INTRODUCTION

Death is a universal and unavoidable phenomenon. It arouses strong feelings of dread and fear in dying individuals as well as their families and health care providers. It is an issue avoided by everyone in the modern society. Death is terrifying for everyone because it is omnipresent, omnipotent and brutally impartial. Death and taxes are two things, which are certain in life. One can escape paying taxes but death is a certainty for all. Death is unknown and completely mysterious. Its’ invisible ‘monstrous’ presence threatens to take away every thing one cares about, in an instant.

Incidents of death surround us throughout our lifespan. Recent years have seen an increasing interest in the psychology of death and dying. The vicarious exposures of young and old alike to media depictions of violence and death is one of the factors responsible for promotion of interest in death and dying issues. While it has become common place to speak of death, it is paradoxical that there are not many individuals who can deal with most direct experiences of death without bearing a heavy and long-lasting psychological burden (Davidson & Jackson, 1985). Death remains a taboo topic in many cultures and no one openly wants to talk about death and dying process. Very few are still ready to use an approach of honest and open inquiry.
The term death and dying are not synonymous and have no unequivocal definitions. Death may be considered as absolute cessation of vital functions, while dying is the process of losing these functions. Advances in technology have changed the focus of death definitions from circulatory and respiratory functions to brain stem activity. Death is defined as the cessation of vital functions of the body including the heart beat, brain stem activity and breathing (Kaplan & Sadock, 2000). Dying is a process, the end point of which is death. In this sense dying is the terminal part of living. The coping responses during this particular segment of life are shaped by previous experiences with death and dying, as well as by cultural attitudes and beliefs. Kubler-Ross (1969) while working with the terminally ill patients, on the basis of her observations postulated five stages that many dying individuals pass through from the time they first become aware of their fatal prognosis to their actual death. The five stages of coping as given by Kubler–Ross are: denial, anger, bargaining, depression and acceptance.

Every fear is ultimately a disguised fear of death (Dumont & Foss, 1972). Fear of death and death anxiety are the two terms which have been used interchangeably in the literature. Pollak (1980) points out that researchers often examine death anxiety on separate dimensions based on the assumption that death anxiety is a multi-dimensional construct. The death anxiety possesses four dimensions, specifically, fear of death of self, fear of
dying of self, fear of death of others and fear of dying of others. Collett-Lester’s fear of death scale (1969) was developed to allow investigators to examine death anxiety along these dimensions. Templer (1970) suggested death anxiety involves both uneasiness about personal extinction and apprehension about the dying process.

Today the significance of fear of death and dying has increased because of the technological developments and modernization of the society. Due to the advancement of society, the experience with death and dying has changed dramatically. In the past the family members used to witness the dying process and death of their loved ones in their homes. In the present society, due to modernization, younger people are more attracted towards cities for better opportunities and employment; leaving the elders alone at home. Presently as the institutionalized deaths are increasing in number, there are very few possibilities for family members to view the reality of death (Dumont & Foss, 1972). This prevents their exposure to death and dying. Today there is a tendency to perceive death as failure of medical services/sciences. Modern society is death denying and avoiding society. People die in the alien world of modern hospitals where they do not find somebody with whom they can discuss their fears of dying process and death. Even the medical and nursing professionals working in these settings try to avoid or minimize the contact with dying patients in order to manage their
own death related fears. Many theoretical and empirical evidences have established that many nurses because of their fears and anxieties often avoid and isolate the dying patients (Kubler-Ross, 1969; Quint, 1967; Epstein, 1975; Folta, 1963; Glaser & Strauss, 1960).

Every human being has the awareness and knowledge that death is inevitable. Human beings differ from other species because they are forward looking and have cognitive abilities to anticipate some aspects of the future. Ultimately, future brings death for all. Confronting this realization produces anxiety. Thus it can be said that death is grief inducing element in human life. With advancement in medical science and technology, death, as an event, can be delayed but cannot be avoided. Although death is universal, but people’s feelings, emotions, attitudes and coping strategies differ. The various correlates of death anxiety which have been the focus of study by the psychologists include age, gender, religion, spirituality, ethnicity, occupation, death education, ego integrity, environment, depression, a personal sense of fulfillment, health, exposure to death and dying.

Present research work was planned to study all the four dimensions of death anxiety along with some cognitive, emotional and behavioural correlates of fear of death. Under cognitive, emotional and behavioural correlates, the variables hope, alienation, meaningfulness in life, intrinsic religious motivation and health promoting behaviours were incorporated.
**Hope** is a positive and motivational life force. Hope is an important aspect in every individual’s life especially in context to fear of death as this creates feelings of hopelessness. It has been documented that witnessing death or exposure to death experiences creates feelings of hopelessness, helplessness and powerlessness. These feelings/emotions affect the sense of well-being among people (Meier, Back & Morrison, 2001). Various meanings have been associated with **alienation**. All of these point towards a central theme that is a lack of control that an individual experiences over his environment, which produces in him a sense of frustration and powerlessness. It becomes impossible for many to hear or say any last words. Man’s alienation becomes greater as he moves in to the modern world. The mechanical approach to life and death can not but lead to alienation. In the highly advanced society of present time, with its emphasis on capitalistic outlook, loneliness, alienation and fear of death become equivalent (Eid, 2001). **Meaningfulness in life** is one of the most influencing variables in relation to fear of death. Quinn and Rezinkoff (1985) concluded that people, having high death anxiety, fear had lower purposefulness to their lives. Death to Frankl (1965) is a factor in the meaningfulness of life. The existentialists also believe that death to one who has found purpose in life has meaning because life has meaning; death to one who has discovered no purpose in life will become a very anxiety provoking experience (Durlak, 1972). **Religiosity and spirituality** both have impact on death anxiety and fear of death.
Religion is one expression of spirituality (Burkhardt, 1989). Religion is a primary source of strength and sustenance to many people when they are dealing with death and dying. Duff and Hong (1995) examined the effect of religiosity on death anxiety and proposed that death anxiety is lower in communities with higher rate of attendance to religious services. Health promotion is an area which includes both the human environment and human behaviour. Here the people try to expand their positive health potentials to promote well-being. People are becoming increasingly aware of the relationship between lifestyle and illness, therefore, working towards promoting healthy habits. Human beings are conscious of the fact that they will inevitably die, thus death and dying related thoughts regulate their behaviours. Thoughts of death remove an individual’s “protection” from mortality and make them seek ways to “save themselves” (Greenberg, Solomon, & Pyszczynski, 1997).

**NEED OF THE STUDY**

In the modern world, mass-media has increased peoples’ exposure to death and dying enormously. The concept of non-being is very threatening as it goes against a strong and innate feeling that life should not be reduced to non-being. Anticipation of life threatening events before their actual occurrence leads to feelings of death anxiety. Death is certainty for all living organisms but human beings because of their cognitive abilities become
aware of their inevitable death and fear what will happen afterwards. Death is more of a threat for which we do not have enough self control to resist. The term fear of dying refers to the fear of undergoing a violent or painful death; as the process of dying is a pre requisite of actual death, it has been suggested that studying death and dying together is beneficial in attempting to understand the fear they generate (Cicirelli, 1999). The importance of fear of death and death anxiety research rests on the premise that all humans will eventually die. Death is a real possibility to all at anytime, therefore, how people deal with the recognition of their death, is a subject of considerable relevance to everyone. Discussions on the issues related to death and dying are not welcomed or encouraged by everyone, since we live in death denying society. But it is important to think and talk about death if we want to think significantly about life because of realizing that, we are mortal beings every moment in life becomes important. The subject of fear of death or death anxiety and how it is managed by individuals is worth serious investigation. Death anxiety can affect every aspect of our lives and its impact can be positive or negative. In Indian context there are few studies relating to various aspects of death and dying and it was felt that this is the area which needs further exploration. In the present study an attempt has been made to study all the four dimensions of death anxiety i.e. fear of death of self, fear of dying of self, fear of death of others and fear of dying of others. This study has further explored the relationship of all these dimensions of death anxiety with
cognitive, emotional and behavioural correlates. Under cognitive, emotional and behavioural correlates, the variables hope, alienation, meaningfulness in life, intrinsic religious motivation and health promoting behaviours were studied.

**OBJECTIVES**

The objectives of the study are as follows:

**Primary Objective:**

1. To study the relationship between fear of death and its cognitive, emotional and behavioural correlates.

**Secondary Objectives:**

i. To assess the level of fear of death among study subjects.

ii. To compare the fear of death among two groups of females particularly; females exposed to death/dying (group–I) and females not exposed to death/dying in last two years (group–II).

iii. To compare fear of death of self with fear of death of others in females, and among females exposed to death/dying (group–I) and females not exposed to death/dying in last two years (group–II).

iv. To study the relationship of fear of death with hope, alienation, meaningfulness in life (search), meaningfulness in life (presence),
intrinsic religious motivation, and health promoting behaviours in females.

v. To explore the relationship of fear of death with hope, alienation, meaningfulness in life (search), meaningfulness in life (presence), intrinsic religious motivation, and health promoting behaviours in two groups of females i.e. females exposed to death/dying (group–I) and females not exposed to death/dying in last two years (group–II).

vi. To study the relative contribution of hope, alienation, meaningfulness in life (search), meaningfulness in life (presence), intrinsic religious motivation, and health promoting behaviours to fear of death in females.