A STUDY OF DEATH ANXIETY OF OLD PEOPLE IN RELATION TO THEIR TYPE OF CANCER AND GENDER

ABSTRACT

The purpose of the study is to know the Death anxiety level of old people in relation to their type of Cancer and gender. The sample consisted of 120 old people of Ahmedabad city. Out of which 60 were old male and 60 were old female of Ahmedabad city. For this purpose of investigation “Death Anxiety Scale” by Dr. K.D. Broota (Delhi University) was used. The obtained data was analyzed through ‘t’ test to know the mean difference between old people in relation to their type of Cancer and gender. The results show that there is a significant difference in Death anxiety level of old people between Oral Cancer and Stomach cancer and there is no significant difference in Death anxiety level of old male and old female.

Key word: anxiety, Cancer, gender

INTRODUCTION:
The times we live in have been called the “age of anxiety” but probably every age or era of human history could be designated on the same way. Anxiety, fear and worry seem to be permanent parts of the human condition.

Anxiety has been of central concern in the study of the individual. Three decades ago Freud wrote, the problem of anxiety is a nodal point, linking up all kinds of most important questions a riddle, of which the solution must cast a flood of light upon our whole mental life.

There are different kinds of anxiety, & indeed research, suggests that there may be a number of different dimensions of anxiety which have little relationship to be another. Objective versus Nonobjective Anxiety, Situational Versus General Anxiety, Acute Versus Chronic Anxiety, Conscious versus Unconscious Anxiety.

Death anxiety refers to the fear and apprehension of one's own death. It is the neurotics fear of loss the self which in intense state parallels feelings of helplessness and depression. Mans awareness of his own death produces anxiety that can only be dealt with by recognizing one's individuality. According to form and existential analysts, man's awareness of death gives him the responsibility for finding meaning in life. Death is a biological, personal, socio-cultural and existential phenomenon. The biological death is useful to distinguish between the process of aging and the ending called death. Yet when the actual time comes, and the individual faces death alone, the psychological reactions appear to be remarkably similar, Kubler (1969) had found that in the majority of persons, almost regardless of age, the personal reactions to imminent death pass through five phases-denial, anger, bargaining, depression and acceptance (although not every individual achieves the final phase). Dying and death, like other major aspects of human life, are also very important cultural and social phenomena.

Even less than a century ago, death was a common and familiar event in everyday life. There was no widespread technology to control infection and medicine could not do much for most diseases. Among the poorer classes the young died at an appalling rate. And the old died in their
time, and they all died at home. The average person had been in the immediate presence of dead bodies at least half a dozen times before reaching adulthood. Against this background, death was in former years much more a part of life than it is today. It was not a matter to be shunned or a taboo to be mentioned by means of euphemisms such as passed on but was dealt with directly and was even elaborated at the wake it was not unusual in small European towns of a few centuries ago, for someone who was dying to pass their death bed hours in the public square, greeting friends, saying good bye, and glorying, for at least brief time in a position of respect. Under such circumstances, death was an occasion for sadness but not for shame. No one would have dreamed of hiding away the dying as we do in the wards of hospitals or in old age homes.

The death can be fully understood only if it is viewed as one of the central meanings of human existence. An idea of the centrality of one’s own death can be gathered if individuals could be made to contemplate seriously the possibility of their own death (McCarthy, 1980). As death is the final stage of life cycle, it can be approached naturally by dying individuals and their families. Death and dying can be seen as part of the life process, or they can be viewed as a dramatic, painful, tortured experience both for the patients and the families. Increasingly more research reports are being presented on the nature of death and dying. Research on exactly when death occurs, how the dying should be treated, and how their families might better cope will continue for many years (1982).

In old age, people must confront the possibility of their own death as well as the death of loved ones. Death may also be considered in statistical terms, which supply us with significant figures and facts. Even though death most commonly occurs in later years, it may happen at any stage in life. Accidents and suicides are the major causes of death among younger persons, and continue to be so in later years, although their relative significance declines, often death is associated with some special psychological stress, it may be acute mourning, or an anniversary or some particular loss of status or self esteem. Death is sometimes defined as the absence of certain clinically detectable vital signs. A person is dead “if his heart stops beating and he quits breathing for an extended period of time, his blood pressure drops as low as to be unreadable his pupils dilate, his body temperature begins to go down, and so forth. This clinical definition has been used over the centuries, both by physicians and laymen. More recently death has sometimes been defined as the lack of brain wave activity still others say that death can only be defined as a bodily state which represents an irreversible loss of vital functions and from which the individual cannot passivity be revived. According to the concept of terminal drop, death can be predicted from certain dramatic changes in cognitive function in the period preceding demise. This is significant changes both in personal adjustment and performance may serve as indicators of impending death (Riegal and Riegal, 1972).

In this study we try to measure the death anxiety level of old people in relation to their type of Cancer and gender. The purpose of this study was to measure the death anxiety level of old people in relation to their type of Cancer and gender.

OBJECTIVES:

(1) The purpose of the present investigation was the difference related to Death anxiety level of old people in relation to their Type of cancer.
(2) The purpose of the present investigation was the difference related to Death anxiety level of old people in relation to their gender.
VARIABLES:

(A) INDEPENDENT VARIABLES:
(1) Type of cancer: - Oral Cancer and Stomach cancer
(2) Gender: - Old Male and Old Female

(B) DEPENDENT VARIABLE:
(1) The raw scores of Old people for Death anxiety level.

HYPOTHESIS:

(1) There is no significant mean difference between Old people of Oral Cancer and Stomach cancer in relation to Death anxiety.
(2) There is no significant mean difference between Old Male and Old Female in relation to Death anxiety.

METHOD:

(A) SAMPLE:

The sample of the present study consisted of 120 old people of Ahmedabad city. Out of which 60 were old male and 60 were old female of Ahmedabad city.

(B) TOOL:

In the present study to measure Death anxiety, "Death Anxiety scale" by Dr. K.D. Broota, Delhi University was used. The reliability of this questionnaire was 0.78 and Validity was also very high.

STATISTICAL STRATEGY:

‘t’ test was applied to know the significant differences of old people in relation to their type of Cancer and gender.

TABLE AND DISCUSSION:

<table>
<thead>
<tr>
<th>GROUP</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>'t' Value</th>
<th>Level of sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Cancer</td>
<td>60</td>
<td>18.77</td>
<td>8.53</td>
<td>2.45</td>
<td>0.05</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>60</td>
<td>26.02</td>
<td>16.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table no. I shows the death anxiety level of old people of Oral Cancer and Stomach cancer of Ahmedabad city. For Oral Cancer people the mean is 18.77 and For Stomach cancer people the mean is 26.02 and S.D. is 8.53 and 16.33. For both groups ‘t’ level value is 2.45 which is significant at 0.05 level. The results show that there is a significant difference in Death anxiety level of old people between Oral Cancer and Stomach cancer of Ahmedabad city.
TABLE-II

DEATH ANXIETY LEVEL OF OLD MALE AND OLD FEMALE OF AHMEDABAD CITY

<table>
<thead>
<tr>
<th>GROUP</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>‘t’ Value</th>
<th>Level of sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Male</td>
<td>60</td>
<td>20.83</td>
<td>14.22</td>
<td>0.98</td>
<td>NS</td>
</tr>
<tr>
<td>Old Female</td>
<td>60</td>
<td>23.73</td>
<td>12.14</td>
<td>0.98</td>
<td>NS</td>
</tr>
</tbody>
</table>

Table no. II shows the Death anxiety level of Old Male and Old Female of Ahmedabad city. For Old Male the mean is 20.83 and For Old Female the mean is 23.73 and S.D. is 14.22 and 12.14. For both groups ‘t’ level value is 0.98 which is not significant. The results show that there is no significant difference in Death anxiety level of Old Male and Old Female in Ahmedabad city.

CONCLUSION:

(1) There was a significant difference between old people of Oral Cancer and Stomach cancer in relation to Death anxiety.
(2) There was no significant difference between Old Male and Old Female in relation to Death anxiety.

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