computed to determine the correlation between the two variables, while the Independent T-test was employed to identify gender disparities between them.

Participants

The present study employed the purposive sampling technique to select the necessary sample. A research group consisting of 110 individuals from old-age homes was purposefully selected for the study. The group was comprised of 55 males and 55 females. The study involved the participation of older adults aged between 65 and 74. The participants received a debriefing regarding the study and provided informed consent. Following this, questionnaires were distributed to the participants, who were then instructed to complete them.

Inclusion Criteria

A standard criterion decided for the research for selection of the sample is as follows-

- Only older adults who were between the ages of 65- 74 years were included.
- Only Jaipur, Rajasthan, older adults were targeted
- No cultural, gender, social, religion or economic discrimination was justified.

Exclusion Criteria

- People below 65 years of age and above 74 years of age were not selected.
- Participants other than Jaipur city were not selected.

Tool Description

The variables in this research were the religiosity and death anxiety. Two standardized instruments were used to gather information in this study and a short summary is provided

Religiosity Scale

The religiosity scale was developed by Dr. Akhtar, Sharma, and Bhat to assess religiosity across six dimensions, namely belief, worship, knowledge, piety, relationship, and sociability/character. The measurement instrument comprises a total of 42 items, with participants providing responses on a 4-point Likert scale. The scale's Cronbach alpha coefficient is 0.74, indicating good internal consistency. Additionally, the test-retest reliability coefficient is 0.65, suggesting moderate stability over time.

Death Anxiety Scale

The death anxiety scale was developed by Dhar, Mehta, and Dhar as a tool for assessing death anxiety. This scale comprises 10 items and requires respondents to indicate their agreement or disagreement with each item using a binary response format of "Yes" or "No". The determination of the reliability of the scale was accomplished through the computation of the split-half reliability coefficient. The coefficient of split-half reliability was determined to be 0.87.

Procedure

The objective of this study was to explore the connection between religiosity and death anxiety

within the elderly population and to identify potential gender differences in both religiosity and death anxiety among older adults. The data collection process was carried out in a sequential manner, starting with the assembly of measurement instruments and ending with the collection of responses from the participants involved. Prior to data collection, the researcher compiled a comprehensive list of Old Age Homes located in and around Jaipur City. Prior approval was obtained from the relevant authorities at the Old Age Homes to conduct the study. The sample was selected using the purposive sampling technique.

The study's rationale and purpose were presented to the relevant authorities, and upon receiving their approval, the elderly participants were contacted and their data was collected with their informed consent. The study only included elderly individuals who were literate. Data was collected for duration of two months in accordance with the prescribed instructions provided in the manual. Both questionnaires were administered concurrently. The elderly participants who possessed reading and writing abilities independently completed the questionnaires and marked their responses. For the elderly participants who had poor eyesight and hand coordination, the researcher read the questionnaire aloud and marked their responses on their behalf. The study was conducted with voluntary participation, and all participants were informed that their responses would be kept anonymous and confidential. The participants were informed that the results of the investigation would only be used for academic purposes. The investigation's outcomes were discussed with the participants, who were given the chance to ask questions and provide input. The data was obtained using a standardised scoring protocol for each test. The scoring process was executed following the guidelines outlined in the manual. The resulting data was then analysed using statistical methods.

Statistical Analysis

The Religiosity and Death Anxiety scores were assessed and analysed based on the scoring guidelines outlined in the Scale's user manual. The statistical analysis in this study was carried out using SPSS software (Statistical Package for the Social Sciences) Version 24.0. Descriptive statistics, including means and standard deviations, were employed to determine score trends and distributions. A correlation analysis was performed to explore the connection between religiosity and death anxiety. Furthermore, an independent t-test was used to evaluate score differences between male and female participants.

Results

The data analysis for the study was conducted using the statistical software SPSS Version 24.0. The main goal was to investigate the relationship between religiosity and death anxiety in the elderly population. Additionally, an independent t-test was used to examine potential score differences between female and male participants, specifically regarding religiosity and death anxiety.

Table 1

Descriptive statistics of Religiosity and Death Anxiety among Older Adults

	Mean (M)	Std. Deviation (SD)	N (Participants)
DEATH ANXIETY	3.75	1.49	110
RELIGIOSITY	55.26	9.16	110

Table 1 indicates the mean, and standard deviation values of older adult's Religiosity and Death Anxiety.

Descriptive statistics

The mean (M) score for death anxiety among older adults is 3.75, with a standard deviation (SD) of 1.49. These values indicate the average level of Death Anxiety and the extent of variability in

scores within the sample. The mean suggests that, on average, the older adults in the sample have a moderate level of death anxiety.

The mean (M) score for religiosity among the older adults is 55.26, with a standard deviation (SD) of 9.16. With a mean score of 55.26, older adults in the sample generally report a moderate level of religiosity.

Overall, the descriptive statistics provide an overview of the levels and variability in religiosity, and death anxiety among older adults. These statistics serve as a foundation for further analysis and understanding of the relationship between these variables and their potential impact on older adult's development.

Table 2

Correlation between Family Climate, Spiritual Intelligence andWell- Being among Adolescents

		Death Anxiety	Religiosity
Death Anxiety	Pearson Correlation	1	.051
	Sig. (2-tailed)		.600
	N	110	110
Religiosity	Pearson Correlation	.051	1
	Sig. (2-tailed)	.600	
	N	110	110

Table 2 indicates correlation among religiosity and death anxiety.

Correlation Analysis

The correlation coefficient between death anxiety and religiosity is 0.051. The positive sign indicates a weak positive relationship, suggesting that higher levels of death anxiety are associated with slightly higher levels of religiosity. However, it's crucial to emphasize that this correlation is not statistically significant. The weak positive correlation between death anxiety and religiosity implies that there might be a slight tendency for higher levels of death anxiety to be associated with slightly more positive perceptions of religiosity among older adults, but this relationship is not strong enough to be considered statistically significant. However, this correlation is not statistically significant, indicating that the relationship observed may not be robust or may be influenced by other factors not considered in the analysis.

Overall, the correlation analysis reveals weak and nonsignificant relationships between death anxiety and religiosity among older adults. It is important to note that correlation does not imply causation, and there may be other variables or factors influencing these relationships.

Table 3

Gender Difference in Death Anxiety and Religiosity among Older Adults

Variable	Categories	N (Participant)	Mean (M)	Std. Deviation (SD)	Std. Error Difference SED	t. ratio
Religiosity	Female	55	55.60	9.37	1.73	1.54
	Male	55	53.93	8.82	1.73	1.54
Death anxiety	Female	55	3.40	1.42	.27	-2.48
	Male	55	4.09	1.49	.27	-2.48

Table 3 indicates gender differences among religiosity and death anxiety.

The presented table displays the outcomes of an independent t-test. The statistical analysis indicates a significant disparity in the means between the male and female sample populations.

The table displays the descriptive statistics of two variables, namely 'Death Anxiety' and 'Religiosity', categorised by gender into male and female populations. The table displays the sample size for every category of each variable, specifically N=110 (male=55, female=55).

The mean (M) score of Death Anxiety of male sample is 4.09 and female sample is 3.40. The mean (M) score for Religiosity of male sample is 53.93 and female sample is 55.60.

The standard deviation (SD) for Death Anxiety was 1.49 for males and 1.42 for females, while the standard deviation (SD) for Religiosity was 8.82 for males and 9.37 for females.

The standard error of difference (SED) for Death Anxiety of male sample and female sample is .27. The standard error of difference (SED) for religiosity of male sample and female sample is 1.73.

The t-ratio for Death Anxiety was -2.48 for both male and female participants. The t-ratio for Religiosity was 1.54 for both male and female participants. The independent t-test is a statistical analysis employed to ascertain the presence of significant differences between the means of two independent groups.

Discussion

The objectives of this study were to assess the correlation between death anxiety and religiosity among older adults and to identify gender differences in these two variables. To explore the connection between death anxiety and religiosity, we employed Karl Pearson's correlation analysis to examine their relationship. Additionally, we used an independent t-test to determine gender differences in these two variables.

Hypothesis one posited a significant correlation between death anxiety and religiosity. As indicated in Table 2, the correlation coefficient between religiosity and death anxiety is 0.051. This suggests that there is no significant correlation between these two variables among older adults. Therefore, it can be concluded that religiosity does not lead to death anxiety in this population. Therefore, the hypothesis has been rejected. The present study's findings are consistent with a previous study conducted by Jonathan (2017), The purpose of the study was to investigate the religious factors linked to death anxiety. The findings revealed a weak negative correlation between religiosity and death anxiety, accompanied by high levels of heterogeneity.

Downey's (1984) research on the relationship between religiosity and death anxiety in elderly individuals produced results that align with the findings of the current study. The data analysis did not offer support for the hypothesis that individuals with lower levels of religiosity would exhibit higher levels of death anxiety compared to those with higher religiosity levels. Further investigations unveiled a non-linear correlation between religiosity and the fear of death. Specifically, adults with moderate levels of religiosity displayed a statistically significant increase in their fear of death when contrasted with adults with either low or high levels of religiosity.

As per Patrick's (1979) research, some individuals may turn to religion as a strategy for dealing with their profound fear of death. This utilization of religion as a coping mechanism for fear, it ultimately fails to alleviate the individual's anxieties due to a lack of complete acceptance. This phenomenon may account for the lack of impact of religion on mortality-related anxiety levels among devout individuals.

Hypothesis two posited a significant gender difference in death anxiety. However, as shown in Table 3, no statistically significant gender-based difference in death anxiety was observed. Therefore, the hypothesis has been rejected. This finding aligns with prior research conducted by Wu, Tang, and Kwok (2002) on elderly Chinese individuals in Hong Kong, which concluded that gender does not influence death anxiety. The study found no significant disparity

in death anxiety levels between individuals based on their gender. Fortner and Neimeyer's (1999) study also supported this by demonstrating that gender is not a significant predictor of death anxiety within the elderly population.

Hypothesis three posited a significant gender difference in religiosity, but as shown in Table 3, there is no statistically significant gender difference in religiosity. However, it is worth noting that women exhibit slightly higher levels of religiosity than men. These findings align with a prior study by Princy and Kang (2011) on religiosity among older males and females, which also found no statistically significant difference between senior males and females in terms of religiosity. Similarly, in a study on religiosity among older men and women, Wingrove and Alston (1971) discovered that women were more religious than men, as evidenced by their higher attendance at religious services.

Conclusion

The primary objective of this study was to explore the potential link between death anxiety and religiosity in the elderly population. To this end, a questionnaire was administered to a selected sample, and subsequent data analysis revealed no significant positive correlation between death anxiety and religiosity. An independent t-test was performed to examine the possibility of gender differences in death anxiety and religiosity. The results and subsequent analysis revealed that there is no statistically significant gender disparity in either death anxiety or religiosity. Nevertheless, it was noted that females tend to display slightly higher levels of both religiosity and death anxiety when compared to older males. As individuals age, they may come to acknowledge the inevitability of death as they devote more time to religious pursuits. Religious belief may serve as a means to enhance an individual's well-being by reducing their fear of death. The majority of religions incorporate the management of death-related anxieties as a fundamental aspect of their belief system. In the past, people have pursued religious education in order to comprehend the uncertainty and inevitability of death, with the aim of alleviating the anxiety that arises from the fact of mortality. Therapeutic interventions based on spiritual beliefs, life satisfaction, and religious faith may serve as a preventive measure against existential despair. Mental health professionals should receive adequate training on the foundational aspects of death anxiety. Additionally, they should develop a thorough comprehension of cultural, religious beliefs, and rituals. This knowledge equips them to leverage religious, personal, and spiritual resources to aid clients in effectively addressing and managing their death anxiety.

Limitations

It is imperative to recognise certain limitations inherent in the present investigation. The sample size of 110 participants may not be considered representative of the entire older adult population, as a primary concern. The study's scope was restricted to a particular geographic area or cultural milieu, thereby constraining the applicability of the results. Moreover, the utilisation of self-reported assessments may potentially introduce response biases or measurement inaccuracies. As the age range of the study participants was limited to individuals between 64 and 75 years, it is important to acknowledge the possibility of divergent outcomes in the younger demographic. The research is based on the assumption that the participant's responses are sincere and accurate. The response style of the respondents may have been hindered by certain biases, such as social desirability or caution.

Recommendations for Future Research

Further studies may utilise more extensive and heterogeneous populations to augment the applicability of the results. Incorporating diverse cultural and geographical contexts would enhance the comprehensiveness of the understanding of the relationship between the

aforementioned variables. Longitudinal studies may be employed to investigate the alterations in these variables over a period of time and their influence on the well-being of adolescents. The inclusion of qualitative methods has the potential to yield a more profound understanding of the subjective experiences and perceptions of said variables.

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