

Impact of Widowhood on Religiosity and Death Anxiety among Senior citizens

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A total of 120 subjects with age range from 60 to 75 years were selected on incidental basis from Varanasi city. Efforts were made to control education and socio- economic status. They were administered Bhushan's religiosity scale and Thakur death anxiety scale. In order to find out the significance of difference between the various comparison groups, t- test was used. The results revealed significantly greater religiosity for subjects with their spouses dead than for subjects with their spouses alive. No significant difference between the widows and widowers in their religiosity was obtained. A significant difference between the mean death anxiety scores of the subjects with spouses dead and the subjects with spouses alive was obtained. Subjects having their spouses dead scored higher on death anxiety scale than subjects who have their spouses alive. However, widows were found to be significantly more on death anxiety scale than widowers.

Due to the deterioration of physical and mental abilities, the old age people often face different social and psychological problems. Social scientists have long been engaged in exploring and studying these social and psychological problems arising due to the old age. Among the various social and psychological problems, adjustment in old age has been studied extensively by different investigators. Mishra (1989) in his study of problems and social adjustment in old age observed that those old age people are better adjusted who are leading a life resembling the life of aged people in pre-industrial society in terms of having of financial and physical security, satisfactory family relationships, social interaction and association of various groups of people, involvement of useful creative activities. Anantharaman (1979) found adjustment to be positively related to education, occupation, income and social class but negatively related with age. In their study problems and adjustment in old age Deoras and Janabandhu (1979) observed that

most of the old age people expressed necessity of pension, regular fund, family and proximity of friends. They found that in 38 percent of their sample, religiosity increased, 64 percent developed anxiety and were feeling insecure, 58 percent of the subjects were fully prepared for the death but 14 per cent were afraid of it.

Psychologically, old age in which people usually retire from their work may be called the transition between generativeness versus stagnation and integrity versus despair. Thus, the evaluation of one's contribution in the occupation and in the family gains importance as the crucial issue in old age. The sense of satisfaction, the sense of having produced something useful and the sense of accomplishment in the occupation as well as in the family are, therefore, source of a sense of integrity and security during this stage of life. But of course, the possibility of generativeness does not end at the old age, nor is the issue of integrity versus despair suddenly becomes important only in the old

age. Instead these two stages of the lifecycle overlap; only the relative emphasis on generativeness or integrity distinguishes one stage from another. As other events occur during this period, the importance of integrity versus despair increases. These events include the growing awareness of death as something personally relevant, some friends may have died, one's spouse may be ill or deceased, or one's health may be failing. There may be extended period of mourning over the loss of a friend or spouse, reawakening of old memories that lead to the re-evaluation of one's life. In addition there may be reduction in the variety of meaningful interaction after one no longer sees one's friend at work; the sphere of physical life space may be shrinking; there may be change in residence and one may need to establish new relationships and adjust to unfamiliar surroundings. Each of these is likely to develop psychological problems in old age.

The institution of marriage provides not only the satisfaction of biological needs but it is also very important from psychological point of view, particularly from the viewpoint of emotional support. The emotional support, which one's spouse provides becomes all the more important during the old age when people in this age usually become more isolated. It is the wife who consoles the husband in his difficulties and worries. In the same way, the husband provides emotional support to the wife in despair. But when one of the spouses is no longer available due to death, this important source of getting support is no longer available. In such a situation the old age person may feel more insecure and may become more anxious about his death. This may lead the old age person to take shelter in religious activities, which may, ultimately, result in the increase of religiosity.

The term religiosity refers to religious faiths. It indicates the degree to which a person may be identified as religious. Webster Universal Dictionary (1971) defines religiosity

as state, quality of being religious, emotional zeal of religion. Religiosity means faith in a power beyond himself whereby the individual seeks to satisfy the demands of life and which he expresses in acts of worship and service. Geertz (1968) explaining religiosity from a psychological perspective, asserts that simple emotional theory of awe and confidence have been extremely popular. These theories begin with the notion of man's inward sense of weakness and especially of his fear of disease, of death, of ill fortune of all kinds, and see religious practices as designated to quiet such fears, either by explaining them away, as in the doctrine of life after death, or by claiming to link the individual to external sources of strength, as in prayers. In other words, man turns to religion because of his weakness and the awe of cosmic forces. Empirical studies conducted on religiosity indicate that religious involvement is greater among women, the less educated, individuals belonging to middle class, and those in the middle age. In this context Gail (1974) states that individual in the middle year of life begins the gradual process of coming to terms with the inevitability of his or her own death, an event that earlier had seemed impossibly distant. This awareness of death probably makes the person to turn towards religion for consolation and emotional security. But Riley and Foner (1968) found that only 30 per cent of the Christians who were above 60 years reported that their attendance in Church had increased, while remaining 70 percent reported no change in their attendance. As far the sex difference in religiosity is concerned, the study of Riley and Foner (1968) further suggested that Christian women of all ages attend religious services more frequently than men. Ghufuran (2000) in a study of religiosity among senior citizens observed greater amount of religiosity among old age persons whose spouses were dead in comparison to those old age persons who have their spouses alive. Widows were found to be more religious than widowers.

Death anxiety is a depressive state in which anxiety over dying and fear of death (Thanato Phobia) are the salient symptoms. Several researches had been reported in which difference in death anxiety was studied in relation to aging and the aged. Templer (1971), for example, in an article entitled "Death anxiety as related to depression and health of retired persons" attempted to determine the correlation between depression, death anxiety and health of a population of elderly, the findings revealed a positive relationship between depression and death anxiety but health status and death anxiety were not found to be related. Kimsey, Roberts and Logen (1987) surveyed the attitudes towards death and dying of old age persons living in nursing home and a non-institutionalized center. Their findings revealed that either group expressed great fear of death and dying on the dying attitude questionnaires, but the TAT revealed institutionalized group significantly demonstrating denial than non-institutionalized group. The researchers concluded that aging as such did not result in psychological regression but sickness and dependency compelled an individual to face the dying process resulting in denial of death anxiety. Salter and Salter (1976), however, obtained different finding. They correlated the scores of students on Templer's Death anxiety scale with their attitudes and their behaviour towards elderly. The results could not support the anxiety denial hypothesis that fear of aging and death results in repression of ideas associated with aging. Kailish and Reynolds (1977) conducted interviews on death attitudes on four ethnic groups of men and women of different ages and found that age was a significant factor on the attitudes toward death and dying. Older subject accepted facts related to death more frequently in comparison to younger subjects. Ardel (2003) in his study of religious involvement and well-being in old

age observed that purpose of life rather than extrinsic or intrinsic religious orientation was positively related to elder's subjective well-being and negatively associated with fear of death and death avoidance. Moreover, extrinsic religious orientation had a positive effect on fear of death and death avoidance. Intrinsic religious orientation was positively related to approach acceptance of death. The results obtained by Thorson and Powell (2006) indicated that women have had higher death anxiety than men and younger persons expressed greater fear death and dying than older people. However, older respondents indicated a concern over the existence of an afterlife and over loss of personal control. Some other studies also showed relationship between attitudes toward death and certain psycho-social variables (e.g. Keily and Dubek, 1977; Hovell, 1977; Cappon, 1978; Sanders, Poole and Revero, 1980; Mullins and Lopez, 1982). The findings obtained were, however, contradictory. From the above discussion the importance of religiosity and death anxiety among widows and widowers of old age becomes self-explanatory. On the basis of above assertions it seems reasonable to study the differences in religiosity and death anxiety of the aged people whose spouses are alive and also of the widows and widowers.

Method

Sample:

Sample of the present investigation consisted of 120 senior citizens age ranging from 60 to 75 years. Out of 120 subjects 60 subjects were old age women, while remaining 60 subjects were old age men. Among the 60 female subjects 30 subjects were widow and 30 subjects were non-widows. Similarly among 60 male subjects 30 subjects were widowers and remaining 30 subjects were non-widower.

1. Widows: The woman whose husbands were dead, are called widows. 30 women

having the experience of 1 to 5 years of widowhood were selected for the study, while remaining 30 women were non-widows i.e. the old age women having their husbands alive, were also taken for the study.

2. Widowers: The men having their wives dead are termed as widowers. 30 old age men having the experience of 1 to 5 years of widowhood were selected for the study, while 30 old age men who have their wives alive were also taken for the study.

The sample of the study was drawn from Varanasi city. Although the sample was taken on incidental basis, efforts were made to include only those senior citizens in the sample who have similar educational and socio-economic background. All the subjects of the sample were taken from upper caste Hindu community, belonging to middle socio-economic group.

Tools:

Hindi version of Bhushan’s (1971) scale was used to measure religiosity. The 5- Points Likert type religiosity scale is consisted of 36 items. The test-retest reliability of the scale is 0.78. The content, predictive and concurrent validity coefficients were also reported by Bhushan and found to be satisfactorily high.

Thakur Death Anxiety Scale (TDAS) developed by Thakur and Thakur (1984) was used to measure death anxiety. This scale is a reliable and valid measure of death anxiety. The internal consistency reliability co-efficient using K-R formula is reported to be 0.78, and test-retest reliability coefficient with a gap of 12 weeks is reported to be 0.86. The validity co-efficient of TDAS with Templer’s death anxiety scale is reported to be 0.75 and with Mc. Mordie death anxiety scale is reported to be 0.78.

Results

The mean religiosity and death anxiety of four groups of subjects were obtained and t-values for various combination groups were calculated in order to find out the significance of differences between their means.

Table-1: Mean, SD and t-value for religiosity .

Groups	N	Mean	SD	t- value
Ss with spouses alive	60	138	13.48	3.13 *
Ss with spouses dead	60	131.61	12.35	
Widows	30	137.13	13.75	0.5
Widowers	30	138.87	13.22	

* p < 0.01

Table-2: Mean, S.D. and t-value for death anxiety.

Groups	N	Mean	SD	t-value
Ss with spouse alive	60	47.43	7.81	3.74*
Ss with spouse dead	60	52.77	7.84	
Widows	30	54.8	5.66	2.42 **
Widowers	30	50.73	5.12	

* p<0.01, ** p<0.05

As evident from table-1 that the mean religiosity score for old age subjects having their spouses live was 138.00 and the mean religiosity score of subjects whose spouses were dead was 131.61. The difference between the two means was significant beyond 0.01 level of confidence (t=3.13; <.01). But the mean religiosity score of widows was 137.13 and that of widowers was 138.87. The difference between the two means was statistically not significant at 0.05 level of confidence (t = 0.50; >.05), indicating that widow and widower subjects did not differ significantly in the religiosity.

The table-2 shows that the mean death anxiety score of subjects having their spouses

alive was 47.43 and the mean death anxiety score of subjects whose spouses were dead was 52.77. The difference between the two means was significant at 0.01 level of confidence ($t=3.74$; < 0.01). In the same way the mean death anxiety score of widows was 54.80 and the mean death anxiety score of widowers was 50.73. The difference between the two means was also significant at 0.05 level of confidence ($t = 2.42$; $<.05$), indicating that widows and widowers differed significantly in the death anxiety.

Discussion

The results shown in table-1 reveal that widowhood in old age increases religiosity in a significant way. The significant greater mean religiosity score of widow and widower subjects indicates that the people during their old age become more religious if one of their spouses are no more available due to death. Due to the death of their spouses, the aged people who are at the threshold of their death may develop comparatively more fear and anxiety regarding their lives and these fear and anxiety lead the senior citizens to indulge in religious practices. On the other hand, the old age people who have their spouses alive may also be conscious about their death, but since they have not faced the death of their spouses, the fear is not so evident. Hence the old age people who still have not experienced the death of their spouses are not found to take shelter in religiosity. The widow and widower subjects do not differ significantly on religiosity. This finding suggests that old age women and old age men subjects do not differ in their religiosity. The old age female subjects having their spouses no more alive are found to be as much religious as those of their male counterparts. This result is not in agreement with the findings obtained by earlier researchers. Riley and Foner (1968), for example reported that Christian women of all ages attend religious services more frequently than men. Wingrove and Alston (1971) also found that women are

more religious than men. Hence this finding needs some explanation. It should be noted that the studies carried out by these investigators were conducted on Christian women and men whereas the present study was conducted on Hindu women and men subjects who were living in Varanasi city. Varanasi is a holy place for Hindus and so people living in this city may become more religious due to its religious atmosphere especially in their old age regardless of their sex.

The results presented in table-2 indicates that the t-value for the mean death anxiety scores of old age subjects having their spouses alive and subjects of the same age having their spouses dead is statistically significant at 0.01 level of confidence. Thus both female and male senior citizen subjects experience greater amount of death anxiety after the demise of their spouses. So it may be concluded that the widowhood is an important factor that causes to increase in the death anxiety among senior citizens of both sexes. After having experienced the death of their spouses the old age subjects who are also on the threshold of their death become more anxious about their death. As it has been stated that contradictory findings regarding the death anxiety in relation to aging and age were obtained by the researchers. Results of many researches indicated that it is not only the aging of the person that caused death anxiety, rather certain socio-psychological variables are responsible for the death anxiety among old age persons (Cappon, 1978; Sanders, Poole & Ravero, 1980; Mulins & Lopez, 1982). The results of the present investigation point out clearly that it is the widowhood in the old age, which causes to increase death anxiety. Widow and widower subjects also differ significantly on death anxiety. The mean death anxiety score of widow subjects is significantly higher than the mean death anxiety of widower subjects. It is generally observed that Indian society is a male dominated society in which

the husbands take care the needs of the family members including their wives. The husbands not only take care of their wives but also console and provide emotional supports to their wives in despair and difficult time. This keeps the feeling of alive but after the death of their husbands the wives become all alone developing in them a feeling of helplessness and worthlessness, which may, in turn, lead to develop death anxiety.

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