REVIEW OF LITERATURE

Review of literature has been done under following headings:

- Fear of death
- Fear of death and socio-demographic variables
- Fear of death and hope
- Fear of death and alienation
- Fear of death and meaningfulness in life
- Fear of death and intrinsic religious motivation
- Fear of death and health promoting behaviours

FEAR OF DEATH

“Fear” and “anxiety” are among the terms most frequently used to characterize orientations toward death throughout the life span. Fear of death is, indeed, the universal fear that all human beings experience (Becker, 1973; Kubler-Ross, 1969).

Various investigators typically assume that death universally elicits anxiety. Where presence of fear can not be observed, defensive denial is often inferred (Goldings, Allwood, & Goodman, 1966; Jeffres, Nichols, & Eisdefer, 1961).
Wahl (1958) documented that many anxieties, obsessions and other neurotic symptoms in both adults and children are related to death or its symbolic equivalents.

Goodman (1981) documented that “The existential fear of death; the fear of non-existence; is the hardest to conquer. Even the most defensive structures like denial of reality, rationalization etc., do not lend themselves readily as protective barriers against this existential fear of death”.

Various reasons for fearing death as documented in the literature are:

i) Death is the final event in human life and there is no reversal, no cure, no more tomorrow. ii) The uncertainty of what follows and finality together create a potential for terror. iii) The concept of non-existence can be very threatening because it seems to go against a strong and innate conviction that life should not be reduced to non-being. iv) Death forces us to lose everything, we have ever valued as well as enforces loss of control over worldly affairs and loss of ability to care for dependents. v) People fear pain in dying process more as compared to death. vi) Fear of loneliness while dying. vii) Many people are more afraid of a meaningless existence than death itself (Wong, 2002).

Elizabeth Kubler-Ross (1969) proposes five stages of death and dying as coping mechanism i.e. denial, anger, bargaining, depression and acceptance. These stages are expressed in various human behaviours.
Wong, Reker & Gesser (1994) believe that death acceptance is of three types i.e. neutral, approach and escape acceptance. Acceptance involves a willingness to let go and detach ourselves from events and things which we used to value.

Terror management theory (Pyszczynski, Greenberg & Solomon, 2002) assume that humans spend a great deal of psychological energy in their attempts to manage or deny their subconscious terror. Terror management may lead to cognitive construction of immortality through attaching ourselves psychologically to institution, traditions or symbols. When these constructs are threatened, we restore to anger and violence to bolster our sense of security and protect our illusion of immortality. To cope with fear of non-being, human beings resort to various kinds of symbolic immortality e.g. biological, religious/spiritual, creative, natural and cultural.

FEAR OF DEATH AND SOCIO-DEMOGRAPHIC VARIABLES

- **Age:** Goebel and Boeck (1987) concluded that older adults experiences less death anxiety but age is not a significant factor in determining death anxiety when examining only late adulthood.

  Another study with large sample of 2000 subjects reported a non significant relationship between person’s age and level of death anxiety (Templer, Ruff & Franks, 1971).
Gesser, Wong & Reker (1988) studied the subjects in three groups i.e. young, middle and elderly, the study results showed that death anxiety was highest among middle aged and lowest in elderly individuals.

Whereas Rasmussen and Brems (1996) posited that death anxiety is determined by various psychological correlates other than age and psychosocial maturity is the better predictor of death anxiety as compared to age. Here 194 respondents completed the biographical data sheet, Templer’s (1970) death anxiety scale and the Constantinopole inventory of psychosocial development to help in assessing the relationship among death anxiety, age and psychosocial maturity.

So it can be said that about the nature of relationship between age and death anxiety there are no conclusive findings. The relationship between age and death anxiety is more complex. There is no final view about the relationship of age to death anxiety.

➢ **Gender:** The gender differences in context to fear of death require second look. Although females tend to report high levels of death anxiety, but on the other hand, it is also the women who provide professional/volunteer services to terminally ill. Women report higher levels of death anxiety/fear and they are more responsible and sensitive to the people with life threatening conditions.
Various studies using different death anxiety scales have documented that females score higher than males (Templer & Ruff, 1971; Temper et al., 1971; Immarino, 1975; Thorson & Powell, 1993; Aday, 1984).

Degner (1974) reported that female death anxiety presents as a more emotional experience than the more cognitive approach taken by males.

Kausar & Saima (2002) examined the effect of gender on death anxiety. 132 participants were interviewed using Templer death anxiety scale and Collett-Lester’s fear of death scale. It was concluded that effect of gender was more pronounced using Collett-Lester’s fear of death scale and women reported more death anxiety than their counterparts.

Some researchers believe that gender difference in death anxiety is due to the reason that women are more open with their attitude towards death/dying and more easily and willingly, they accept their uneasiness with death concerns (Dumont & Foss, 1972; Stillion, 1984).

➢ **Marital Status:** Among elderly marital status was significantly related to death anxiety (Swenson, 1961).

In another study Wagner & Lorion (1984) found that people, who were still married, showed significantly more death anxiety as compared to people who were widowed, suggesting that the prospect of leaving a spouse behind after death creates anxiety for married persons.
➢ **Exposure to Death and Dying:** In a study exploring the interrelationships among exposures to death and dying, fear of death and anxiety; questionnaire data were collected from 375 undergraduates of midwestern university. It was concluded from the study findings that overall measures of exposure to death and dying were significantly correlated with several fears of death and were found unrelated to both state and trait anxiety (Hoelter & Hoelter, 1980).

Wik (1991) and Wu (1991), Taiwanese scholars found that people who have experienced death have greater anxiety and fear than those who have not had such experiences.

Hunt, Lester, and Ashton (1983) reported that firefighters and policemen had higher fears of death and dying than students and faculty.

Chiu (1989) reported the study findings that teachers with death related experiences have higher concerns about death than the general public.

➢ **Occupation:** Fang and Howell (1976) while comparing the levels of death anxiety in two groups of students concluded that fear of dying of others was significantly higher in medical students than law students.

According to Dumont and Foss (1972) generally it is assumed that by joining medical profession one can acquire knowledge and protect themselves from inevitable, death, while others argue that physician’s increased level of fear of death results from the high exposure of death.
Exposure to death and dying is one of the three major causes of anxiety in hospitals nursing staff (Gray-Toft & Anderson, 1981).

Lattanner and Hayslip (1984) reported that firemen and funeral personnel had higher fears for the self than did secretaries, teachers and accountants.

In a study on death anxiety three groups of students i.e. 53 experienced and 49 non-experienced nursing students and a control group of 50 non-nursing students were compared. Study findings revealed that both experienced and non-experienced nursing students reported more fear of unknown than controls. Experienced nursing students were having significantly high fear of dying process than non-experienced nursing students and controls (Chuen, Del, Beverly, & Jean, 2006).

FEAR OF DEATH AND HOPE

Dubree and Vogelpohl, (1980) regard hope as a major motivator of behaviour acting as powerful life force. Producing vitality and liveliness in life

Evidence for positive effects of hope has been observed by clinicians’ as documented in literature that greater the will to live, the greater the chance their client had of overcoming illness (Renetzky, 1979; Swaim, 1962).
Positive relationship between hope and survival has been found in studies of burned children and their parents, of women with breast cancer, of patients with coronary bypass and survivors’ of natural disasters and concentration camps. (Seligman, 1971; Greer, 1979; Henderson & Bostock, 1975; Frankl, 1963; Morgan, 1971; Lange, 1978).

There are considerable documented evidences that without hope, death can result. Both from animal and human studies it is clear that repeated exposure to unavoidable and traumatic events over which individual have no control can produce feelings of helplessness/hopelessness (Frankl, 1959; Seligman, 1974).

Drastic effects of helplessness and hopelessness has been termed as “passive suicide” (Limandri and Boyle, 1978).

Some theorists and theologians suggest that hope for a life after death is the only thing that makes the fear of death manageable. It is this hope that makes life worth living (Leming, 1979; Malinowski, 1948).

According to Thorson and Powell (1990) recognition of the fact that after this life they are still part of another entity greater than themselves improves the sense of well-being.

Belief in an afterlife or hope of life after death merely “serves to protect the human psyche from the terror of confronting a meaningless reality ending in death” (Rose & O’ Sullivan, 2002).
When the pain of living has caught up with us and when the spectra of death claims more and more of people whom we have known, loved and lived with, we begin to hope for a life that promises us an eternity of living. This hope is not shallow kind but springs from within and is the kind of hope that endures (Gomes, 2009).

Theophil (2009) in an article in newspaper stated that hope might not hold the promise of security but paradoxically, it enhances our capacity to live, work and ultimately transform ourselves with in an insecure, unstable environment.

According to Faber (1968) suicide is the demise of hope in the sense that continued living is no longer the goal. His starting premise is that “psychological damage personalities confronted by deprivational situations are most-likely to commit suicide”. On personality side he notes the role of hope and its loss, followed by sense of competence which may be damaged in vulnerable people. Faber viewed personality factor as playing a dual role both as actor and as a social surround for other actors. An increase in number of vulnerable personality types would create a multiplier effect on the number of victims in any society.

Miller (1985) documented that hope allows the individual to use a crisis as an opportunity for growth. Prolonged serious illness, a time of personal entrapment and suffering, provides incubatory conditions for incense hope.
FEAR OF DEATH AND ALIENATION

Alienation is a powerful feeling of isolation and loneliness and stems from variety of causes like loss of a charismatic group leader, discover that a person who served as role model has serious shortcoming and among personal events, death in a family, job change, divorce, leaving home for the first time (Encyclopedia of Psychology/Alienation, 2009).

A study using questionnaire comprised of 30 items, describing the experiences of loneliness in cancer patients, their caregivers and general population concluded that dying patients and their caregivers both scored higher on the self-alienation subscales as compared to general population (Rokach, Matalon, Safarov, & Bercovitch, 2007).

Eid (2001) stated that mechanical approach to life and death can not but lead to alienation. The loneliness/alienation and fear of death becomes equivalent in a highly advanced capitalist society.

Weingourt (1998) pointed that loss is a predominant theme in the emotional experiences of elderly people especially those residing in elderly nursing homes. After exploring the feelings of these elderly people it was concluded that with death of loved ones, the elderly person has a diminished circle of significant people and circumstances force the elderly person to enter a nursing home, these remaining artifacts of connection also may be lost, giving rise to feelings of loneliness and isolation.
Alienation is an unavoidable phenomenon in modern society. Psychologists, philosophers, and sociologists describe the characteristics of alienation as an extraordinary variety of anxious feelings, despair, loneliness, meaninglessness, isolation, and the loss of values. It has been mentioned that the problem of alienation has marked the condition of a society under the effects of modernism (Novack & Ernest, 1973).

Meier, Back & Morrison (2001) documented that unexamined feelings of the physicians while caring for terminally ill patients have impact on patients’ care as well as on physicians’ well-being and it was reported by the physicians that failure to save the lives of their patients produce in them feelings of professional loneliness, helplessness, hopelessness, frustration, depression, loss of professional sense of meaning and mission.

Mohan and Joginder (1984) documented that students with the feelings of isolation, powerlessness, meaninglessness, normlessness, and self-estrangement were more neurotic.

Sharma and Rai (1976) reported that subjects who were highly alienated scored higher on neuroticism and psychoticism but lower on extraversion than their normal counterparts.

Mohan and Joginder (1986) explored the relationship between alienation and neuroticism. In a sample of 480 subjects it was observed that
the subjects who scored high on neuroticism also scored high on alienation factor.

FEAR OF DEATH AND MEANINGFULNESS IN LIFE

The existentialists 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).

Belsky (1999) documented that if people see their life as series of missed opportunities they do not attain the ego integrity or purpose in life. Erikson’s theory also stresses that those older adults who find ego integrity should have lower death anxiety.

Quinn and Rezinkoff (1985) concluded that people with high death anxiety had a lowered sense of purposefulness in their lives.

Contrary to above studies a recent study on death anxiety and meaningfulness in life reported that meaning found in life was not significantly associated with less anxiety toward death (Kourakis, 2008).

Tomer and Eliason’s (1996) regret model suggested that death anxiety is determined by three key components; past related regrets, future related regrets and meaningfulness of death. Here, past related regrets refer to feelings of guilt and remorse emerge when people have not obtained their
present goals, future related regret is when a person realizes his or her goals may no longer be attainable due to the limited future, and meaningfulness of death refers to one’s conceptualization of death. Such frustration and disillusionment lead to an increase in death anxiety.

Dumont and Foss (1972) suggested that fear of death is derived from those things not enjoyed or obtained in life.

Death anxiety is inversely proportional to life satisfaction (Yalom, 1980).

When an individual is leading his/her life authentically fear of death decreases (Richard, 2000).

Butler (1963 & 1975) proposed that people are more afraid of existence without any meaning than of death.

Another study also reported that people who see their life as fulfilling and meaningful exhibited less death anxiety and more death acceptance (Lewis and Butler, 1974).

FEAR OF DEATH AND INTRINSIC RELIGIOUS MOTIVATION

The relationship between death anxiety and religious beliefs seems to be too complex to provide a simple pattern of findings. Duff and Hong (1995) examined the effects of religiosity on death anxiety and proposed that death
anxiety is lower in communities with higher rate of attendance to religious services.

In a study on elderly people, frequency of attending religious services was used as a variable that might affect death anxiety. The results demonstrated that the frequency of attending religious services is most significant and strongest predictor of death anxiety while the subjective importance of religion and non-social religious behaviours (private prayers, meditation) are not. It is worth noting that simply attending religious services increase the feelings of death anxiety as compared to importance of religion to the individual (Duff & Hong, 1995).

In a study of 103 healthy older adults and 19 hospice patients a sharp difference was noted between people who were “intrinsically” and “extrinsically” religious. It was concluded that intrinsic religiosity had strong positive effect on approach acceptance of death whereas extrinsic religiosity was positively related to death anxiety (Ardelt & Koeing, 2006; Chun, 2006).

A case study of three older male hospice patients on religion/spirituality and attitudes about death and dying revealed that an intrinsic religious orientation is most likely to be related to a cosmic sense of purpose in life, which facilitates subjective well-being even in face of death (Ardelt & Koeing, 2007).
In an ironic set of findings on anxiety about death, extrinsic fared worst of all; worse than intrinsic and worse than those without religious beliefs (Hoge, 1972).

Another longitudinal study with a sample size of 155 subjects in late adulthood concluded that firmness and consistency of beliefs and practices, rather than religiousness buffers against death anxiety in old age (Wink & Scott, 2005).

Lot of research studies have been conducted to ascertain the nature of relationship between death anxiety and religiosity but no conclusive set of findings is available. There are studies which report positive relationship between religion and death anxiety (Fiefel, 1959) and others which show no relationship between these two variables (Leming, 1979).

Genuine religious commitment ameliorates conscious fear of death, which has been reported by various research studies (Thorson & Powell, 1990; Rigdon & Epting, 1985; Suhail & Akram, 2002).

Recent literature also documented no relationship between religion and death anxiety (Shadingar, Hinninger & Lester, 1999).

Chuin (2010) studied the relationship between intrinsic religious orientation and death anxiety by using Templer death anxiety scale and Age universal religious orientation scale. From a total sample size of 320 subjects the data was used from only 160 participants because the others were not
affiliated to any religion. Results showed no significant relationships between intrinsic religious orientation and death anxiety ($r=-.082$, $p>.05$) and extrinsic religious orientation and death anxiety ($r=.092$, $p>.05$).

**FEAR OF DEATH AND HEALTH PROMOTING BEHAVIOURS**

Recent studies have shown that fear appeals/slogans create emotions such as anxiety, aggression and avoidance that are highly effective in promoting socially desirable behaviours (Millar & Millar, 1996; Ohbuchi, Ohno & Mukai, 2001; Ruiter, Verplanken & Van, 2003; Shehryar & Hunt, 2005).

Threat appeals are used frequently in health promotion, with threats of (premature) death. There is a common notion that young people feel that they are immortal. A study which tried to explore this concept studied smokers in two age groups i.e. 16-25 and 40-45 years. Each respondent was exposed to one message about the threat of emphysema, either a death or non-death message. Younger smokers did not respond more to non-death threats than death threats and expressed a higher level of response to all threats than older smokers. It appears from this study that death threats are more effective with young people and notion related to immortality proved wrong here (Henley & Donovan, 2003).
Terror management theory (TMT), posits that primary function underlying human behaviour is self-preservation. Humans are uniquely conscious of the fact that they will inevitably die, and death related thoughts regulate their behaviours. Thoughts of death remove an individual’s “protection” from mortality and make them seek ways to “save themselves” (Greenberg, Soloman & Pyszczynski, 1997).

Bozo, Tunca & Simsek (2009) examined the effect of death anxiety on the reports of health-promoting behavior, among two groups comprised of 100 young adults and 100 older adults. Findings concluded that the people who were in the death anxiety conditions (i.e. experimental group in which death related thoughts were provoked) reported more health promoting behaviours than people in control conditions.

Henley and Donovan (2003) tried to examine whether any interaction exists between levels of death anxiety and the relative persuasiveness of death (quit smoking or you will die) vs. no death threat appeals (quit smoking or your skin will age) in six focus groups. People with high death anxiety responded more than people with low death anxiety to both death and no-death threats. Greater death anxiety was found to correlate with greater fear arousal and greater response and strongest correlation was between fear arousal and response.
As consumers of health promotion messages if we are exposed to many reminders of our finite existence, we may feel unresolved discomfort but the existentialists’ response would be to embrace these reminders and use them to sustain mindfulness. Existentialists posit that with this state of mindfulness comes a heightened sense of responsibility for one’s own being and in this ontological mode we are most likely to adopt the healthy behaviours recommended in health promotion messages (Henley, 2002).

**HYPOTHESES**

In light of the review of literature following hypotheses were framed:

1. Fear of death would be present in all the study subjects.

2. Fear of death would be more among females exposed to death/dying as compared to females not exposed to death/dying.

3. Fear of death of self would be more as compared to fear of death of others.

4. Fear of death would be negatively related to:
   
   - hope
   
   - meaningfulness in life (presence)
   
   - intrinsic religious motivation
5. Fear of death would be positively related to:

- alienation
- meaningfulness in life (search)
- health promoting behaviours
- age

6. Hope, alienation, meaningfulness in life (search), meaningfulness in life (presence), intrinsic religious motivation and health promoting behaviours would be significantly contributing to fear of death.