

LOCUS OF CONTROL AS DETERMINANT OF DEATH ANXIETY AMONG THE GERIATRIC POPULATION

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ABSTRAT

The present study is designed to understand the impact of Locus of Control as determinant of death anxiety among 175 geriatric Population were selected from the Coimbatore District of Tamilnadu using simple random sampling technique. Two standardized and revalidated psychological tools namely the Locus of Control Scale by Levenson (1973) and Death anxiety developed by Thorson J. A., Powell F. C. (1994) were used. Results indicate that there is a relationship exist between Locus of Control upon their death anxiety.

Key words: Locus of Control, Death Anxiety and geriatric Population

Introduction:

Locus of Control:

It refers to an individual's belief about the extent to which they have control over the events and outcomes in their life. It is a continuum ranging from an internal locus of control to an external locus of control.

Internal Locus of Control:

People with an internal locus of control believe that they have control over their own lives and that their actions and decisions directly influence their outcomes. They tend to take responsibility for their actions and are more likely to be proactive.

External Locus of Control:

Conversely, individuals with an external locus of control believe that external factors, luck, fate, or other people primarily determine the events in their lives. They may feel less control over their circumstances and may be more passive in their approach to life.

Death Anxiety

Death anxiety is caused by the fear of pain and also the unknown, of separation from the loved ones and permanent end of existence after death. Langs (2004) has classified three forms of death anxiety: (1) Predatory death anxiety (triggered by external situations that may be physically or psychologically dangerous, and anxiety ensures the survival of the organism in the face of adversities); (2) predator death anxiety (results from an individual harming someone either physically or mentally, which is often accompanied by unconscious guilt that may compel an individual to punish oneself); and (3) existential death anxiety (emanates from the knowledge that life has an end and distinguish self from others. Usually, individuals defend against death anxiety through denial, and excess use of denial tends to be detrimental). A few research scholars have discerned four types of death anxiety, namely, personal death anxiety, personal dying anxiety, anxiety toward the death of someone close, and anxiety toward the death of someone close. Hoelter and Hoelter (1978) conceptualized death anxiety as a multidimensional concept and offered eight elements of death anxiety: (1) Fear of dying process, (2) fear of premature death, (3) fear of death of significant others, (4) phobic fear of death, (5) fear of being destroyed, (6) fear of the body after death, (7) fear of the unknown, and (8) fear of the dead.

Similarly, Florian and Mikulincer (1998) have articulated three mechanisms of death anxiety: Intrapersonal, interpersonal, and transpersonal. The intrapersonal component focuses on the impact death has on one's body and psyche. Fear of losing the body after death is prominent during this phase. An interpersonal component brings attention to how interpersonal relationships get stricken by death and therefore the transpersonal component, on the opposite hand, is said with fears about the afterlife.

Objective of the study

1. To find out any significant relationship between Locus of Control and death anxiety.
2. To find out any significant difference in the dimensions of Locus of Control among geriatric Population.
3. To find out any significant influencing factors in their Locus of Control among geriatric Population.

Hypothesis of the study

1. There is relationship between Locus of Control and death anxiety.
2. There is difference in different dimensions of locus of Control among the geriatric Population.
3. Living Condition, Year of Stay and Financial stability influences the Locus of Control among geriatric Population.

Methodology

Two standardized and revalidated psychological tools namely the Locus of Control Scale by *Levenson.H (1973)* and Death anxiety developed by *Thorson J. A., Powell F. C. (1994)* were used. Using simple random technique 175 geriatric population were selected from Coimbatore District. The dependent variable is Locus of Control and the independent variable is Death Anxiety. The initial sample size was 175 giving equal representation from male and female people. The investigator met the respondents in person and data were collected and analyzed.

Results

Table-1

Correlation between	Mean Mean±SD	Karl pearson Correlation coefficients	Interpretation
Locus of control score Vs Death anxiety score	21.42±4.59 4.00±1.99	r=-0.22 P=0.01** (S)	There is a significant, negative, fair correlation between locus of control score and Death anxiety score. It means locus of control score increases their death anxiety score decreases fairly

Table 1 shows of correlation between Locus of Control and Death Anxiety.

The Karl Pearson correlation between these two variables, $r=-0.22$ and $P = 0.01^{**}(S)$ which is statistically significant. This indicate that the locus of Control increases, their Death Anxiety Decreases. Therefore, the hypothesis that there is relationship between locus of Control and their death anxiety is accepted.

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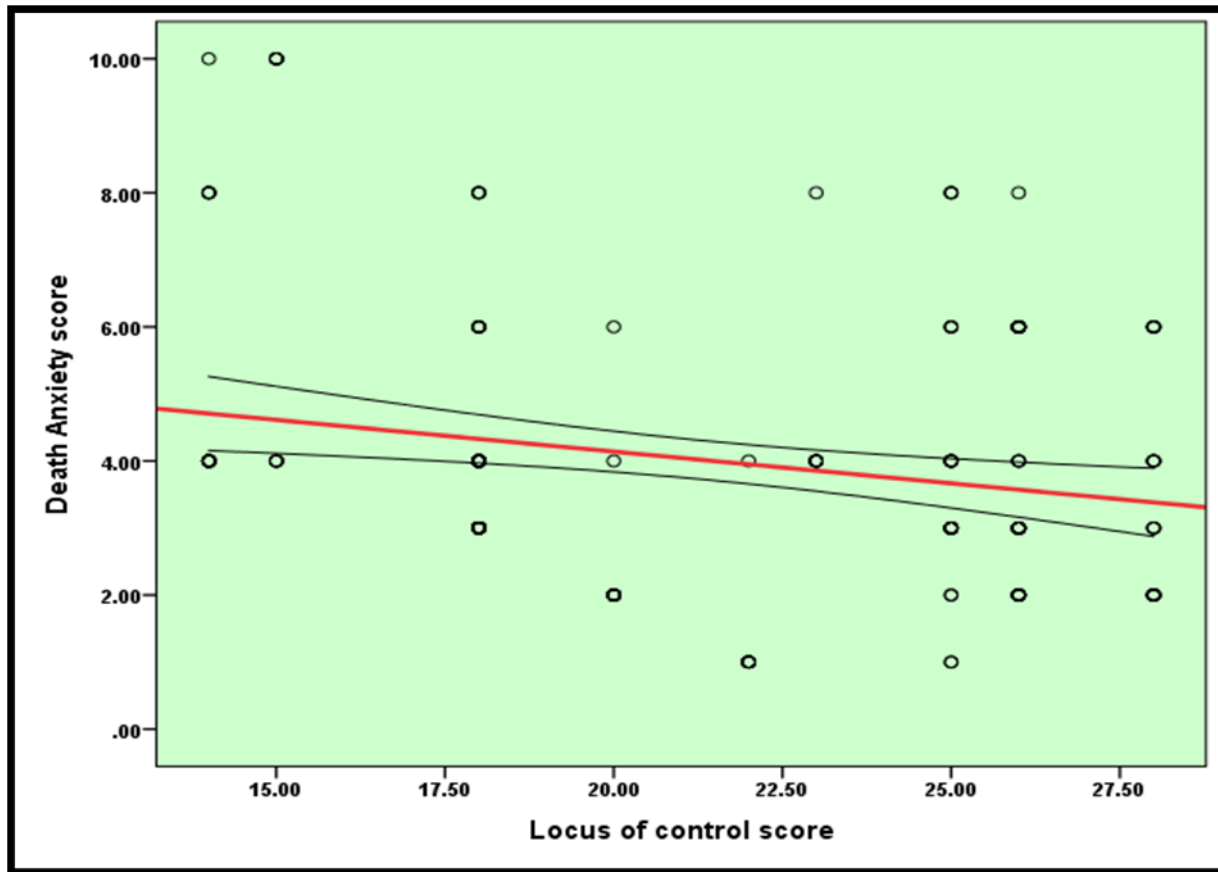


Fig 1: Scatter diagram with regression estimate shows the negative fair correlation between locus of control score and death anxiety score among geriatric Population.

Table -2

Assessments	Max score	Mean score±SD	% of Mean score	mean locus of control score with 95% confidence interval	Percentage of locus of control with 95% confidence interval
Internal	48	22.66±3.89	47.21%	22.66(22.01 –23.31)	47.21%(45.85% – 48.56%)
External	48	16.46±3.76	34.29%	16.46(15.17 –17.75)	34.29%(31.60% – 36.98%)
Overall	48	21.47±4.59	44.73%	21.47(20.73 –22.10)	44.73%(43.19% – 46.04%)

Table 2 shows difference in the dimensions of locus of Control among geriatric Population.

The overall locus of Control among Geriatric Population is 44.73%. They have more Internal Locus of Control (47.21%) than External Locus of Control (34.29%)

Generalization of Locus of Control score was calculated using and mean score with 95% CI and proportion with 95% CI

Table -3

Demographic variables		Locus of control		n	One way ANOVA F-test/t-test
		Mean	SD		
Living Condition	Alone	21.61	4.21	41	t=2.02 p=0.05*(S)
	Both	22.05	4.66	134	
Years of stay	Less than 2 years	21.13	4.21	140	t=1.97 p=0.05*(NS)
	More than 2 years	22.71	4.56	35	
Financial stability	Self	22.61	4.19	82	t=2.08 p=0.04*(NS)
	Others	21.16	4.93	93	

Table 3 Showing the influence of Living Condition on Locus of Control among Geriatric Population.

Considering Living condition, both living together geriatric Population are having more locus control score (22.05) than alone living (21.62). The t-ratio (2.02) is statistically significant and this indicates that locus control is more in married people living together.

Considering year of stay, more than 2 years stay, geriatric Population are having more locus control score (22.71) than who stay less than 2 years (21.13). The t-ratio (1.97) is statistically significant and this indicates that locus control is more in more years of stay.

Considering Financial stability, self-financed geriatric population are having more locus control score (22.61) than financed by others (21.16). The t-ratio (2.08) is statistically significant and this indicates that locus control is more in self-managed finance. Statistically significant difference was calculated using student independent t-test.

Conclusions

1. There is a significant negative correlation between Locus of Control and Death anxiety.
2. There is significant difference in the Dimensions of locus of Control among geriatric population.
3. Result shows that Living Condition, Year of Stay and Financing arrangement influences the Locus of Control among geriatric Population.

References:

Guro Hanevold Bjørkløf (2015)” Locus of control and coping strategies in older persons with and without depression” Pages 831-839

Cyril J.Sadowski (1980) Locus of Control and Death Anxiety” Omega- Journal of Death and Dying) Vil10, Issue 3.

Warehime, R. G., & Foulds, M. L. (2016). Perceived locus of control and personal adjustment. *Journal of Consulting and Clinical Psychology*, 37(2), 250–252

Spreng, R.N., et.al. (2020). "The default network of the human brain is associated with perceived social isolation". *Nature Communications. Nature Publishing Group*. 11 (1): 63-93.

Lester, David. (1994). The Collett-Lester Fear of Death Scale. In *Death Anxiety Handbook: Research, Instrumentation, and Application*. Edited by Robert A. Neimeyer. *Washington, DC: Taylor & Francis*, pp. 45–60.

Michael, Scott T., and C. R. Snyder. (2005). Getting unstuck: The roles of hopes, finding meaning, and rumination in the adjustment to bereavement among college students. *Death Studies* 29: 435–58.

Juhl, Jacob, Clay Routledge, Jamie Arndt, Constantine Sedikides, and Tim Wildschut. (2010). Fighting the future with the past: Nostalgia buffers existential threat. *Journal of Research in Personality* 44:309–14.

Neimeyer, Robert A., and Kenneth M. Chapman. (1980). Self-deal discrepancy and fear of death: Testing an existential hypothesis. *OMEGA-Journal of Death and Dying* 11: 233– 240.

Padder, A. H. (2019). Healthcare Waste Management. *Int. J. Trend Sci. Res. Dev*, 3, 908-911.