

Spirituality and Attitude towards Death among Senior Citizens with Special Reference to Bengaluru, India

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ABSTRACT

Death is an unpredictable and undeniable event that occurs in everyone's life regardless of age, time, place etc. One of the common experiences for those are unprepared for this reality is Anxiety. The attitude of senior citizens towards death vary from person to person and they adopt different strategies to cope with their anxieties. Spiritual practice is one of the coping strategies adopted by senior citizens. The present study tries to examine the association between spirituality and attitudes towards death among 100 senior citizens (65 years and above) in residential houses and in old age homes. Participants were asked to respond to two different questionnaires namely, Death Attitude Profile-Revised developed by Wong, Recker, Gosser (1994) and Spirituality Experience Index- Revised developed by Genia, V (1991) including a 32-item and 23-item respectively. Data was collected during March-April, 2018 by using SPSS software and data were analysed using the statistical tools namely, simple percentages, means, standard deviation, Pearson's correlation, t-Test and ANOVA. The scale had a high level of internal consistency, as determined by a Cronbach's alpha of 0.712. The study concludes that higher the level of spirituality (spiritual openness) lower the level of fear of death. Those with higher level of spirituality avoid thinking and talking about death to be away from anxiety. There is a negative correlation between spirituality and positive dimension of attitude towards death (Escape acceptance) higher the level of spirituality, lower the attitude towards escape acceptance (death as an escape from a painful existence) but there was no correlation between spiritual support and any of the death attitude dimensions.

Keywords-- Old Age, Attitude towards Death and Dying, Fear Of Death, Spirituality

towards death may have a positive or negative impact in one's present life and also affects the state of mind, which in turn affects daily life of an individual. Individual grow and develop by changes which can be seen at different stages of life i.e. from infancy to late adulthood, but the accumulation of changes are more visible and rapid in late adulthood. This development or growth can be well understood by the stages of psychosocial development by Erik Erikson (1963) who states that every human has to go through different developmental stages with unique challenges, which he called as "crisis" a major psychosocial theme important at that time and will remain an issue to some degree throughout the rest of the life. Every individual hold a different idea of death and after its occurrence or even have no clue about life after death. Death being a complex and dynamic system involves biological, psychological, spiritual, societal, and cultural component. Our idea of death is highly associated with our well-being.

Aging is a crucial state of life and it is essential to understand the needs and issues associated with old age. Fear of death is one of the most important issues among aging population since they experience anxiety while they are approaching death. During the past few decades many researchers have attempted to study the older adults with association to their developmental stages of life mainly focusing on the ageing processes and their attitude towards ageing. When we speak about ageing, concepts like forgetfulness, decreased ability to maintain focus, poor problem solving capacity (cognitive decline), spirituality, death and dying etc. are all associated with ageing process. Therefore, the present study tries to examine the association between spirituality and attitudes towards death among senior citizens

I. INTRODUCTION

Ageing is a chain of biological changes involving a natural progression from Birth to Old Age and Death. Death anxiety is a concept which is common among senior citizens creating threat towards death. The attitude of senior citizens towards death vary from person to person, some will have positive attitudes and others may have negative attitudes. Those with the positive attitudes towards death will welcome it and those with the negative attitudes will have fear and anxiety towards death and the coping strategies also vary based on several factors, spirituality do have influence on one's attitude towards death and dying among senior citizens. Attitude

II. LITERATURE REVIEW

According to Erickson, as people grow older, 65+ years they become senior citizens, their body slows down the productivity and experience life as a retired person. It is during this stage that they pay attention to their accomplishments and can develop integrity if they see themselves as leading a successful life. On the other side, if they see their lives as unproductive, feeling of guilt about our past, or feel that they did not accomplish their life goals, they become dissatisfied with life and develop despair, which results in depression and

hopelessness. From Erik Erikson's theory we can understand that the nature of attitude towards death among older adults, whether they are ready to approach death or avoid the thoughts of facing death. The older adults have mixed feelings about death and dying, older adults who resolve the final crucial crises - integrity versus despair, acceptance of both what they have done with their lives and their impending death. People who feel that they led a meaningful life by adjusting their losses may be better able to face death. (Erik Erikson, 1963). Many studies have been done on spirituality and attitude towards death and death anxiety.

Ellison and Fan (2008) examined the association between spiritual experiences and psychological well-being in America, and found that each unit increase in daily spiritual experiences was associated with 31% higher chance of not being distressed. These strongly support the hypothesis that daily spiritual experiences scale (DSES) is related to positive psychological effects and death anxiety could be influenced by spiritual experiences. On the other hand, Borg et al. (2008) study showed that death anxiety could be influenced by satisfaction with life, since acceptance of one's own life could influence fear of death and help the person to confront death. Cohen, et al. (2005) studied the associations between death anxiety and life satisfaction with religion among certain faith traditions in Italy, and stated that life satisfaction was inversely correlated to death anxiety. Leik (2013) also investigated the relationship between aspects of meaning in life and death anxiety among young adults. The study states that the search for meaning in life was significantly associated with fear of one's own death and dying. Fear of death and death anxiety is one of the important challenges encountered by the increasing number of senior citizens today. Therefore, recognition, identification, evaluation and control of factors affecting death anxiety is felt important to reduce their problem of senior citizens. Research findings suggests that spirituality could be effective in reducing fear of death and dying. Dadfar M and Lester D (2017) reviewed 93 studies published by a host of American, European, Arab, and Iranian psychologists and psychiatrists and most of studies showed that death anxiety is influenced by a variety of factors such as religiosity, spirituality, health, gender, age, and culture.

Ehud Bodner, Amit Shrira, et al. (2015) examined the relationship between death anxiety and adaptive emotional regulation among older adults. Results showed that emotional complexity moderated the relationship between each of the two anxieties and psychological distress. The findings suggests that emotional complexity buffers against psychological distress, and can be further explored as a facilitating mechanism in protecting against the negative mental health effects of aging and death anxieties. Death meanings after life and extinctions were most strongly correlated with fear of death for both young and old

people and also found that there is influence of religion on death anxiety and death. In another study, the relationship between religiosity, death acceptance, and death anxiety was examined and the findings indicates that belief in God's existence and belief in after life were both negatively correlated with death anxiety, and positively correlated with death acceptance. (Stephen, Weaver, Harding, 2017). Another study investigated the relationship between death anxiety, attitudes toward older adults, and personal anxiety toward one's own aging in a group of 197 older men and women. The findings showed that there was personal anxieties about aging and death, specifically, fear of the unknown. Older women scored higher on the fear of the dead subscale of the MFOD than did men (Stephen J. Depaola, Neimeyer, 2010).

Russac, Gatliff, et al. (2007) conducted two studies on death anxiety across the adult of different age groups. In the first study 304 men and women between 18 and 87 years were studied by using the Collett-Lester Fear of Death Scale. The results showed that death anxiety peaked in both men and women during their 20s and declined significantly and also observed that death anxiety displayed the same bimodal distribution and significant decline with age. In the second study, 113 women between 18 and 85 years were interviewed by using the Templer's Death Anxiety Scale to examine the elements of death anxiety and meanings of death. Thorson, Powel (1988) study reveals that the older respondents indicated a concern over the existence of an afterlife and over loss of personal control; women expressed more fear of pain and bodily decomposition. Also there was variation in death anxiety by age, which confirms that the review of life helps the aged to resolve conflicts and relieve anxiety. In another study Templer's Death Anxiety Scale was administered on 295 adults ranging from 16 to 83 years and results indicated that the older adults (60—83 years) had significantly lower scores than younger adults (Stevens et al., 1980).

Hwang, Shyanlin & Wen-tin (2005) examined attitudes toward life and death after the respondents attended the life and death studies (LDS) program and the findings showed that there was positive change in meaning of life was associated with interaction with others and self-reflection. Rhonda (2016) examined the relationship between religion and spirituality among older adults. The thematic analysis revealed that the participants viewed older adulthood as a period of spiritual growth and development which provides means of compensating for losses that can result from physical decline. In an online survey on fear and multidimensional approach to ageing anxiety 348 respondents between the ages 18 – 88 participated and the findings reveals that men and women have different fears of ageing, greater quality contact is related to less ageing anxiety and poor health is related to greater ageing anxiety (Brunton, Scott, 2015).

Victor & Cicirelli (2002) studied on "Fear of death among older adults" to determine how variables

suggested by the theory were related to fear of death measures on 123 black and 265 white elders aged between 60 to 100 years by using MFODS and the results showed partial support to the theory, with greater fear of the unknown (fear of annihilation) related to weaker religiosity, less social support, and greater externality; the effect of self-esteem was mediated by externality. Gerolimatos, Edelstein (2012) studied health anxiety (HA) among older and young adults and the results indicated that young adults reported higher levels of health anxiety than older adults, anxiety sensitivity predicted negative consequences for older adults only and anxiety control did not predict illness likelihood or negative consequences for either age group.

Yoon, Lim et al. (2015) examined the effect of age, gender, and living circumstances on elderly persons' death anxiety and the findings revealed that women those who were relatively older living with their families were significantly more anxious about the word death. Rappaport et al. (1993) study reveals that life purpose and death anxiety were found to be negatively correlated, life purpose was correlated positively with projection of future time, and death anxiety was positively correlated with temporal density in the present.

A study on effectiveness of a lesson series on death and dying in changing adolescents' death anxiety and attitudes toward older adults and the findings reveals that the pretest adolescents' levels of death anxiety were moderately high; however, the attitudes toward older persons were positive. both groups evidenced a small decrease in death anxiety and a slight change in attitudes toward older persons in a negative direction. (Glass, j. c., & Knott, e. s. (1984). Homan et al. (2010) examined the association between religiosity, sense of meaning and healthy behaviour, the results showed that religiosity and sense of meaning were associated with healthier behaviours. However, extrinsic religious orientation was associated with decreased rates of healthy behavior .the results support a model in which religion and sense of meaning affect health by motivating certain behaviors that are then tied directly to overall physical health. Lin (2003) examined the relationship between five dimensions of attitude toward death (fear of death, death avoidance, neutral acceptance of death, approach acceptance of death, and escape acceptance of death) and three selected personal factors (spirituality, emotional support, and religiosity) among American and Chinese older adults. The results reveals that spirituality influences both fear and avoidance of death attitudes, and that spirituality and religiosity contribute to both approach acceptance and escape acceptance of death attitudes. Among Chinese, spirituality influences fear of death attitudes and religiosity influences approach acceptance of death attitudes. For both American and Chinese subjects, neutral acceptance death attitude is not influenced by any selected personal factors and emotional support fails to demonstrate a significant relationship with any death attitude. both populations demonstrate that

spirituality factor influences the negative dimensions of death attitudes (fear of death and avoidance of death) and the religiosity factor influences the positive dimension of death attitude (acceptance of death).

Another study conducted by Lu et al. (2009) on "Positive Attitudes Toward Older People and Well-being Among Chinese Community Older Adults" reveals that older people possessed positive attitudes toward aging in general, but there were some group attitudinal differences associated with education attainment and urban residence, older age, fewer social support, and less positive attitudes toward aging were related to more depressive symptoms and younger age, greater social support, greater community participation, and more positive attitudes were related to higher happiness. Ritu Rani, et al. (2017) examined the relationship between spirituality and death anxiety among geriatrics and the results showed that there was high level of spirituality and average level of death anxiety among elderly. Further, it was revealed that there was a negative correlation between spirituality and death anxiety which indicates the healing power of spirituality among elderly people.

Mina Taghiabadi et al. (2017) study results showed an inverse association between life satisfaction and death anxiety and also a direct relation between spiritual experiences and death anxiety. The findings were consistent with those works which, with similar statistical population in terms of age, religion and nationality, reported a medium level of life satisfaction among participants. The results showed an inverse association between life satisfaction and death anxiety and also a direct relation between spiritual experiences and death anxiety. Erikson's theory states that aging is associated with life review phenomenon, and starts around the age of 60 and the person seeks to find meaning, significance and value in life which leads to life satisfaction.

Based on the above reviews following are the objectives of this study: To understand the attitude towards death among senior citizens; to examine whether spirituality have influence on attitude towards death among senior citizens; and to study the influence of demographic factors - age, gender, education, marital status, health concern and attitude towards death among senior citizens.

III. MATERIAL AND METHODS

3.1. Research Design and Participants:

This descriptive-analytical study was conducted during March-April 2018 among senior citizens residents and wards of day care centres in Bangalore district. Using convenient sampling method with a sample of 100 participants were selected and data was collected through questionnaires were distributed. Of 100 subjects, 22 respondents between the age group of 65-70 years, 43 respondents between the age of 70-75 years and the remaining 35 respondents were above 75 years.

Percentage of male and female respondents were equal in number (50) and 99% of them were married and only 1% unmarried. With regard to education qualification of the respondents, 39% and 48% studied up to X grade and XII grade respectively, 7% of them up to degree and the remaining 6% of them did post graduation. Out of 100 respondents 57% of them had health concern.

3.2. Instrument:

For the purposes of this research two questionnaires were used to assess spirituality and death attitude namely DAP-R (death attitude profile) and SEI-R (spirituality experience index) respectively. Death Attitude Profile-Revised: The Death Attitude Profile-Revised (DAP-R) is a standardized instrument (Wong, Reker, & Gosser, 1994) which is used to measure attitudes toward death and dying. The scale is intended to capture two components of death attitudes using five subscales. Death acceptance consists of the cognitive awareness of one's own finitude and the affective reaction to this knowledge. Three types of death acceptance are measured, while the fear of death and the reaction to this fear (death avoidance) are also integrated. For the purposes of this study, measurement of death acceptance is important, because knowledge and attitudes regarding end of life decisions would require acceptance of the inevitability of death. The DAP-R scale consists of 32 items that measure five dimensions of death attitudes: Approach Acceptance, Escape Acceptance, Neutral Acceptance, Fear of Death, and Death Avoidance. Many research studies on death attitudes, have adopted items related to dying in the Fear of Death/Dying dimension from DAP and it was revised and added new Fear of Death in the revised version (DAP-R). Additional items were also added to the three acceptance scales in the revised version. As a result, the original 21-item DAP was expanded to 36 items, called DAP-R. To empirically determine the face validity of five dimensions in the DAP-R, research done on 10 young, 10 middle-aged, and 10 elderly subjects who were asked to place each item into the most conceptually appropriate category. All 36 items reached the criterion of 70% agreement in classification. In fact, most of the items exceeded the 90% agreement level.

Spirituality experience index- revised: A 23-item scale that measures faith and spiritual journey, aiming to not impose any particular faith as part of the questions. This questionnaire is a revised version of the Spiritual Experience Index. Mainly, the original has been shortened, and, through factor analysis, been revised into two subscales: Spiritual Support (13 questions) and Spiritual Openness (10 questions). The Spiritual Experience Index was developed to measure spiritual maturity in persons of diverse religious and spiritual beliefs. The scale was constructed from a developmental rather than a multidimensional conceptualization of faith. Initial findings from a religiously heterogeneous college sample indicated good reliability for the SEI and supported its use as a multi-dimensional measure. Higher

scores on the SEI were significantly related to lower dogmatism and intolerance of ambiguity. The SEI was also moderately related to higher religious participation and positively correlated with intrinsic and quest. However, compared with the intrinsic and quest scales, the SEI emerged as the strongest indicator of adaptive spiritual functioning. Directions for future research are suggested.

3.3 Procedure of Data Collection:

The selected population for the research who is 65 and above which was collected in residential houses and also day care center. After explaining the nature and the intention of the study to the participants was sort for the participation in the study. People who gave permission were further selected for data collection.

3.4 Data Analysis:

The collected data were entered and stored in the excel sheet and then with the help of SPSS data was analyzed. In order to characterize the sample, descriptive statistics were used during the analysis, calculating frequencies and percentages, as well as determining means and standard deviations, considering the variables involved. The Pearson Correlation Test was applied to the variables that presented a statistically significant relationship and t-Test were used in order to verify the effect of age, gender, education, marital status, health concern if any, participation in discussions about death and dying, death acceptance in the dimensions of attitude towards death. ANOVA was used to measure the results on both the scales (death attitude profile-R & spirituality experience index- R) that contains different dimensions and subscales.

3.5 Ethical Considerations:

Respect for the dignity of research participants was prioritized, the aim of the study was explained to the participants before collecting data, the research was proceeded with the voluntary participation on the basis of informed consent for assurance, adequate level of confidentiality of the research data was ensured and maintenance of the highest level of objectivity in discussions and analyses throughout the research.

IV. RESULTS

Table (4.1): Distribution of old ages' socio demographic variables.

Variable	Range	Frequency	Percentage
Age	65-70	22	22
	65-75	43	43
	75 & Above	35	35
Gender	Male	50	50
	Female	50	50
Education	X grade	39	39
	XII grade	48	48
	Degree	7	7

	Post	6	6
Marital Status	Married	99	99
	Unmarried	1	1
Health	Have health	57	57
	No health	43	43

Of 100 participants around 2/3 of the respondents were between the age groups 65-75 years, equal number of male and female participants who had formal education

grade X to grade XII (87%) and remaining 13% were had graduate and post graduate education. Majority of the participants (72%) retired of middle class and lower middle class, and 72% were living in their families and others 28% living in old age homes, 99% were married. The results show that more than half (57%) of the participants have health issues (Table 1).

Table (4.2): Spirituality and Death Attitude Dimensions

		Fear of death	Death avoidance	Neutral acceptance	Approach acceptance	Escape acceptance
Spiritual support	Pearson Correlation	.039	-.074	-.148	-.167	.096
	Sig. (2-tailed)	.698	.462	.143	.096	.342
	N	100	100	100	100	100
Spiritual openness	Pearson Correlation	-.325**	-.290**	.031	-.184	-.336**
	Sig. (2-tailed)	.001	.003	.758	.066	.001
	N	100	100	100	100	100
Fear of death	Pearson Correlation	1	.526**	-.297**	.020	.415**
	Sig. (2-tailed)		.000	.003	.846	.000
	N	100	100	100	100	100
Death avoidance	Pearson Correlation	.526**	1	-.484**	-.290**	.104
	Sig. (2-tailed)	.000		.000	.003	.305
	N	100	100	100	100	100
Neutral acceptance	Pearson Correlation	-.297**	-.484**	1	.398**	-.249*
	Sig. (2-tailed)	.003	.000		.000	.012
	N	100	100	100	100	100
Approach acceptance	Pearson Correlation	.020	-.290**	.398**	1	.125
	Sig. (2-tailed)	.846	.003	.000		.214
	N	100	100	100	100	100
Escape acceptance	Pearson Correlation	.415**	.104	-.249*	.125	1
	Sig. (2-tailed)	.000	.305	.012	.214	
	N	100	100	100	100	100

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

A Pearson correlation was run to determine the relationship between spirituality subscales and 5 dimensions of attitude towards death. Table 4.2 shows that there is a negative correlation between the fear of death and spiritual openness ($r = -0.325$, $p < 0.01$), a

negative correlation between death avoidance and spiritual openness ($r = -.290$, $p < 0.01$) and there is also a negative correlation between escape acceptance and spiritual openness ($r = -.336$, $p < 0.01$).

Table (4.3): Group Statistics t-test of mean, standard deviation and t-value for gender on spirituality subscales and Death Attitude Dimensions

Variables	Gender	N	Mean	Std. Deviation	t (df)
Spiritual support	Male	50	59.80	7.057	-.343
	Female	50	60.36	9.131	-.343 (98)
Spiritual openness	Male	50	37.16	4.363	-.393 (98)
	Female	50	37.48	3.754	-.393 (98)

Fear of death	Male	50	32.62	9.014	-.200 (98)
	Female	50	32.98	8.945	-.200 (98)
Death avoidance	Male	50	23.84	6.032	1.830 (98)
	Female	50	21.44	7.043	1.830 (98)
Neutral acceptance	Male	50	12.14	5.551	-.803 (98)
	Female	50	13.04	5.657	-.803 (98)
Approach acceptance	Male	50	35.14	7.704	.436 (98)
	Female	50	34.52	6.478	.436 (98)
Escape acceptance	Male	50	18.78	8.459	.761 (98)
	Female	50	17.52	8.089	.761 (98)

The Table 4.3 shows t-values measuring variables for gender, the results indicates that there is no statistically significant difference between gender, spirituality and death attitudes dimensions (Fear of death, Avoidance neutral, Acceptance approach, Acceptance escape and Acceptance). There is a negative correlation between the fear of death and spiritual openness ($r=-0.325$, $p< 0.01$), a negative correlation between death avoidance and spiritual openness ($r=-.290$, $p< 0.01$) and

there is also a negative correlation between escape acceptance and spiritual openness ($r=-.336$, $p< 0.01$). There is no statistically significant difference between gender, spirituality and death attitudes dimensions (Fear of death, Avoidance neutral, Acceptance approach, Acceptance escape and Acceptance). The results shows that there is no significant difference between age and gender.

Table (4.4): One way ANOVA for Age on Spirituality subscales and Death Dimensions

Variables	Age (years)	N	Mean	Standard deviation	F
Spiritual support	65 - 70	22	5.9.91	8.205	0.087
	70 - 75	43	59.79	8.994	
	75 and above	35	60.54	7.093	
Spiritual openness	65 - 70	22	37	4.515	0.231
	70 - 75	43	37.19	3.417	
	75 and above	35	37.69	4.536	
Fear of death	65 - 70	22	36.27	8.897	2.29
	70 - 75	43	32.23	8.72	
	75 and above	35	31.31	8.901	
Death avoidance	65 - 70	22	24.27	6.174	2.503
	70 - 75	43	20.98	7.025	
	75 and above	35	23.66	6.111	
Neutral acceptance	65 - 70	22	11.68	5.979	1,151
	70 - 75	43	13.56	5.75	
	75 and above	35	11.97	5.108	
Approach acceptance	65 - 70	22	33.55	5.466	0.949
	70 - 75	43	35.91	7.779	
	75 and above	35	34.31	7.091	
Escape acceptance	65 - 70	22	20.45	9.59	1.281
	70 - 75	43	18	7.88	
	75 and above	35	16.89	7.745	

From the above Table 4, it is seen that there is no significant difference between the different age groups (65-70 yrs, 70-75yrs, and above 75 yrs) on Spiritual support, spiritual openness and five death attitude dimensions as determined by ANOVA which does not

show statistically significant difference between different age groups.

V. DISCUSSIONS

Ageing is part of every organism, the gains and declines are always part of the last stage of life. The changes are at different level i.e. physical, psychological and cognitive. The last stage of life involves death and dying and also growth of spiritual maturity among senior citizens. There is a different attitude towards death among each senior citizens i.e. either fear of death or welcome it. So there is a need to focus on the death attitude of the senior citizens because it is a fact that even the young adults and middle adults going to face death when approaching old age. The purpose of the study was to determine the difference between the role of spirituality and attitude towards death among senior citizens. The participants for the study were 100 senior citizens of 65 years and above, which included 50 men and 50 women. The instruments used were DAP-R (Wong, Reker, Gosser, 1994) And SEI-R (Genia.V, 1991).

Death Attitude Dimensions (Fear of death, Death avoidance, Neutral acceptance, Approach acceptance, Escape acceptance) and Spirituality Experience Subscales (Spiritual Openness & Spiritual Support). There is a negative correlation between Spirituality (Spiritual Openness i.e. Universal approach to faith or inclusion of other faiths) and Negative dimensions of death attitude (fear of death, death avoidance). A negative correlation between fear of death and spiritual openness which indicates higher the level of spirituality lower the attitude towards fear of death (Negative thoughts about death and dying process). A negative correlation between spiritual openness and death avoidance indicates higher the level of spirituality lower the attitude towards death avoidance (avoiding death thoughts or talking about death in order to decrease death anxiety).

There is a negative a negative correlation between spirituality (spiritual openness) and positive dimension of death attitude (escape acceptance), which indicates that higher the level of spirituality lower the attitude towards escape acceptance (death as an escape from a painful existence).

Considering previous study to support the above results or outcome of the study. A research done on Factors Related to Attitudes towards Death among Older Adults the study was done to examine the relationship between five dimensions of attitude toward death and three selected personal factors (spirituality, emotional support, and religiosity) among Americans and Chinese. It was found that spirituality influences both fear and avoidance of death attitudes, and thus spirituality and religiosity contribute to both approach acceptance and escape acceptance of death attitudes. Among Chinese, spirituality influences fear of death attitudes and religiosity influences approach acceptance of death attitudes. For both this population neutral acceptance death attitude is not influenced by any selected personal factors and emotional support fails to demonstrate a

significant relationship with any death attitude. Then the finding was that both populations demonstrate that spirituality factor influences the negative dimensions of death attitudes (fear of death and avoidance of death) and the religiosity factor influences the positive dimension of death attitude (acceptance of death), (Lin,A.H.2003). It was observed that t-values on measuring variables for male and female, which is seen that there is no significant relationship between spirituality (spiritual support or spiritual openness) and the death attitude dimensions. The data collected didn't support the hypothesis predicting a significant difference between male and female towards the attitude of death.

But the earlier studies have found that there is a significant difference between men and women. Where a study done on death anxiety and attitude towards elderly among older adults: role of gender and ethnicity. Which was found that older women scored higher on the fear of the dead subscale of the Multi dimension fear of death than did men. (Depaola.S.J, Neimeyer, 2010).Another study- "do we fear ageing?" a multidimensional approach to ageing anxiety, which was found that men and women have different fears of ageing (Brunton, Scott, 2015). From the One way ANOVA test it is clear that there is no statistically significant difference between the mean of different age groups and on Spiritual Support, Spiritual Openness and five Death Attitude Dimensions. But results of previous studies showed that there was difference among different age groups and Spiritual Support, Spiritual Openness and five Death Attitude Dimensions.

VI. CONCLUSION

The study concludes that higher the level of spirituality (spiritual openness) lower the level of fear of death. Those with higher level of spirituality avoid thinking and talking about death to be away from anxiety. There is a negative correlation between spirituality and positive dimension of attitude towards death (Escape acceptance) higher the level of spirituality, lower the attitude towards escape acceptance (death as an escape from a painful existence) but there was no correlation between spiritual support and any of the death attitude dimensions. Also there is no statistically difference between gender, age and spirituality, fear of death. The findings of this study may contribute to the geriatric care, by implementing various alternative techniques that are scientifically evident in the application of spiritual or transcendental techniques for those who have a universal approach to faith and one's inclusion or acceptance of other faiths for a better well-being. For young and middle adulthood, this study would bring an awareness about senior citizens' attitude towards death and comfort senior citizens in their last stage of lives. Future research can focus on cross- cultural study to understand the regional diversity and its impact on the role of spirituality and attitude towards death among senior citizens.

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