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DEATH DEPRESSION, AND LIFE SATISFACTION AMONG THE AGED

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Abstract:-Death is inevitable and the satisfaction with one's own life is the matter that all strive for. Thoughts or feelings associated with one's own or others death can create depression symptoms that may affect one's life satisfaction. The objectives of the study were to find out whether there exists any significant correlation between death depression and life satisfaction. The study also tried to find out whether there exist any gender difference in death depression; whether there exists any significant difference between the aged who are ill and who are not ill in death depression; and whether there exists any significant difference among the aged who stays in family, who stays alone, and who stays in old age homes in death depression. For this purpose the data were collected from 120 aged individuals by administering Death Depression Scale-Revised, Life Satisfaction Index, and Personal Data Schedule. The statistical techniques used were Correlation, the t-test, and one-way ANOVA. Pearson product-moment correlation results of the study indicated the existence of a significant negative relationship between death depression and life satisfaction. The results indicate significant difference among the old in their death depression on the basis of gender, illness, and area of stay.

Keywords: Death depression; Life satisfaction; Aged.

INTRODUCTION :-

Late adulthood or old age being the closing period of lifespan creates lots of physical and psychosocial changes in the individual. Late-life events such as chronic and debilitating medical disorders, loss of friends and loved ones and the inability to take part in once-cherished activities can take a heavy toll on an aging person's emotional well-being. An older adult may also sense a loss of control over his or her life due to failing eyesight, hearing loss and other physical changes, as well as external pressures such as limited financial resources. These and other issues often give rise to negative emotions such as sadness, anxiety, loneliness and lowered self-esteem, which in turn lead to social withdrawal and apathy.

The expectation about one's own death and perception of others death can make an individual vulnerable to fear, anxieties and worries. Kubler- Ross (1969) defines death depression as the depression caused by the loss of everything in death. It is the depression associated with thoughts about one's own or closed ones death. Measures of death depression are rarely reported in the literature even though there is rather frequent mention or implication of depression, sorrow, or sadness in connection with one's own death.

Death depression is depression associated with one's own death, the death of others, and the topic of death more generally. According to (Templer, 2001), death depression correlates more with general anxiety and general depression. It consists of major four factors: 1. Death Sadness - sadness associated with thoughts of one's own or close ones death. 2. Anergia - loss of energy and difficulty with daily routine as a result of loss of perceptual weakening. 3. Existential vacuum - feeling of hopelessness and discouragement when one thinks about death. 4. Anhedonia - inability to feel pleasure in anything. The causal factor of death depression is similar to death anxiety.

Death depression is a universal phenomenon. Very few studies have been done in the field of death depression. Since it is a relatively new term and further studies are just started the related studies on death depression is very less. Many of the factors that affect death anxiety do affect death depression. There exists a significant positive correlation between death depression and death anxiety (Pramod & Sanandaraj, 2006).

Robak (2004) conducted a study on perceptions of aging and their relation with age, death depression, and sex. The relations of knowledge and attitudes about aging to one's age, sex, and depression about death were examined. 111

undergraduate and graduate students completed the multiple-choice form of the Facts on Aging Quiz and the Death Depression Scale. Results indicated that people's perceptions of aging change with age. It occurs because of two factors: (1) perceptions of aging do not become more positive with age but do have less negative bias, and (2) they show more knowledge of aging on test measures. No sex differences were found in knowledge and attitudes about aging. No significant relationship was found between scores on measures of attitudes toward aging and depression about death. Sex differences were found on scores for death depression, with women reporting greater depression about death.

Knowing that one's death is imminent can precipitate a number of fears. Suddenly, every bodily change is interpreted as ominous, and can provoke terror. Dying patients commonly express fears of disfigurement; loss of autonomy; being a burden; being physically repulsive; disappointing family, friends, and colleagues; and facing the unknown.

Rumzen (2004) conducted a study on elderly people aged 60 and above. Death depression and quality of life were the variables under study. The following results were obtained: There are a number of non-disease specific factors that are related to depression and illness in the elderly. These factors directly or indirectly can lead to death depression. These include the following: Illness - Older adults who are ill are particularly vulnerable to depression. Illness often creates the thoughts about death which in turn can lead to death depression; Acute illness- related to an abrupt loss of function, a disability and also by the fear of death; Chronic disease involving progressive loss and dependency, feelings of lack of control and the inevitability of death; Age and Gender - Depression is more common with age, the frequency of suicide is highest among the very old. Twice as many women suffer from death depression than men; Grief - Grief is a universal human response to loss. Unresolved (i.e. chronic) grief or multiple losses may contribute to depression. Adjustment to bereavement is a normal, dynamic and highly individual process with no specific point when grieving ends (e.g., feelings of guilt, anger, sadness) and mourning is over. Each person's culture, religious/spiritual beliefs, support, coping systems, and social environment influence how they express grief. Bereavement is stressful and many older adults become ill during this difficult time. Existential grief - Depression may also be related to anticipation of death. Older adults become aware that their time is limited and this can give rise to a feeling of loneliness and despair as mortality can no longer be ignored.

According to Templer, Lavoie, Chalgujian, and Thomas-Dobson (1990) perception of death and thinking about death, and loss of loved ones might bring feelings of sadness, sorrow, and depression. Death depression is also caused by similar factors as we see in death anxiety. The factors that lead the elders to depression can also lead to thoughts about death; this in turn can lead to death depression and death anxiety. Some of those factors are:

Psychological factors - Unresolved, repressed traumatic experiences from childhood or later life may surface when a senior slows down; Previous history of depression; Damage to body image (from amputation, cancer surgery, or heart attack); Fear of death; Frustration with memory loss; Difficulty adjusting to stressful or changing conditions (i.e., housing and living conditions, loss of loved ones or friends, loss of capabilities, etc.); Substance abuse. Personality characteristics - (may also be symptomatic of unresolved trauma); low self-esteem; extreme dependency; pessimism

Environmental factors - Loneliness, isolation; Retirement (whether the individual has chosen to stop working, been laid off, or been forced to stop because of chronic health problems or a disability); Being unmarried (especially if widowed); Recent bereavement; Lack of a supportive social network ; Decreased mobility due to illness or loss of driving privileges

Physical factors, including genetics - Inherited tendencies toward depression; Co-occurring illness (such as Parkinson's, Alzheimer's, cancer, diabetes or stroke); Vascular changes in the brain; A vitamin B-12 deficiency (as yet unclear if this is caused by poor eating habits or a result of depression); Chronic or severe pain.

Life Satisfaction is the psychological wellbeing in general or satisfaction with life as a whole (Ruff, 1996). Diener(1984) defined life satisfaction as “a cognitive judgmental global evaluation of one's life. It may be influenced by affect but is not itself a direct measure of emotion”. Life satisfaction refers to retrospective evaluations of life happiness through self adjustment. A person having high life satisfaction is expected to have happy adjustment with his life situation and vice versa. Life satisfaction manifests itself in confidence, sociability, feelings of competence and happiness. It can be assessed that a person with high life satisfaction will have a positive mental health, good temperament and a low alienation. Life satisfaction reflects an individual's global assessment of their present quality of life based on personally chosen criteria.

The life satisfaction of the aged varies according to one's own personal characteristics and life styles. The general level of life satisfaction depends on the individual's personal and social satisfaction. Ideally during later adulthood, ego concern about death decrease. Individuals come to accept their own lives as they have lived them and begin to see death as a natural part of life span. Death no longer poses a threat to personal value, the potential for accomplishment, or the desire to influence the life of others. As a result of having accepted one's own life, one can accept it without discouragement. This implies not willingness to die but an acceptance of the fact of death. It takes great courage to face the fact of one's own death and, at the same time, to live out the days of one's life with optimism and enthusiasm. Older adults who achieve this degree of acceptance of their death appreciate the usefulness of their contribution will have a greater sense of life satisfaction (Kubler-Ross, 1969).

Some of the major factors that lead to life satisfaction are the following: Physical well being – good physical health, adequate nutrition and all the factors that lead to good physical well being do lead to greater life satisfaction; Psychological well being – positive emotions, attitudes, lower anxiety etc… will lead to greater life satisfaction ; Social well being – proper social interaction, social support, etc… may lead to greater life satisfaction. ; Mental health – mental health means not only the mere absence of mental illness, but also a state in which an individual lives harmoniously with himself and others, adapting to and participating in an ever-changing social setting, and with the sense that he is achieving self realization through satisfaction

of his basic needs. There are also other factors like quality of life, environmental adequacies etc… that lead to greater life satisfaction.

An association between depressive symptoms and less satisfaction with life in old age has been found in cross-sectional studies (Demura & Sato, 2003; Fiske, Gatz, & Pedersen, 2003). The mortality rate for elderly men and women suffering from both depression and feelings of loneliness is higher than for those who are report satisfaction with their lives.

Tate (2005) investigated the life satisfaction, death anxiety and related depression of elderly women as a function of demographic, life history, and stress variables. Though multiple regression, life satisfaction was predicted by number of friends, good health, and, surprisingly, by having fewer offspring living in the same city. Health problems, change in living conditions, and relatively high educational level were predictors of death anxiety and related depression.

Based on the purpose of the study the following hypotheses were formulated:

(1)There will not be any significant correlation among the variables death depression and life satisfaction (2) There will not be any significant difference between males and females in death depression (3) There will not be any significant difference between the aged who are ill and who are not ill in death depression (4) There will not be any significant difference among the aged who stays in family, who stays alone, and who stays in old age homes in death depression.

METHOD

The plan and procedure for the investigation is presented under various headings.

Sample

The sample consisted of 120 aged individuals (56 males and 64 females) of age ranging from 65 to 85, from the district of Thiruvananthapuram, Kerala, India.

Variables and Tools

The major variables in the study were death depression, and life satisfaction of aged people as reported by them. The tools used were Death Depression Scale - revised by Templer et al (2001-2002), and the Life Satisfaction Index (Sananda Raj & Rakhee, 1997), and Personal Data Schedule.

Death depression scale-revised was developed by Donald Templer, Michael Harvillie, Shane Huton, Rock Underwood,Marie Tomeo, Michele Russel and David Mitroff in 2001- 2002. The test contains 21 items which are highly relevant to elicit the subject's death depression.

Reliability and Validity: The scale has good reliability and internal consistency.

Cronbach's alpha reliability was 0.92, and .85, P< .001 for the Likert –type and true-false formast respectively, since they were both tested (the DDS-Revised and the original Death depression Scale). Templer and colleagues (2001) found moderate correlations between the DDS –Revised and the Death Anxiety Scale (r =.50). The investigator found significant inter-correlations between the DDS-Revised and other scales such as Death anxiety, general depression, and general anxiety. It was found that the DDS correlates more highly with the general anxiety than the general depression. These positive significant correlations support good convergent validity of DDS-Revised (Templer et al.2001- 2002)

The Life Satisfaction Index was developed by Sam Sananda Raj and Rakhee in 1997. This test measures three indices of life satisfaction. They are:-

i. Social Satisfaction: Sociability manifests itself in good social relations, active participation in social activities; helping others etc… most of the elderly people complain that they always feel lonely.
ii. Personal Satisfaction: A person having high life satisfaction will have a positive self image. He will be confident of his abilities and face life courageously with out being disappointed. He should have a healthy mind. He will be able to face challenges in life and accept both his merits and limitations in the same manner.
iii. General Happiness: A happy individual will be generally satisfied with life. He will have appositive approach towards life. He will be mentally healthy and will not allow little anxieties and worries to affect his happiness.

The reliability obtained for the half test is 0.86. The reliability coefficient of the whole test was estimated using spearman – brown formulae for correction and was found to be 0.92.this value is significant at 1% level. The validity of the scale was estimated by finding the Pearson 'r' between scores on the test and job satisfaction scale on a sample of 50 employees of age around 55 years. The validity coefficient obtained was + 0.65. The correlation between quality of life and life satisfaction (N=50) calculated was +0.71.

Personal Data Schedule used in this investigation helped to gather personal information regarding the subjects age, and sex. More than that it helped the investigator to record whether the subject is having illness and where he/she stays.

Procedure

The subjects were met individually and the investigator established a good rapport with the subjects to make them feel comfortable. Brief introductions of each topic were given and detailed information regarding how to respond to each questionnaires were given. The responses given by the subject were marked by the investigator. Instructions to the subjects were presented clearly at the beginning the test. So it was not considered necessary to go in the details of answering each question. However, some general instructions were given. They were requested to be spontaneous and honest in their responses and to ensure that every item had been answered. Respondents were assured that their responses would be confidential.

Each questionnaire's statements were read out and the subject's verbal responses to each statement were recorded by the investigator. The statements were read out in such a manner that the old people could understand. Then the data collected were consolidated for further statistical analysis. The major statistical techniques used for the analysis were the t-test, one-way ANOVA, and Correlation.

RESULTS AND DISCUSSION

The data collected were subjected to different statistical analyses and the results obtained are discussed here.
In order to find out whether there exists a significant correlation between the person's level of death depression, and life satisfaction, the technique of Pearson Correlation Coefficient was used. The results are shown in table 1.
(Insert Table 1 about here)
The correlation between death depression and life satisfaction obtained on a sample of 120 old aged was found -.63, which is significant at 0.01 levels. This 'r' is verbally interpreted as substantial or marked negative relationship.
A person who is worried about one's owns death or the death of significant others may have anxiety and depression regarding the loss due to death. Such people become unsatisfied with their lives. A person who is frustrated, worried, or fearful will be having low level of life satisfaction. Life satisfaction also depends on how the person views his life, and how he is able to move in touch with reality. Life satisfaction of the old aged person depends on the level of support, care and love he/she is getting from the family and society. If the person's health is good, if the person is free from stress, if he/she is active, engages in various kinds of activities and if he is having good mental, physical and psychological health, then the life satisfaction can be higher.
In order to find out whether there exists a significant difference between males and females in death depression, the t- test was used. The results are shown in Table 2. The mean values for the death depression obtained by males (N=56) and females (N=64) were 3.84 and 5.29 respectively. The t-value obtained was -3.58. The results indicated that there was significant difference between old aged males and females on death depression, since the t-value obtained was significant at 0.01 levels. From the mean values, it is clear that, the females had higher level of death depression compared to males.

(Insert Table 2 about here)

In an effort to understand whether illness plays a role in the levels of death depression, the comparison of the aged who had illness and who did not had illness was done. The details are given in Table 3. The mean values for death depression by the aged people who have illness (N=74) and who do not have illness (N=46) were 5.20 and 3.67 respectively and the t-value obtained was 3.67. On comparison of death depression between the aged people who have illness and who do not have illness, the results of t-test revealed that there was significant difference. The mean value between the two groups showed that the old who were ill had higher scores in death depression compared to that of the old who were not ill.

(Insert Table 3 about here)

Health status and personality are the most important predictors of wellbeing among the elderly (Pelletier, 2004). Physical health is related to mental health. Mind and body are interrelated. The disruption in the body mechanism does have a profound effect on the mental system. People having illness are found to have higher death depression. When people do become ill, they worry a lot because illness in old age can lead to death. They dream of having a healthy life once again. But fears and worries regarding low chance of recovery and the chance of having death as a result of illness may lead to death depression.

Comparison of the aged based on where they stay, on death depression produced the following results: One way ANOVA results that includes the mean squares, sum of squares, degrees of freedom, and F-value are given in Table 4.
(Insert Table 4 about here)

The F- values shown on Table 4 clearly indicate that there is significant difference among the aged who stays in family, alone, and in old age home on death depression. The F- values for death depression is 16.62 is significant at 0.01 levels. Post hoc comparisons, for identifying where the differences existed, came out with the following results:

Table 5 reveals significant differences in death depression among all the three aged groups. The old age home

dwellers showed significantly higher mean score on death depression (M = 7.07) than those who live alone (M = 5.02), and old people who live in families got lower scores than the other two groups (M = 3.76). This indicates that old age home dwellers have higher death depression than those who live alone or those who live in families.

(Insert Table 5 about here)

The results of the study indicate that people in old age homes are more vulnerable to death depression than those who live in families. The human need for social connection does not fade away among the elderly (Cacioppo, Hawkley, and Thisted, 2010), which is to say, the elderly have the need for social connections. In families, individuals get enough support, and care from the family members. But in old age homes, the conditions are not so; People are found to feel lonely, and isolated. Social isolation and low social support are associated with loneliness and depressive symptoms (Cacioppo, Hawkley, and Thisted, 2010). If proper support and care is given to the old individuals in old age homes, and if necessary steps and actions are taken to uplift the mental health of those people, this will lead to 'reduced anxieties worries and depression associated with one's own life and death. The presence of happiness, life satisfaction, and feeling of security, leads to psychological wellbeing. Depression and emotional loneliness disrupts mental health (Savikko, 2008). Socially isolated individuals have a higher possibility of suffering from health issues (Nicholson, 2008). Thus, people living along with family members usually have more life satisfaction than those who live alone or those who live in old age home.

People who stayed in families had significantly lower level of death depression than those who stayed alone or those who stayed in old age home. In the family, the old one receives love, care and support from their children, grandchildren and family members. This should be noted by each and every individual. It is the duty of each and every individual to take care of the old members in the family. By providing love, warmth, care, and support every old individual can be made mentally healthy enough to live satisfactorily and this enable them to prepare for their death without fear, anxieties and depression.

CONCLUSION

The following conclusions were drawn from the findings of the study:

1.There is significant negative relation between death depression and life satisfaction.
2.Females had high level of death depression than males.
3.Old people who are ill have high level of death depression.
4.High level of death depression was found in people who reside in old age home or alone than those who stays in family.

Proper health care and psychiatric services when offered will enhance quality of life of the individual, and will reduce, depression, anxiety, and fears related to late adulthood (Aljubran, 2010). Awareness programs and education to eradicate the fear and anxiety regarding death can provide the knowledge that helps to face matter regarding death, for both dying and living. Females are found to have more death depression. So it is necessary to give more attention to the problems of the females that lead them to greater anxieties and depression. Educating the family members and members of the society to take care of the elderly can be useful to a great extent to help the elderly face the problems of the old age.

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Table 1: Results of correlation analysis among the variables death anxiety, and life satisfaction

Sl.No	Variable	Death depression	Life satisfaction
1	Death depression	( )	-.63**
3	Life satisfaction	..	( )

Note: ** indicates significance at 0.01 levels

Table 2: Results of t- test between males and females on death depression

Variable	Sample	N	Mean	S.D	t-value
Death depression	Males	56	3.84	2.09	-3.58**
	Females	64	5.29	2.34	

Note: ** indicates that the t-value is significant at 0.01 levels.

Table 3: Results of t- test between the aged people who have illness and who do not have illness on death depression

Variable	Sample	N	Mean	S.D	t-value
Death depression	Group with illness	74	5.20	2.28	3.67**
	Group with no illness	46	3.67	2.11	

Note: **indicates that the t-value is significant at 0.01 levels.

Table 4: Results of one-way ANOVA done among the aged who stays in family, alone, and in old age home on Death depression

Variable	Groups	Sum of square	df	Mean square	F
Death depression	Between groups	143.03	2	71.51	16.62**
	Within groups	503.34	117	4.30	

Note: ** indicates significant difference at 0.01 levels.

Table 5: Duncan test for Death depression: Comparison of family dwellers, those who live alone, and old age home dwellers

Group	N	Mean	Group1	Group2	Group3
1. Family dwellers	63	3.76	( )	*	*
2. Those who live alone	42	5.02	..	( )	*
3. Old age home dwellers	15	7.07	..	..	( )

Note: * indicates significant difference between groups at 0.05 levels.

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