

Review of Death Anxiety and Depression Among Elderly People

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Abstract:-

The developing society is compelled with such a population which is fast growing whom it treats as unproductive, ill and disabled i.e. the elderly population. In recent years, industrialized countries around the world have experienced an unexpected dramatic increase in the number of older adults. Getting old is a common experience which is collectively shared by the majority of people as a result it imposes new confrontations for family, community and society at large to safeguard the physical, social, emotional and financial requirements of the elderly. The age old Indian set up and the traditional joint family system have always been involved in the protection of the social and financial safekeeping of the old people in our country.

Introduction:-

The age old Indian set up and the traditional joint family system have always been involved in the protection of the social and financial safekeeping of the old people in our country. But with urbanization, globalization and with the emergence of nuclear family system the needs and demands of the elderly people have been overlooked with the result they have been rendered with physical, psychological and economic insecurities. The Department of Economic and Social Affairs of the United Nations (2015) claimed an increase in number of elderly people worldwide to be expected to grow by 56% from the year 2015 to 2030 i.e. from 901 million to 1.4 billion, and by 2050, the world wide population of elderly people is going to reach nearly 2.1 billion.

Defining Old Age

According to Gerdes (1988) and Lowy (1985), several aspects of ageing need to be taken into account when defining old age; these are chronological, biological, psychological, social and developmental aspects.

Theoretical Background of Ageing

Different theories have been advocated to address the dynamic process of ageing. The following section will review some of the theories of ageing in an attempt to present an outline for an improved comprehension of the latter phase of life.

1. Disengagement Theory

In otherwords this theory postulates that it is advantageous for both individual and society to contribute in the course of departure from significant roles, activities and relationships as that person is growing old. The theory is not directly in favour of that person should disunite from all the relationships which he made in his prime life and become a sage, rather it suggests that an elderly person shall be relatively less involved in the social interactions in which he/ she was formerly bound, and a diminished level of participation will take place at four stages.

2. Activity Theory

This theory was criticized on the basis that to some degree it is static in the sense that if a person rises up in the morning and do the same kind of chores like the routine work does not imply that he/she would age well. This also fails to believe in maintaining one's mid-life or making changes in the older life like if a person was quite active in his/her prime life and was able to handle high stress would not be able to age successfully by doing optimal level of tasks or vice versa.

3. Continuity Theory

This theory was basically criticized on the grounds of its definition of normal ageing. The theory did not differentiate normal ageing from the pathological ageing in which the elderly people are not keeping well due to physical or mental ailments, how a person in this condition can continue with the similar kind of lifestyle by ignoring his health and well-being.

4. Lifespan Perspective

The lifespan approach is in the realm of other psychological approaches on aging which give some productive knowledge about human development. These comprise of Erikson (1976), Peck (1968) and Levinson (1986) who all were involved in identifying various psycho-social developmental responsibilities whereas Piaget (1972) was interested in the cognitive development (Kimmel, 1974).

5. Erikson's Theory of Psychosocial Development

The Erikson's Theory has been criticized on the grounds that this theory cannot be either be measured or replicated. This theory lacks scientific city which describes human development. Though it deals with many psychosocial aspects of development yet it does not touch the important aspects of development like cognition and emotions.

Problems Faced by Elderly

Getting old and the process involved in ageing is mainly the biological phenomenon which has its own drive and which is beyond the reach of one's control. It is irreversible phenomenon which involves so many drastic changes which are sometimes are not accepted by the person getting old.

DEATH ANXIETY

Death anxiety is an experience of fear, dread or worry (anxiety) when one has a thought of the course of dying or death. Death anxiety refers to "a negative and apprehensive feeling that one has when thinking about death and dying" (Richardson, Berman and Piwowarski, 1983).

Types of Death Anxiety

According to Langs (2004), there are three types of death anxiety:

1. Predatory Death Anxiety:

Predatory death anxiety takes place with the fear of being harmed. It is the most fundamental and deep rooted form of death anxiety, with its genesis stemming from the first unicellular organisms' set of adaptive assets. They have receptors that have been developed to react to external threats and they also have self-defensive, receptive mechanisms prepared to ensure survival in the face of chemical and physical types of assault or danger.

2. Predation or Predator Death Anxiety:

Predation or predator death anxiety is such type of death anxiety which occurs from a person physically and/or mentally harming another and is frequently accompanied by unconscious guilt. In turn, this guilt prompts and persuades numerous self-prepared decisions and dealings by the perpetrator of harm to others.

3. Existential Death Anxiety:

Existential death anxiety is the essential comprehension and understanding that ordinary life must end. It is believed that existential death anxiety straightforwardly associates to language as language has produced the foundation for this type of death anxiety with the help of communicative and behavioural changes.

Theories of Death Anxiety

1. Thanatophobia

Freud (1952) was one of the pioneer theorists to stress upon the concept of death anxiety. He suggested that whenever people express a fear of dying or death it is known as thanatophobia. According to him it was not in fact the death which people are afraid of but the belief that people do not have an idea of being dead or imagine own death.

2. Terror Management Theory

Becker (1973) proposed terror management theory on the basis of existential views who rotated death anxiety theories towards a new aspect and was of the view that "while humans strive for self-preservation, they are also aware of the inevitability of death" (Pyszczynski, Greenberg and Solomon, 1999).

3. Posttraumatic Growth Theory

Another recent theory of death anxiety Posttraumatic growth theory (PTG) suggested that "facing a life crisis, in particular death of self or a loved one, can result in positive changes, such as a greater appreciation for life, a shift in priorities toward intrinsic goals, and improved interpersonal relationships" (Tedeschi and Calhoun, 2004).

4. Psychosocial Theory

Erikson (1950) proposed the psychosocial theory in which he explained that people develop in the course of a series of crises as they grow up older. The theory also encloses the idea that once an individual reaches the later phase of his/her life, they attain the level which is called as "ego integrity".

5. Death and Adjustment Hypotheses

Death and adjustment hypotheses (DAH), a theory postulated about death and dying which stressed upon death anxiety and adjustment to death was proposed by Hossain (2008) who was interested in finding an answer to the irresistible anxiety and anguish about death.

Factors associated with Death Anxiety

The likelihood of death frequently creates people more anxious when they think that they have not yet and not able to achieve any affirmative task in their life which they are living.

Death Anxiety among Elderly People

Death anxiety or fear of dying or death is a big challenge among elderly people. Due to death anxiety the well-being of elderly persons reduces and their will to live diminishes. Lower ego integrity, more physical and psychological difficulties are predictive of higher levels of death anxiety in elderly people.

DEPRESSION

Loneliness, helplessness and hopelessness as well as deteriorating health have been discovered to be threatening symptoms for depression. Depression is a widespread but often non documented or inefficiently treated state among elderly people (Cindy and Helen 2011).

Theories of Depression

1. Behavioral Theory of Depression

Lewinsohn (1974) contended that "depression is caused by a combination of stressors in a person's environment and a lack of personal skills". The positive reinforcement arises when people do something from which they receive pleasure and reward.

2. Beck's Cognitive Theory of Depression

Some theorists emphasized the role of cognitive processes in depression. This theory was postulated by Beck in 1976 in which he talked about negative triad. According to him when the primary symptoms are cured the secondary symptoms are resolved automatically. The triad involves "automatic, spontaneous and seemingly uncontrollable negative thoughts".

3. Social Cognitive Theory of Depression

Albert Bandura (1986) in social cognitive theory pointed out that individuals are produced by the communications between their behaviours, thoughts and environment.

4. Learned Helplessness Theory of Depression

“The hopelessness theory attributes depression to a pattern of negative thinking in which people blame themselves for negative life events, view the causes of those events as permanent, and over generalize specific weaknesses to many areas of their life”.

Depression among Elderly People

Depression is a public health problem which is more prevalent among elderly people. Depression in old age is more frequently related to significant physical, psychological and cognitive impairment which influences the functional deficit and disability.

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