

## LONELINESS AS DETERMINANT OF DEATH ANXIETY AMONG THE GERIATRIC POPULATION

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### ABSTRACT

*The present study is designed to understand the impact of loneliness as determinants of death anxiety among the geriatric population. 175 geriatric population were selected from the Coimbatore District of Tamilnadu using simple random sampling technique. Two standardized and revalidated psychological tools namely ULCA LONLINESSS SCALE (1980) Russell, D , Peplau, L. A., & Cutrona, C. E. (1980) and Death anxiety developed by Thorson J. A., Powell F. C. (1994) were used. Results indicate that there is a relationship between loneliness and their death anxiety.*

**Key words:** Loneliness, Death Anxiety and geriatric Population

### Introduction

#### Loneliness

Loneliness is an unpleasant emotional response to perceived isolation. Loneliness is also described as social pain – a psychological mechanism which motivates individuals to seek social connections. It is often associated with a perceived lack of connection and intimacy. Loneliness overlaps and yet is distinct from solitude. Solitude is simply the state of being apart from others; not everyone who experiences solitude feels lonely.

As a subjective emotion, loneliness can be felt even when a person is surrounded by other people. Hence, there is a distinction between being alone and feeling lonely. Loneliness can be short term (state loneliness) or long term (chronic loneliness). In either case, it can be intense and painful. The causes of loneliness are varied. Loneliness can be a result of genetic inheritance, cultural factors, a lack of meaningful relationships, a significant loss, an excessive reliance on passive technologies (notably the Internet in the 21st century), or a self-perpetuating mindset. Research has shown that loneliness is found throughout society, including among people in marriages along with other strong relationships, and those with successful careers. Most people experience loneliness at some points in

their lives, and some feel it often. The effects of loneliness are also varied. Transient loneliness (loneliness which exists for a short period of time) is related to positive effects, including an increased focus on the strength of one's relationships. Chronic loneliness (loneliness which exists for a significant amount of time in one's life) is generally correlated with negative effects, including increased obesity, substance use disorder, risk of depression, cardiovascular disease, risk of high blood pressure, and high cholesterol. Chronic loneliness is also correlated with an increased risk of death and suicidal thoughts.

### **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

- To find out any significant difference in the level of loneliness among geriatric Population.
- To find out the any significant **Correlation between mean loneliness and Death anxiety.**
- To find out any prevalence of Loneliness among the Geriatric Population.

### Hypothesis of the study

- There is a significant difference in the Level of loneliness among Geriatric Population.
- There is a correlation between Loneliness and Death Anxiety.
- There is prevalence of Loneliness among geriatric population.

### Methodology

Two standardized and revalidated psychological tools namely the ULCA Loneliness Scale by Russell, D and Peplau, L. A. (1980) 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 Loneliness, 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.

Table 1

Level of loneliness	No. of GP	%
Low	134	76.57%
Moderate	41	23.43%
High	0	0.00%
Total	175	100.0%

Table 1 shows the level of loneliness among elderly people. In general, 76.57% of them are having low level of loneliness, 23.43% of them have moderate level of loneliness and none of them are having high level of loneliness score.

### LEVEL OF LONELINESS SCORE

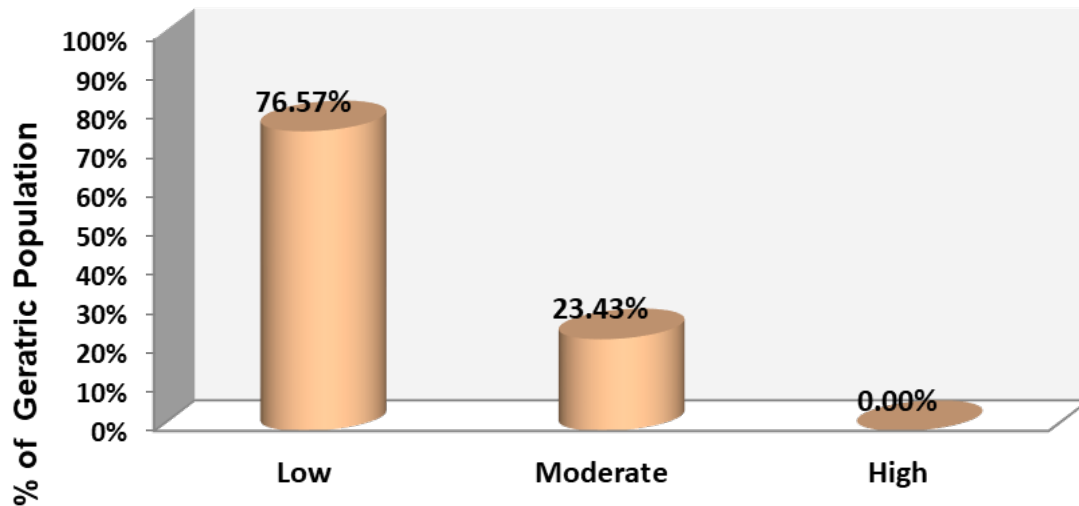


Fig 1 showing the Level of Loneliness

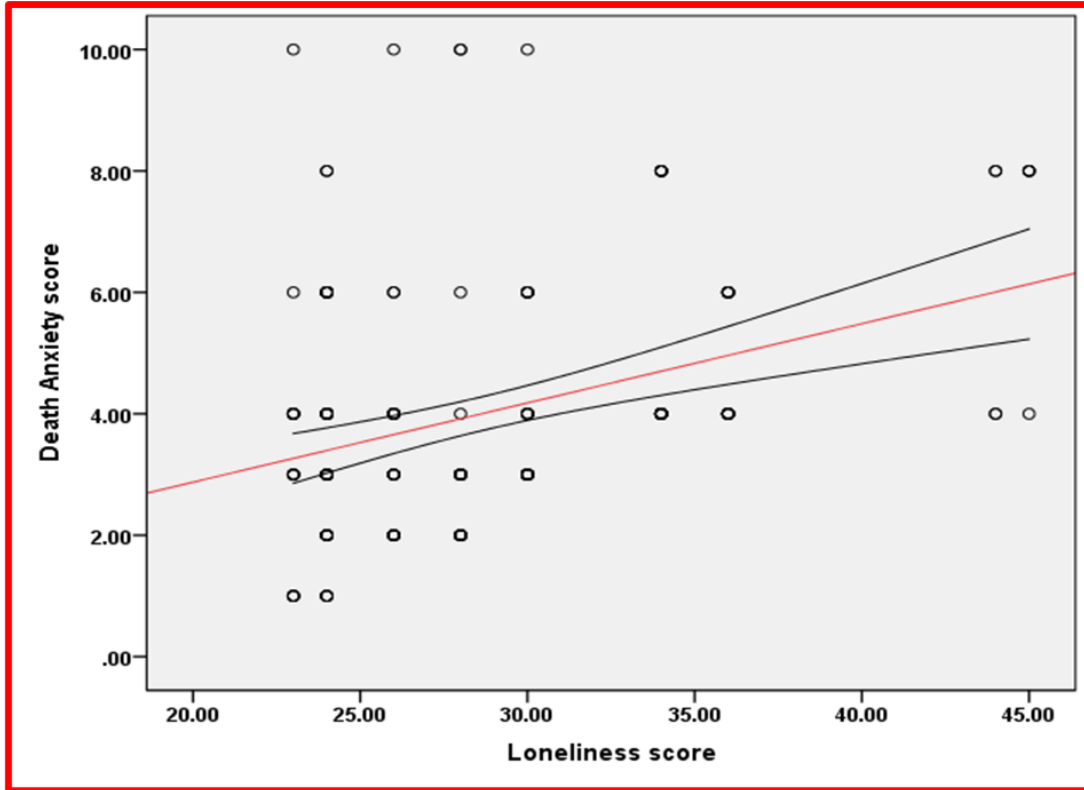
Table-2

Correlation between	Mean Mean±SD	Karl pearson Correlation coefficients	Interpretation
Loneliness score Vs Death anxiety	28.67±5.29 4.00±1.99	r=0.35 P=0.001***	There is a significant, positive, fair correlation between Loneliness score and Death anxiety score. It means Loneliness score increases their death anxiety score also increases moderately

Table 2 shows co-efficient of correlation between

Loneliness and Death anxiety. The co-efficient of correlation between these two variables is 0.35 which is statistically significant. This indicate that the loneliness increases, death anxiety is also increases. Therefore, hypothesis that there is a relationship between loneliness and their death anxiety is not accepted

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**Table -3**

Assessments	Max score	Mean loneliness score±SD	% of Mean score	Percentage of loneliness score with 95% confidence interval
LONELINESS	60	28.67±5.29	47.78%	30.67%(24.57% -36.13%)

Table 3 Prevalence of Loneliness Among Geriatric Population

Above table shows the prevalence of loneliness among elderly people. It reveals that the prevalence of loneliness among elderly people is 47.78%. Generalization of loneliness score was calculated using and mean score with 95% CI

## Conclusions

- There is a significant difference in the Level of loneliness among Geriatric Population, as 76.57% of them are having low level of loneliness, 23.43% of them having moderate level of loneliness and none of them are having high level of loneliness score.
- There is a positive correlation between Loneliness and Death Anxiety. AS the Loneliness increases their death Anxiety Increases.
- Result reveals that there is prevalence of Loneliness among geriatric population irrespective of their demographic variables.

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