A Study of Death Anxiety in Ailing and Healthy Retired Persons of High Income Level with Reference to their Time of Retirement-A Pilot Study

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CHAPTER 1
INTRODUCTION
Renewed interest in the Phenomenon of death in the West:

Feigel (1977) has made a very significant remark that "Man of the late Middle ages and early Renaissance participated in his own death. It is fitting that we in the late twentieth century recapture our sovereignty over death and, hence, life" (p. 355). Man of the late Middle ages and early Renaissance, in fact, carried a firm and stable set of beliefs which underwent dissolution through the period of scientific development. These beliefs had infused meaning in the phenomenon of death. Actually, it was through his faith in Christian religion that the medieval man could participate in his own death. This power of the Christian faith is still manifested in the monks. Toynbee (1969) has observed that on interpreting death meaningfully one is reminded of the historic utterance of Socrates who said during his trial. They "can put me to death but they cannot harm me". The materialistic conception of life renders death meaningless by identifying
this event with nothingness. The transition from medieval synthesis into the modern order had very far reaching consequences so far as thinking about life and death was concerned. Mumford (1944) has observed that "the concept of Modern Man must be taken as an historical term which concern a type of existence, a mode of thought and Social life an ego and super-ego, which first took shape around the fifteenth century. (Mumford L. Conditions of Man- Martin Seeker- London-1944) (p. 263). The word modern was used to distinguish the contemporary beliefs of this period from those which were held by the ancients. Later it became a term of special eulogy, as the moderns became more proud of their achievements and more confident of their position. Nothing that twentieth century man sang in self-praise could surpass that which Voltaire bestowed on the seventeenth century. And by now the triumph of modern man has resulted in a profound irony; he himself is dated as the "advanced" men and women in Bernard Shaw's early plays" (p. 263). Modern man however finds himself surrounded by agonizing experiences, alienation, loneliness, boredom, anonymity and a kind of freefloating anxiety arising out cut
throat competition. Over and above, despite his efforts to
busy himself in the temporal pleasures of life he is not able
to face squarely the problem of the meaninglessness of life
because of death. The existential philosophy of Europe seems
to have taken into grips the problem of these agonizing experienc
ces. It has also come to grips with the problem of death.

Heidegger (1959) believes that an authentic attitude
towards death must enable a man to be so realistic as to see
that his own existence is "thrown into being toward its own
end". Of all the potentialities of man the extreme potentiality
is the impossibility of existence. Man therefore, is in a state
of continual confrontation with nothingness.

Jaspers (1959) like Heidegger, seizes the problem
of death by rejecting the objective attitude which according to
him ignores it entirely. Jaspers rejects immortality if it
means any confirmation of our existence in temporal future, but
he advocates "courageous faith" which implies our living
belief in the continuation of self-hood when the moment unites
the temporal and the eternal. Hence everyday life may be
destructible, but the existence is imperishable.

Marcel (1959) more explicitly, advocated the meta-
physics which affirms belief in immortality and eternal life.
Marcel believes that abandonment of belief in immortality and
eternal life has not led to a more loving care of life in the
world. On the contrary it makes it more dreadful by amputating
meaning and worth out of life. The impact of existential
philosophy has brought about many revisions in the perspectives
of western man so far as the deeper questions concerning life
and death are involved. In America, as Feifel (1977) has
observed "in a society that emphasizes achievement and the
future, the prospect of no future at all and loss of identity
is an abomination. Death is seen as destroyer of the American
Vision - the right to life, liberty, and the pursuit of
happiness. Hence, death and dying invites our hostility and
repudiation. I submit that it is this outlook which, in
substantial measure, lies behind our general negativity toward
old age, herald of death. (p. 5).
In fact the American mind is willingly accommodating the truth of death because as a very wise man has suggested, not more accepting of death these days in just more difficult to hide from. In other words, the truth of death is forcing itself upon the American attitude.

As a consequence of this forced interest we see more tangible aspects of this attitude in developmental and other studies around the problem of death. It has been noticed that children even at the age of two years happen to contend with the ideas of death. Kastenbaum studies as well as those of Nagy's (1948) highlight the varying perspectives of death in the growing children. These authors have studies death from the developmental point of view.

Clinical experience tends to accentuate further one's intimacy with the fact of dying. Feifel has said that "there is expanded recognition of the psychotherapeutic value of open communication with the dying person. Seemingly, the unknown can be feared more, at times, than the most known dreaded
reality. Further, clinical experience suggests that, for a good number of patients, information received about the seriousness of their situation can galvanize a "will to live" not available to them before" (P. 7).

He further writes on the whole — and without wishing to debate some of the obvious exceptions — the death of an older person is seen as less tragic than the death of a person of any other age group, with the possible exception of newborns. This is the case whether the person responding is a man or woman, is young, middle-aged or elderly, is black, Mexican American, Japanese-American, or Anglo-American". (Kalish and Reynolds, 1976, p. 218)

He further writes" A hospital's usual perception of operations and appropriate utilization of personnel classifies dying as a relatively ineffective and inefficient enterprise. The unhappy result is that the dying patient is often left to die emotionally and spiritually alone. We hardly tolerate his farewell". "Fortunately, numerous nurses, physicians, the
clergy, and other health professionals have not renounced the human, comforting, and emotionally sustaining aspect of their relationship with dying patient (pp. 7-8).

"The issue that arises, then, is why there are a number of probable answers. First, older people are likely to have diminished social responsibilities and fewer societal roles limiting the dependence of others on them (e.g., work, family, club); therefore, their absence will have less impact on those they leave behind and will not be so likely to require role substitutes. Second, because older people today tend to constitute most of the deaths (quite different from periods when major wars, plagues and epidemics, all simply lack of medical care distributed death almost randomly across the life span). Many of us seem to look on death as the normal concomitant of age and are not especially shocked by it. Third, we know that an old person is going to die soon any way, so we are better prepared -- perhaps braced could be a more appropriate term -- for it when it happens. (If this seems to be a harsh statement, I believe that it reflects a harsh reality). Fourth, many
of us old and youngalike, feel that old people have already had the life which they were entitled to: to die at an old age does not evolve being cheated. Fifth, our living style often brings us into contact with relatively few older people the non-elderly remove themselves from the elderly both psychologically and physically. Sixth, old people have gone through the death of many others and they themselves often indicate a greater readiness to die then people at other ages and seventh, some old people have already deteriorated to the point their future existence seems to hold limited value even for them; others have suffered physical, psychological, or social losses that may further living less valuable and there are undoubtedly additional reason". (Kailish 1969,1976).

On the basis literature available on the problem of death the researcher has tried to look into reasons for the renewed interest in death. It appears that the reasons are many. Perhaps the fact of death is heavily imposing itself upon us and it is difficult to hide or conceal its subconscious effects. One has to come to grips with it anyway. Leaving a dying patient
might be rationalized but in clinical management a more
humanitarian approach seems to be asserting itself viz-a-viz
a dying person. To give him comfort is more appropriate then
abandoning him at the last moment.

Another possible reason might be the hope that death
anxiety might be minimized by finding ways and means through
facing the fact of death, scientifically. But whatever the
reason the subject of death, though not quite reached the
major states of sex and sports has been arousing an increasing
interest particularly in America.

Nature of Cross-cultural studies. Their significance for this
investigation

A cross-cultural approach on any problem in psycho-
logical and social science gains its importance from the face
that human perspectives, attitudes, value-attitude-meaning
systems, and response pattern of people do not develop in a
psycho-cultural and psycho-social vacuum. They arise out of
the interacting influences of these factors. Hence cross -
cultural studies can reveal those consciously and subconsciously operating influences which characterize even the most obvious aspects of human experiences and reactions to those experiences.

How the death experience is responded to in a culture which encourages thinking over the most dreaded thoughts of it? This indeed is an empirically significant question. It is also significant from a strictly theoretical point of view.

Death, disease, and old age happen to be most dreadful things in America. We have already discussed about death perspectives with regard to American culture in particular.

By and large the studies available on death come from the American culture. Old age and old age problem, death and sickness however, are responded with very different attitudes in the Indian culture. In the first place death is not tabooed subject among the Indian people. Old age carries much respect and regard and old persons are not supposed be assigned to convalescent homes and homes meant for aging people.
These cultural considerations, plus some ethical norms as regards the treatment of the old people by the younger generation significantly changes with the emotional and sentimental aspects of interpersonal relations. Old persons are not abandoned by the younger ones during their last moments. People in their advanced old age generally look toward their younger members of the family for an overall support. It, is therefore quite reasonable to suppose that the psychodynamics of death anxiety and especially in the aging people, can not possibly escape influences which arise out of cultural factors and particularly from within the ethos of a culture. It is, therefore, much more reasonable to ask whether different perspectives of death would influence death anxiety and its impact on older persons who feel death nearer than the younger people. The present researcher therefore feels that an investigation conducted around this problem gains importance from the very fact that only a cross-cultural study can highlight certain obvious factors pertaining to death anxiety in this regard.
Retirement and old age in the Indian society and culture

Actually, the present study focuses around the problem of retirement. Retirement from active services is an important phase of life. It brings problems of rehabilitation old age, use of one's time and problems of a dependent family headed by a retired person.

In other words retirement brings in its wake problems of reorientation on mental and physical level.

In advanced countries securities of all sorts tend to alleviate worries and anxiety that attend during the period of retirement. The circumstances around the period of retirement may also be assessed from the point of view of planned and unplanned retirement. It is difficult to generalize things concerning retirement, because we cannot understand the psychological and social effects of retirement unless the socio-economic status and the nature of the circumstances existing at the time of a person's retirement are fully taken into account.

In view of what has been stated above, the researcher
has therefore confined the study around people who come from a high income level which means an income level ranging from one thousand upwards. Such persons come in the middle range of the middle class. Other significant factors influencing the retired persons arise out of the family circumstances namely number of grow up children married and unmarried children especially number of unmarried girls.

Other problems facing the retired persons pertain to residence, presence of the spouse and settlements as regards living within or outside the family circle. In the Indian culture and society the retired persons derive their comfort from their sense of belongingness within the family or else from the fact that they realize their children would care for them and would come to their help should they face any difficulties in life. With advancing old age the individual realizes that he is nearing death. Death anxiety in the retired person might therefore depend upon the family circumstances mentioned above and upon factors which determine an individuals psychological closeness within the family group. A family is believed
to be the most cohesive group from the psychological point of view and hence family provides the strongest source of security and mental comfort to an individual. Feelings of loneliness, deprivation from the care and love of the members of the family might, therefore accentuate death anxiety.

As regards the planned and unplanned retirement the issue devolves around life insurance, fund for investment in the construction of a house, marriage insurance, bank balance and such other securities of life as might be available to a retired person. Planning one's retirement primarily involves financial considerations and at the same time a mental preparation for the same.

Besides these considerations the researcher has taken into account some other significant factors as variables of the study. These are health and sickness at the time of retirement. They seem to important tremendously so far as death anxiety is concerned. A healthy retired person carries a kind of optimism immediately after retirement and tries to get some re-employment
and thereby continue and extend his earning period of life.

Generally speaking a healthy retired person having
bouancy of spirit and optimism, and a renewed vigour to continue
active life, is less likely to be valuable to effects of
death anxiety. Ailment of any sort at the time of retirement
depresses the spirits and accentuates the tendency to be depen-
dent on others for one’s future and security through the declin-
ing period of one’s life, namely the advancing old age. As the
time when retirement takes place begins rocede and age advancing
heralds the climax of old age with fraility and weakness the
life. The life perspective also shifts from optimistic to
pessimistic. Prolonged disease makes one more susceptible to
death anxiety than anything else. By ailment in the older people
the researcher actually means prolonged illness, serious disease
which might have crippling effects on the body. It becomes all
the more crippling to suffer from prolonged illness or such
ailment in the old age.

The physical condition at the time of retirement thus
becomes important because with advancing time the old age
becomes ripe and mature and the chances of employment, if any, and everything swiftly begins to dwindle. Death anxiety might overtake such persons without much psychological resistance and its effects may be more conspicuous. Hence sickness, health, and the time when a person gets retired, seem to be significant in view the effects of death anxiety.

**Psychological effects of old age and the retirement**

Retirement creates a psychological vacuum in the life of an individual. This vacuum is characterized by a sudden shift in the status, dissociation from persons who happen to be the participants during the period of active service, sudden change in routine habits of daily life and in the concomitant mental pre-occupations. One might feel as if one's life is no more occupied with any meaningful activity. The type of vacuum created might depend on the nature of service from which a person gets retirement.

Old age itself creates much vacuum in the life of a
person. In the India culture the problem of loneliness among old people arises only when they are abandoned by their progeny or when the intimate spouse passes away. In a family where the aged grand parents or parents are given proper care old age brings in more comforts, leisure hours and time to devote in constructive useful and religious activities. Death becomes a very desirable topic among the older people in India especially those who have virtually retired from active service or vocation and do not go for any sort of re-employment. Generally older people make preparation for death and for their after-life through getting heavily busy with religious activities prayers, going to mosques and temples and so on.

They devote time to their grand children with the view that they are doing some thing which is good and desirable in the eyes of God. Death however is not deemed undesirable or any thing awful so far as older persons are concerned. It is a custom among the Hindus that the dead body of an old person is carried to the cremation ground with much pomp and show.
and show including music. This expression of joy symbolizes the fact that there is an occasion for delight when one departs from this world after having accomplished much and in all fulfilment.

From the observations of Kalish (1969, 1976) it appears that attitude towards the death of an old persons is not an exception in the Indian culture. Therefore, it is apt to state that death anxiety in the old and retired persons in India may be noticeable not by virtue of their being old but due to reasons other than mere old age. In the light of above discussion the researcher concludes that death anxiety in the ailing and healthy retired persons depends not necessarily on old age or the absence of any vocation, but on a number of factors worth exploring.
CHAPTER II
SURVEY OF STUDIES
We have already stated in the previous chapter that the grave concern with death has resulted in scientific studies of the phenomenon of death. Consequently, a number of aspects pertaining to the aura-sil of Death Anxiety are presently being studied in the West. The problem of old age, which has already focused the interest of medical men, psychologists, and other social scientists, has also come very close to studies around Death Anxiety.

An enquiry was conducted by Feifel (1977) over a sample of forty males with a mean age of 67 around. The major questions like meaning of death, what happens after death, the manner, place and the time of dying, frequency of thoughts about death, death from specific disease, meaning of old age and, fear of death. One of the most distinguishing features of this study was that the sample consisted of persons over 65 years— an age group never taken into account before. Besides, all persons in this considerably older group were noted for physical ailments of different nature, cardiovascular respiratory, arteriosclerosis and so on. All were largely concerned with death but only 20% were frequently absorbed with the idea of death. Attitudes differed due to religious orientation and non-religion attitude. The 20% who frequently and occasionally thought of death were religiously oriented. Two dominant outlooks were found says Feifel; one visualization
death as the dissolution of bodily life and the doorway to a new life and the other with a kind of philosophic resignation, as the end. We may cite example from a symposium held on "Attitudes towards death in older person". The paper entitled "Age, personality and Health correlates of death concerning normal aged individual" contributed by Paul J. Hudnick and Andrew Dibner (1981) presented a study of normal aged persons as against the diseased persons of Feipel. The study focussed on certain anticipated correlates of death concerns among a sample of normal aging individuals. Twelve TAT cards were used to measure personality characteristics and death attitudes. As predicted, there was no relationship of high death concern to such demographic variation as age, sex, occupational status (retired or working), marital status or education, but high death concern was associated with high scores on MMPI dimensions of Hypochondriasis, Hysteria, Dependency and impulsivity. This finding was interpreted to mean that concern over death involves neurotic pre-occupation, particularly in relation to bodily symptoms. The interpretation tended to be confirmed by the relationship of high death concern to high scores on both the physical and psychiatric disturbance.
The study of Wendell M. Swenson (1961) entitled "Attitudes towards death in an Aged population" brought out a significant relationship between religiosity and death in the sense that religious people have less fearful attitudes towards death. Those who evaded the issue of death were persons with good health and better education. Persons who were widowed also evaded the topic, whereas single separated and married people looked forward to death. Age, sex, source of income, occupation, location (rural-urban) had no relationship with attitudes towards death. The discussion which followed the presentation of studies in the symposium brought to light the fact that meaning of death was far from being clear. Some criterion should be fixed for labelling persons as old and older. It was held that notions of death touch the core of one's personality and death is multifaced, symbol whose specific import depends on the nature of the individual's own conception of death raises many problems and especially with regard to the techniques and methodology. This thing has been explicitly mentioned by Jeffers et al. in their study entitled "Attitudes of older
persons towards death a preliminary study. They point out by referring to Gardner Murphy and Schilder (1934) that individual experience turn out to be the most vital factors in determining the conceptions of death and death is not psychologically homogenous even in a narrowly, defined cultural group. Hence, the technique of direct questioning may be inappropriate for reaching the real feelings of the subjects, even though in the present study the questions were asked near the end of social history taken in an informal setting; and even though the interviewer was previously known to the subject and good rapport had been established. With regard to attitudes towards old and age and death older subjects who resided in apartments i.e. under conditions approximating their previous environment showed less fear of death than those who lived in central houses. Both groups, however revealed mild anxiety in thoughts of death. Actually this investigation throws light on the fact that in a state of less mental accommodation with environment death anxiety tends to become pronounced, especially in the old age when a person's mobility is minimized.
The studies cited tend to lead us into the conclusion that aging alone does not increase our concern with death. It may be generally very true, and still more generally true in every culture but scientifically the statement must be qualified with a number of questions. For example, what is actually meant by old age? Should we stick to some conventional criteria of the old age while attaching the problem of the attitude towards death or should we derive our criteria from some other source. At what age people become old, sixty, sixty five, seventy or seventy five? Is every one who has reached the age of seventy-five for instance is really old enough to have a significantly different concern about death as compared to a person of sixty? Should we rely exclusively in individual's own feeling of being old? Who really among the old constitutes a good sample? Those who are sick or those who are perfectly healthy? Those who feel lonely, frustrated, deprived, having achieved nothing or those who are happy, well, have a good progeny and have achieved a lot? Most certainly these questions are of utmost importance from the viewpoint of a good
theory that must guide us into an inquiry of this sort. In fact, individual's own experiences, to a large extent determine his concern with death and his attitudes towards the fact of death. In their study entitled, 'Toward a Psychiatry of the Life Cycle etc.', this view is somewhat reinforced indirectly by the findings of Templer and Ruff (1971) who conclude that environmental events and especially the impact of intimate interpersonal relationships tends to have its effect on death anxiety. Death Anxiety is, therefore, not a fixed entity dependent on early childhood experiences.

Dr. Butler (1963) found that with the old age the reality of death becomes increasingly clear. Aging problem tend to clear through the empirical studies of a developmental nature. It is true of the aging people that given all other conditions as equal, old age, especially that which falls between the sixth and seventh decades of life, makes the fact of proximity to death quite clear in mind of an individual. Age drastically changes our concern with life, it must change our attitu...
and concern about death. Age, however, is intimately inter-
woven with other factors, especially disease, health and the
individual’s own life experiences.

The aforesaid studies highlight the fact that aging
and particularly the advanced old age brings feeling of
psychological nearness to death. But old age alone, however,
is not the concern of the present investigation. It is only
the problem of retirement which happens to arise and coincides
with the early old age is the direct concern of the study. It
is very true, however, that retirement is a problem arising
out of the structure of Modern societies.

Among other impacts of technological and social changes
retirement happens to be quite significant with regard to
elderly people. The problem of the retirement has many dimen-
sion e.g. disengagement from active life and its psychological
consequences planned and unplanned retirement, health and
ill-health, financial resources and so on. Bromley(1966)points
out that "Retirement marks a transition from fairly full active
engagement with other people to extensive withdrawal or dis-
engagement from them. A retired man cannot rely upon occupa-
tional activities to maintain his social interaction, identity
and prestige, but even before retirement his occupational.
skills may become functionally inadequate or obsolete. Technological changes such as automation bring about occupational redundancy. A man may need to acquire new skills, new attitudes and interests, and new social relationship if he is to make the most of his retirement. This is to make up for the drastic reduction which follows the loss of his main occupational role. Part-time paid work will ease the financial problems of active healthy individuals, but may lower the relative standards of living those who are unable to work for money" (P.76)

Further points out that "the elderly person's most salient concern is often his physical health and, next to that, his security and standards of living. A reduction in living standards and income consequent upon retirement, coupled perhaps with natural regrets on leaving lifetime friends and activities, may bring about a temporary depression or anxiety, but often it is the prospect of retirement rather than retirement itself which leads to morbid states of mind. Studies show that, given reasonable physical health and financial resources, the average retired man or woman soon becomes adapted to the changed
circumstances and shows improvements in physical health and outlook. It is not so much old age and retirement as the transition to old age in retirement that creates problems of adjustment" (p. 75).

Roger (1979) has mentioned that retirement can produce stress which may have various reasons. "The loss of dominant social role, that of worker (Darnley, 1975) is one of them. In fact, observes Hoch Schild (1973), retirees lack status in work-oriented society. Individuals who are retired must also cope with other aspects of retirement: the end of the work career, a decrease in income, increased awareness of the aging process, a greater potential for declining health, which will restrict activities, much more free time, changed interpersonal relations and society's image of the retirees (Thurber, 1974)" (p. 329).

However retirement can also yield a number of satisfactions, and one of those satisfaction is freedom from restricting routine. Perhaps one of the most significant
factor that tends to determine the psychological consequences of retirement is the presence or absence of ill health. The investigator has noticed that the factor of health in the retired person is quite significant so far as Death Anxiety is concerned.

It is, therefore, well born out in the light that some psychological consequences definitely arise through retirement. Since the factor of physical health is distinctly significant the investigator believe that D.A. as a variable can not be less significant for the retired persons specially when retirement coincide with early old age. And since physical health is fairly crucial in determining its psychological consequences, Death Anxiety in relation to healthy and ailing retired persons seems to have a significant relationship. While making a survey of the studies in aging the investigator unfortunately did not come across a study of this sort.

Since studies around death anxiety have already started in this country the cross-cultural nature of this investigation
can not be undervalued for a number of reasons that may be categorized as economic, social-cultural and social-psychological.

Indian society is a mixture of traditionalism and modernity and hence both nuclear and joint families exist in the urban societies. The life activities in the post-retirement period of an individual have much to do with these major patterns of families. What is termed as disengagement by Reger may have differential effects on individuals who live the two types of families. In a way the joint family offers much psycho-social security because its ethical standards and traditionally-oriented beliefs require due care, respect and responsibility toward older people particularly when they are handicapped from the point of view of health. It offers opportunities for being busy and gives elderly people a kind of security and psychological footing. The economic aspect of the life of retired persons is definitely related to these patterns of families. The earning members of the younger generation feel
responsible to take care of the physical comforts of the elder people especially when they are ailing and unable to help themselves financially.

Although the present investigation is limited the factors of health and ill health, it brings to for some theoretical questions that may be investigated further. For example, the issue of the differential effects of these two patterns of families. The post-retirement activities so far as the Indian culture is concerned cannot be brushed aside from a cross-cultural point of view. Hence the problem of death anxiety arising out the dread of being left alone and neglected in the old age and after retirement would have much to do with these factors.
CHAPTER III

METHODOLOGY
Adequate methodological consideration in any research must take into account the nature, the purpose, the scope and the direction of the problem. A study may be exploratory, cross-cultural, varificatory of a broader or of a narrow order. They carry different considerations. By and large psychological researches heavily emphasize the design, the techniques and the tools that are employed in a particular study. Humanistic psychology however tends to classify researches as problem-oriented and technique-oriented. Actually, these differences arise out the type of emphasis with which a research is conducted. Problem-oriented research gives primary importance to the purpose and meaning whereas an over-emphasis on technique, as Maslow has (1970) observed, leads to an "Inevitable stress an elegance polish technique and apparatus has a frequent consequence a playing down of meaning fullness, vitality and significance of the problem and of creativeness in general". (P.)

It seems possible to pin point certain studies which are typically technique oriented. Problem-oriented researches especially in the field of Humanistic psychology tend to carry
the overtone of subjectivity. Humanistically-oriented researchers have taken into account problems which have been neglected by the traditional, scientific psychology of the West. Only very recently the problem of death has come in the range scientific psychological researches. It is certainly true that adherence of traditional scientific psychology places greater attention on the refinement of research techniques and design, sometime even at the expense of meaningfulness. Inquiries around the problem of death are of a rather subjective nature and are carried out with different purposes. Most of these studies pertain the fear of death in human beings. Death Anxiety therefore has acquired a kind of priority in these researches. The problem posed by the present researcher pertains to this aspect of inquiry namely the problem of death. The rationale of the problem is derived from the fact that aging persons are naturally nearer to death or the terminal event of their life. They, therefore are more likely to be prone to death anxiety. Besides the rationale is further derived from the fact that death acquires considerable interest in the
actual life of an aging individual. The life of an individual is mostly occupied with professional and vocational interests and his so-called busy time happens to a part of deep psychological involvements in life activities surrounding his profession. The event of retirement from heavy occupations and vocation leads to a drastic change in the life orientation and actions of an individual. Besides, the event of retirement brings in different types of problems in the advanced and backward societies of the world. It also brings about different problems, in different individuals, depending on the circumstances surrounding the socio-economic status and family life. Retirement may make a person insecure and uprooted in the society. Death Anxiety becomes a significant variable in the context of the circumstances surrounding the event of retirement. The event of retirement is a fairly complicated matter. Retirement coincides with the period of old age and inactivity. It brings in a sudden shifting in the socio-economic status of an individual. Its psychological accompaniments are not few. The absence and presence of health is so important that it may have
even a decisive effect on the psychological make up a person.

These considerations support the rationale of the problem, and methodological considerations therefore have been taken into account in the light of foregoing statements. The type of information required has been derived from the purpose set forth in the study. Accordingly, the selection of the tools, sampling process and the design are made. While keeping these considerations simultaneously into view the nature of this research may be said to be exploratory and cross-cultural.

Its significance particularly arises out of the fact that no such study is presently available in the Indian culture. The investigation has been conducted with following planning and design.

**SAMPLE:**

A sample of 60 old age male people was drawn from the different cities (Lucknow, Aligarh, Allahabad and Meerut) of Uttar Pradesh. The sample comprised 36 retired and 22 pre-retired persons, representing the three types of services
namely Professors, Military Officers and PoliceOfficers. The retired and pre-retired persons were further divided in terms of Healthy and Ailing group. The retired persons were those whose age range was 60-65 years, and the pre-retired person's age range was 55-60 years. The criteria for selecting the subject was that the retired person should be those who have been retired within five years and the pre-retired persons should be those who are going to be retired within five years. The sample was matched with respect to some demographic variables such as sex, socio-economic status (HSES), religion, (Hindu).

Below is given the break-up of the sample.

\[ N = 60 \]

<table>
<thead>
<tr>
<th></th>
<th>Retired (( N = 38 ))</th>
<th>Pre-retired (( N = 22 ))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>(( N = 23 ))</td>
<td>(( N = 15 ))</td>
</tr>
<tr>
<td>Ailing</td>
<td>(( N = 15 ))</td>
<td>(( N = 7 ))</td>
</tr>
</tbody>
</table>
Death Anxiety scale (Templer, 1970) employed in the study contained 15 items that elicited responses having to do with the personal experiences and attitudes of the respondents about life and death. More specifically, the items covered primarily the experiences associated with dying, cremation and burial observed after death. The responses were to be given into true-false categories. (cf. Appendix)

PROCEDURE:

The investigator collected the data either by personally or by mailing to the subjects residing in various cities of Uttar Pradesh - Aligarh, Allahabad and Meerut. Each subject was approached at least twice because some subjects felt a bit inhibited in responding to the items of the scale. Before administering the scale, an informal talk was given to the subjects explaining them the purpose of investigation. Then, the respondents were asked to give their responses on a scale under the given 'True' and 'False' categories which expressed them
most faithfully. The subjects generally took about twenty (20) minutes time to fill up the scale.

**STATISTICAL TECHNIQUE:**

Subjects scores obtained on the death anxiety scale were subjected to the t-test and Kruskal- Wallis test. The t-test was used to determine significance of difference between scores of retired and pre-retired persons and those belonging to health and ailing groups on DAS. Kruskal- Wallis test was used to know whether the populations from which these three independent sample (Professors, Military Officers and Police Officers) belonging to healthy and ailing groups were drawn do differ in same way.

Bar diagrams have been plotted to represent retired and pre-retired persons differences, healthy and ailing persons differences and Professors Military Officers and Police Officers differences belonging to Ailing and Healthy group.
CHAPTER IV

RESULT AND DISCUSSION
This chapter presents the results of the data analyzed by means of the t-test and Kruskal-Wallis Test respectively to determine the significance of difference between comparable groups on DAS scores (Table 1-4) and to know whether the population from which those three independent samples (i.e., Professor, Police Officer and Military Officers) do differ in some way (Table 5-6). The abbreviation used in this chapter is D A S stand respectively as Death Anxiety scale.

**TABLE I**

Showing the results of the t-test as applied to the scores of subjects belonging to Healthy group on D A S.

<table>
<thead>
<tr>
<th>SUBJECTS</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>t-Value</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETIRED</td>
<td>23</td>
<td>4.78</td>
<td>2.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRE-RETIRED</td>
<td>15</td>
<td>4.13</td>
<td>1.35</td>
<td>1.10</td>
<td>INSIGNIFICANT</td>
</tr>
</tbody>
</table>

**TABLE II**

Showing the results of the t-test as applied to the scores of subjects belonging to ailing group on D A S.

<table>
<thead>
<tr>
<th>SUBJECTS</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>t-Value</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETIRED</td>
<td>13</td>
<td>6.96</td>
<td>2.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRE-RETIRED</td>
<td>7</td>
<td>5.24</td>
<td>3.86</td>
<td>1.10</td>
<td>INSIGNIFICANT</td>
</tr>
</tbody>
</table>
Significant differences have not been found between the retired and pre-retired subjects' scores on DAS whether they belonged to healthy or to ailing group. The mean of retired subjects is higher than the mean of pre-retired subjects on DAS in both the groups (cf. Table 1 & 2).

The insignificance of difference between the means of retired and pre-retired subjects apparently does not seem to have very obvious reasons. Although it is true that retirement must have some significant effects on the attitudes so far as death is concerned, their absence in the present case might largely be due to the size of the sample and this is purely a statistical reason. The higher mean of the retired subjects, of course, does reflect a kind of natural tendency which is consonant with observation and common sense.
### TABLE III

Showing the results of t-test as applied to the scores of subjects belonging to retired group on D A S.

<table>
<thead>
<tr>
<th>SUBJECTS</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>t-VALUE</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>AILING</td>
<td>15</td>
<td>6.96</td>
<td>2.21</td>
<td>2.81</td>
<td>SIGNIFICANT at 0.1 level</td>
</tr>
<tr>
<td>HEALTHY</td>
<td>23</td>
<td>4.78</td>
<td>2.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE IV

Showing the results of the t-test as applied to the scores of subjects belonging to pre-retired group on D A S.

<table>
<thead>
<tr>
<th>SUBJECTS</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>t-VALUE</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>AILING</td>
<td>7</td>
<td>5.14</td>
<td>3.86</td>
<td>.50</td>
<td>INSIGNIFICANT</td>
</tr>
<tr>
<td>HEALTHY</td>
<td>15</td>
<td>4.13</td>
<td>1.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Significant differences have been found between the ailing and healthy subjects belonging to retired group (t = 2.81, d.f = 36 p < .01). That is, the ailing subjects scoring higher than the healthy subjects on DAS. No significant differences have been discovered between the ailing and healthy subjects belonging to pre-retired group, but ailing subjects have accentuated the feeling of death anxiety (t = .50, d.f = 20, p > .05).

The significance of difference in the above evidently vindicates the deliberations that have been made in earlier chapter. The absence of significance in the differences of the means in the pre-retired group of ailing and healthy persons should not necessarily lead us to think that the sickness has nothing to do with death anxiety the mean of ailing persons still much higher than those of healthy person.
Table 5 showing the data & computation for the Kruskal-Wallis Test as applied to the scores of Prof., Military, & Police Officers belonging to Acting Group on D A S.

<table>
<thead>
<tr>
<th>AILING</th>
<th>Professors</th>
<th>Military Officers</th>
<th>Police Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCORE</td>
<td>RANK</td>
<td>SCORE</td>
<td>RANK</td>
</tr>
<tr>
<td>13</td>
<td>22.0</td>
<td>7</td>
<td>12.0</td>
</tr>
<tr>
<td>5</td>
<td>5.5</td>
<td>9</td>
<td>19.0</td>
</tr>
<tr>
<td>5</td>
<td>5.5</td>
<td>6</td>
<td>9.0</td>
</tr>
<tr>
<td>9</td>
<td>19.0</td>
<td>6</td>
<td>9.0</td>
</tr>
<tr>
<td>7</td>
<td>12.0</td>
<td>6</td>
<td>9.0</td>
</tr>
<tr>
<td>8</td>
<td>15.5</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

\[ \begin{align*} 
\text{Hobs} &= \frac{12}{N \cdot (N+1)} \sum_{j=1}^{k} \frac{T_j^2}{b_j} - 3(N+1) \\
&= \frac{12}{22(23)} \left( \frac{(79.5)^2}{6} + \frac{(59.0)^2}{5} + \frac{(115.5)^2}{11} \right) - 3(23) \\
&= 42.34, \text{ d.f.} = 2, p < .001 
\end{align*} \]
Table 6 showing the data & computation for the Kruskal-Wallis Test or applied to the scores of Prof., Military & Police Officer belonging to Healthy Group on D A S.

<table>
<thead>
<tr>
<th>Professors</th>
<th>Military Officer</th>
<th>Police Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>Rank</td>
<td>Score</td>
</tr>
<tr>
<td>2</td>
<td>5.0</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>22.5</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2.0</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>37.0</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>22.5</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>16.5</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>38.0</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>10.5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>31.0</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ n_1 = 14 \quad T_1 = 331.5 \quad n_2 = 15 \quad T_2 = 203.5 \]

\[ Hobs = \frac{12}{38(39)} \sum_{j=1}^{K} \frac{(T_j^2)}{n_j} - 3 \frac{(N + 1)}{N(N+1)} \]

\[ \frac{12}{38(39)} \left( \frac{(331.5)^2}{14} + \frac{(203.5)^2}{15} + \frac{(206)^2}{9} \right) = 3(39) \]

\[ Hobs = 6.40, \quad df = 2, \quad p < .05 \]
FROFtSSOHS
MILITARY OFFICERS
POLICE OFFICERS

PROFESSORS
MILITARY OFFICERS
POLICE OFFICERS

AILING
HEALTHY
The data and the computation of Hobs are presented in Table 5 and 6. Hobs values are found to be 42.34 and 6.40 for ailing and healthy group respectively, which exceeds the critical value at .05 level. This analysis suggests that the population (i.e. ailing and healthy) from which these three groups are drawn do differ in some way. That is, the close scrutiny of results shows that the professors scoring higher on DAS groups with respect to both groups, Military Officers scoring next and Police Officers still next in the hierarchy on DAS scores with respect to ailing group. Police Officers mean is higher than Military Officers on DAS with respect to healthy groups.

This general picture which has so clearly emerged through the K-W test leaves no doubt as regards the relationship of retired life and death anxiety. Sickness certainly tends to accentuated the fear of death in the minds of persons in whose life in vacuums has already being created through disengagement. Another interesting aspects of this picture is the presence of a kind of a hierarchy in the intensity of fear of death among persons of different professions.

The general picture which emerges out of these findings certainlly demonstrates the fact that the persons entering old age or
going through the process of advancing old age are seriously affected when they become disengaged from the active life. The disengagement from active life brings greater psychological problems for those who are sick and can not therefore afford to compensate for their psychological handicaps by having some or the other type of minor engagement. This might be one reason for the heightened feelings of death anxiety. Death Anxiety is a universal phenomenon but its specific manifestations and differential effects are subject to a host of factors. Among some factors retirement is quite significant.

The investigator has further applied K-W test with the view to making further statistical assessment of the scores. The K-W test underlies the rationale that N should not be equal and it is applied to independent observations where the number of independent groups should not exceed five. The number of independent groups in the present investigation namely, Professors, Military and Police Officers does not exceed five. Results of the test clearly bring to light the fact that in the ailing group means are significantly different among the three groups. Highest death anxiety is expressed by Professors, whereas the Military and Police Officers has expressed lesser death anxiety. Professors express more death anxiety than the other two groups. It may be said that there is some differentials effects on training and
thinking of Military and Police Officers who frequently come across
death situation and seem to be mentally prepared to face death. This
is very true of Military Officers personnel. In this manner these
findings high lights some of the deeper and subjective aspects of
attitudes towards death. In the context of the experiences of indivi-
duals belonging to different professions.
CHAPTER V
SUMMARY AND CONCLUSION
The present study is part of a large research in progress aiming at exploring relationship between Death Anxiety and certain personality variables--Alienation, security--Insecurity, and Internal-External control. The present investigation however is confined only to finding the significance of difference between the scores of Healthy-Ailing and Retired-Pre-retired subjects on death anxiety scale.

The results of the present study have led to certain conclusions and have pointed to some possibilities for future research.

Retired persons and especially those who become victims of ailments encounter isolation and loneliness due to their disengagement from active life. This investigation which was intended to probe into the nature of death so far as the anxiety among retired and pre-retired persons effects of health and sickness are concerned has brought to light the following:
(1) Retired persons have a higher score on DAS than their pre-retired counterpart but the differences in means is insignificant.

(2) Retired persons who happen to be suffering from some ailment score significantly higher than the healthy group of retired subjects.

(3) Among the retired subjects coming from different professions, Professors score higher than Military and Police Officers. There is a kind of hierarchy on their scores.

Professors stand at top on DAS then come Military Officers and next in order are subjects who get retired from the Police Departments.

These findings prompt us to suggests for further research on this problem. The following suggestions might
yield fruitful research.

(1) Does any stage during the retired life open up the possibilities of rehabilitation. Would this rehabilitation have any effect on Death Anxiety?

(2) It might be fruitful to take into account some other professions besides those that have been included by the present investigator.

(3) The kind of hierarchy that has emerged through K-W test deserve attention only a larger sample can possibly verify whether such a hierarchy really exists or not.

(4) Since the group of professors is spread over different disciplines the effect of a particular discipline is worth studying.

(5) So far as Military and Police Departments are concerned the sample is restricted to Officers. It may be worthwhile to include soldier and police constable.

The investigator must however admit that it would be very risky to make any generalization on the basis of such a limited study.
1. Bromley, D.B. **The Psychology of Human Aging**  


5. Feifel, H. **New Meaning of Death.**  

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<table>
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<td>Title</td>
</tr>
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<td>&quot;Age, personality, and health correlates of death concerns in normal age</td>
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<td>AND</td>
<td>individual.</td>
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<td>psychological Association.&quot;</td>
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<td>-----</td>
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</tbody>
</table>
APPENDIX
INSTRUCTION

Please read the following items carefully. You are requested to write "YES" or "NO" against each of them after you have given thought to each. Please ask any question if you have.

1. I am very much afraid to die. ( )
2. The thought of death seldom enters my mind. ( )
3. It doesn't make me nervous when people talk about death. ( )
4. I dread to think about having to have an operation. ( )
5. I am not at all afraid to die. ( )
6. I am not particularly afraid of getting cancer. ( )
7. The thought of death never bothers me. ( )
8. I am often distressed by the way time flies so very rapidly. ( )
9. I fear dying a painful death. ( )
10. The subject of life after death troubles me greatly. ( )
11. I am really scared of having a heart attack. ( )
12. I often think about how short life really is. ( )
13. I shudder when I hear people talking about a World War III. ( )
14. The sight of a dead body is horrifying to me. ( )
15. I feel that the future holds nothing for me to fear. ( )

Name ........................................ Sex. ............................
Age ........................................ Physical ailment ............................
Education ................................. if any ............................
Income ................................. Year of Referentment ............................
Address ................................. Designation ............................

