



# Relationship Between Religious Orientation and Death Anxiety in Elderly Individuals

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## Abstract

This study aims to identify the relationship between religious orientation and death anxiety in elderly individuals aged 65 and over. This study is cross sectional in nature. It was conducted with the participation of 250 individuals aged 65 and over who were registered in Family Health Centers in the city center located in the eastern part of Turkey between February and June, 2018. The participants' Religious Orientation Scale mean score was found to be  $53.03 \pm 9.91$ , and Religious Orientation Scale mean score was found to be significantly higher in married people, in graduates of high school, in those who had social security, and in those who lived with their spouse ( $p < 0.01$ ). Death Anxiety Scale mean score was found to be  $7.73 \pm 2.28$ , and Death Anxiety Scale mean score was significantly higher in those who lived with their children ( $p < 0.05$ ). No statistically significant relationship was found between Death Anxiety and Religious Orientation. Elderly individuals were found to have high religious orientation and death anxiety. It is recommended that the factors that increase death anxiety should be identified, interventions should be provided to decrease these factors, and elderly people should be provided with social services for their religious needs.

**Keywords** Religious orientation · Death anxiety · Elderly people

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## Introduction

People are affected by many things that they cannot control. Elderliness, illnesses, and death are phenomena that one cannot control and object (Chopik 2017). Besides being inevitable, death is a compulsory consequence of life. In the notion focusing on an endless life after death, death does not express an interruption or discontinuation; it is perceived as the beginning of another life (Bulut and Kuşat 2018). However, death could be perceived as extinction by people who lack the belief of life after death, which might cause some psychological disorders (Bulut and Kuşat 2018). Just like death has effects on religious belief, religious belief also has effects on the attitudes toward death. While the meaning attributed to death is formed according to one's world view, the meaning attached to life also affects the way death is perceived. Religion helps people to make sense of death and to resist the feeling of hopelessness caused by death anxiety (Lieberman and Kramer 2012). People's reactions to death might vary. While some people move away from the idea of death with a psychological escape, some others overcome death anxiety with a strong religious belief by facing death (Yıldız 2014). Each stage of the development of human beings is important in terms of religious life. In the childhood and adolescence periods, religious beliefs, attitudes, and values are adopted; in the adulthood stage, they are improved and strengthened. The effects of religion on the individual are seen more intensively in the old age (Chopik 2017). An elderly individual evaluates time according to how much time is left rather than how much he has lived (Khormaei et al. 2017). Life of elderly individuals is close to the fact of death at any time due to losses they experience. Anxiety, which is rated at the top among the moods in the elderly, is the most difficult and worrying emotion to endure for elderly people (Lieberman and Kramer 2012; Dadfar et al. 2016). In the old age period, there is a general state of anxiety due to the loss in the physical and mental features, loss of roles, and other losses; religion begins to have important effects on individuals' seeking meaning (Seyhan 2015). While there are elderly people who have very positive thoughts about religion, there could also be some elderly people who are disturbed by religious conversations. Despite being limited in number, because they have had disappointments about religion, there could also be some elderly people who totally hate these kinds of conversations although they know about the content of religious life (Öztürk 2010). Elderly individuals, who face the thoughts and anxiety about death most frequently, might tend to be closer to religion because they face losses (Dağlı 2010). Thoughts about death cause conscious or unconscious death anxiety in elderly individuals (Dağlı 2010). In the face of the inevitable nature of death, elderly individuals might consider the need to review their religious attitudes and behaviors and to reconstruct their religious life. In this case, elderly individuals who do not have a regular religious background might connect to religious values because those values could give them the opportunity to make sense of their life (Daaleman and Dobbs 2010).

## Overview of the Study

The present study, which was conducted in Family Health Centers in a city center located in the eastern Turkey, identified the relationship between death anxiety and religious orientations in elderly people.

## Methods

### Design and Participants

This cross-sectional study was conducted in Family Health Centers (FHC) in the city center located in the eastern part of Turkey between February and June, 2018. Target population of the study was 610 elderly individuals aged 65 and over who lived in the city center and applied to the FHC between the above-mentioned dates. The study aimed to involve the whole target population, but those who had a psychiatric disease or terminal cancer, who could not communicate, and who did not volunteer to participate in the study were excluded. A total of 250 people who met the research criteria were involved in the study.

### Data Collection/Procedure

Data were collected by the researchers in the family health centers by giving the forms to the elderly people and taking back the filled ones. Data collection took about 15 to 20 min.

### Data Collection Forms

Data were collected using the Socio-demographic Form, Death Anxiety Scale, and Religious Orientation Scale.

### Socio-Demographic Form

The form, which was developed by the researcher in line with the related literature, was composed of eight questions that aimed to collect information about age, gender, marital status, income level, etc.

### Death Anxiety Scale

Death Anxiety Scale was developed by Templer (1970), and its Turkish reliability and validity were performed by Şenol (1989) and Akça and Köse (2008). The scale was composed of 15 items and rated on a 2-point Likert scale as true and false. While the correct answers are given 1 point, wrong answers are not scored. Those who receive 7 points and more in the test, which has scores ranging from 0 to 15, are considered to have high death anxiety. Each “yes” answer to the first 9 items is

scored “1,” each no answer is scored “0”; for the remaining six items, each “no” answer is scored “1,” and each “yes” answer is scored “0.” Reliability coefficient which was calculated according to Kuder–Richardson formula was found to be .75 (Akça and Köse 2008). Cronbach’s alpha value was found to be .61 in this study.

### Religious Orientation Scale

The scale was developed by Onay (2000) in order to identify the place of religion in individuals’ thoughts, behaviors, and feelings. The scale has 18 Likert-type items; 12 items are scored normally, and 6 items are scored reversely. The scale has three sub-scales as thoughts, behaviors, and feelings. Minimum and maximum score limits are 18 and 72. Higher scores indicate higher religious orientation levels, and lower scores indicate lower religious orientation levels. Cronbach’s alpha reliability coefficient of the scale is .95 (Onay 2000). Cronbach’s alpha value was found to be .81 in the present study.

### Ethical Considerations

Written approval was obtained from the institution where the study was conducted. Ethical approval is approved by the Independent Ethics Committee of the University and agreed with the ethical principles of the Declaration of Helsinki. People who accepted to participate in the study were informed about the study, and their written consent was obtained prior to the study.

### Data Analysis

Data were analyzed in SPSS package programming, using descriptive statistics, Kolmogorov–Smirnov, Mann–Whitney *U* and Kruskal–Wallis, Spearman correlation test analyses. Statistical significance was taken as  $p < 0.05$ .

### Results

Of all the individuals participating in the study, 56% were female, 71.6% were married, and 39.6% graduated from primary school. In addition, 60.8% had social security, 65.2% had income equal to expenses, 35.6% lived with their spouse and children, 64% had a chronic disease, and average age was  $70.00 \pm 6.90$  (see Table 1).

Findings showed that the participants’ Religious Orientation Scale mean score was  $53.03 \pm 9.91$ , with scores ranging from 35 to 72. Death Anxiety mean score was  $7.73 \pm 2.28$ , with scores ranging from 2 to 15. When the Death Anxiety Scale mean score was evaluated categorically, it was found that 72.4% of the elderly individuals participating in the study had high death anxiety (see Table 2).

Religious Orientation Scale mean score was found to be significantly higher in those who were married, who graduated from high school, who had social security,

**Table 1** Socio-demographic features of the elderly individuals

Variables		S	%
Gender	Female	140	56.0
	Male	110	44.0
Marital status	Married	179	71.6
	Single/widowed	71	28.4
Education level	Illiterate	89	35.6
	Primary school	99	39.6
	Secondary school	30	12.0
	High school	24	9.6
Social security	Yes	8	3.2
	No	152	60.8
Income level	Yes	98	39.2
	Income less than expenses	52	20.8
	Income equal to expenses	163	65.2
People they live with	Income more than expenses	35	14.0
	Alone	16	6.4
	With spouse	49	19.6
	With children	70	28.0
	With spouse and children	89	35.6
Chronic disease	Other	26	10.4
	Yes	160	64.0
Age	No	90	36.0
	$\bar{X} \pm SD$ 70.00 $\pm$ 6.90 (min.65–max.110)		

**Table 2** Religious orientation scale and death anxiety scale scores

Scale	$\bar{X} \pm SD$	Min	Max
Religious orientation scale	53.03 $\pm$ 9.91	35	72
Death anxiety scale	7.73 $\pm$ 2.28	2	15
Death anxiety scale categorical	Low	High	
	<i>n</i>	%	<i>n</i> %
	69	27.6	181 72.4

and who lived with their spouse ( $p < 0.01$ ). No differences were found between the groups in terms of gender, income level, or having a chronic disease (see Table 3).

Death Anxiety Scale mean score was found to be significantly higher in those who lived with their children ( $p < 0.05$ ). No differences were found between the groups in terms of gender, marital status, education level, having social security, income level, or having a chronic disease (see Table 4).

No statistically significant relationships were found between age, Death Anxiety Scale, and Religious Orientation Scale total scores (see Table 5).

**Table 3** Distribution of elderly individuals' religious orientation scale scores according to their personal characteristics

Variables		<i>n</i>	$\bar{X} \pm SD$	KW/ <i>U</i>	<i>p</i>
Gender	Female	140	54.16 ± 10.39	<i>U</i> = 6609.5	.055
	Male	110	51.60 ± 9.10		
Marital Status	Married	179	54.30 ± 9.94	<i>U</i> = 4714.5	<b>.001</b>
	Single/widow	71	49.83 ± 9.14		
Education Level	Illiterate	89	54.78 ± 9.86	KW = 15.884	<b>.003</b>
	Primary school	99	50.53 ± 9.80		
	Secondary school	30	51.80 ± 10.02		
	High school	24	57.67 ± 8.21		
Social security	Yes	152	54.97 ± 9.30	<i>U</i> = 5204.0	<b>.000</b>
	No	98	50.02 ± 10.11		
Income Level	Income less than expenses	52	54.44 ± 9.81	KW = 1.397	.497
	Income equal to expenses	163	52.82 ± 10.00		
	Income more than expenses	35	51.94 ± 9.62		
People they live with	Alone	16	54.75 ± 10.18	KW = 13.652	<b>.008</b>
	With spouse	49	55.27 ± 11.11		
	With children	70	49.77 ± 9.13		
	With spouse and children	89	54.69 ± 9.34		
	Other	26	50.88 ± 9.24		
Chronic disease	Yes	160	52.71 ± 9.65	<i>U</i> = 6922.0	.612
	No	90	53.60 ± 10.38		

Bold values indicate statistical significance ( $p < 0.01$ )

## Discussion

Old age is one of the three important transition periods in the life of human beings that is close to death; in this period, relationship between old age and religion in terms of issues such as needing some support mechanisms, individual worships, rituals, and using time have become an interesting research area in religion studies (Morton et al. 2017; Ciobanu and Fokkema 2017; Özbolat 2016). This study found that elderly individuals had above-average religious orientation level. Studies conducted in Turkey also showed that religious orientation mean score was close to high levels (Bulut and Kuşat 2018; Kurtulan and Kararmak 2016). Similarly, studies conducted in different regions also reported higher religious orientation levels of elderly people (Amjad 2014; Wen 2010).

Death has a different meaning to everyone. While for some people death is extinction, for some others it reminds nothingness. For some others, it means to exist again in line with their beliefs (Gire 2014). Death anxiety is a feeling that starts from birth and continues lifelong and that develops as a result of one's realizing the probability of not existing anymore, losing self and the world, and becoming nothing. Death

**Table 4** Distribution of elderly individuals' death anxiety scores according to their personal characteristics

Variables		<i>n</i>	$\bar{X} \pm SD$	KW/ <i>U</i>	<i>p</i>
Gender	Female	140	7.95 ± 2.41	<i>U</i> = 6778.0	.100
	Male	110	7.45 ± 2.08		
Marital Status	Married	179	7.79 ± 2.36	<i>U</i> = 6141.0	.675
	Single/widow	71	7.56 ± 2.07		
Education Level	Illiterate	89	8.16 ± 2.66	KW = 5.117	.275
	Primary school	99	7.58 ± 1.84		
	Secondary school	30	7.57 ± 2.05		
	High school	24	7.42 ± 1.82		
	University	8	6.38 ± 3.89		
Social security	Yes	152	7.73 ± 2.35	<i>U</i> = 7420.5	.960
	No	98	7.72 ± 2.17		
Income Level	Income less than expenses	52	7.90 ± 2.77	KW = .206	.902
	Income equal to expenses	163	7.66 ± 2.19		
	Income more than expenses	35	7.80 ± 1.88		
People they live with	Alone	16	7.13 ± 2.78	KW = 10.485	<b>.033</b>
	With spouse	49	7.61 ± 2.05		
	With children	70	8.36 ± 1.99		
	With spouse and children	89	7.46 ± 2.37		
	Other	26	7.54 ± 2.56		
Chronic disease	Yes	160	7.85 ± 2.26	<i>U</i> = 6292.0	.094
	No	90	7.51 ± 2.30		

Bold value indicates statistical significance ( $p < 0.05$ )

**Table 5** Relationship between age, religious orientation scale, and death anxiety scale total scores

		Death anxiety scale total score
Religious orientation scale total score	<i>r</i>	-.040
	<i>p</i>	.532
Age	<i>r</i>	-.066
	<i>p</i>	.296

anxiety is defined in different ways in the literature, and sometimes it is confused with fear of death or used in similar meaning with it. Age, gender, personality traits, sociocultural factors, developmental process, religious beliefs, and fatal diseases are reported to be associated with death anxiety (Chopik 2017; Kuru Alici et al. 2018; Doğan et al. 2015).

Majority of the elderly individuals who participated in this study were found to experience high death anxiety levels. Other studies also reported high death anxiety levels (Chopik 2017; Seyhan 2015; Yıldız and Bulut 2017). This finding

is considered to result from the individual's existing diseases, losses among friends and social environment, physical limitations, and other factors that cause to think about death.

Religious Orientation Scale mean score was found to be significantly higher in those who were married and who lived with their spouse ( $p < 0.01$ ). In a similar vein, in the study conducted with university students, Yıldız (2006) found a significant relationship between religious orientation and marital status; married individuals were found to have higher religiousness scores in comparison with the single ones (Bulut and Kusat 2018). This situation is considered to result from religious people's choosing spouse having similar beliefs and thus live in line with the religious life rules.

Mean score for the Religious Orientation Scale was found to be significantly higher in those who graduated from high school ( $p < 0.01$ ). Kımter and Köftegöl (2017) reported that education level had significant effects on religious orientation mean score. In addition, elderly individuals who had social security in this study were found to have higher religious orientations. Lower religious orientations of those who did not have social security might have resulted from their secret complaint to god due to such factors as not benefiting from health and care services.

Death, one of the most fundamental phenomena that affect human life, makes itself more evident in the old age period, and death becomes an important problem for human beings (Çınar 2016). Death and death anxiety have become part of human life throughout the human history (Eshbaugh and Henninger 2013; Lieberman and Kramer 2012). Death anxiety was found to be higher in those who lived with their children. Higher death anxiety in elderly people might have been associated with their thoughts and responsibilities about their children even in the last days of their life. In short, death itself, losing beautiful things in life, or absolute uncertainty about the things to happen in the future surely causes death anxiety in people (Dadfar et al. 2016).

Religious orientations sometimes decrease anxiety about death, and help to develop a more positive attitude toward death (Yıldız 2014). However, death anxiety might appear in different forms in some people, which might make them more anxious about death in comparison with other people (Yıldız 2014). A number of studies show that elderliness and particularly thoughts about death orient people to religion more (Dağlı 2010; Kuru Alici et al. 2018; Doğan et al. 2015). The present study found no significant relationship between religious orientation and death anxiety.

## Limitations

The limitation of the study was that it was conducted in one city where majority of people are Muslim.

## Conclusion

Despite the fact that the participants' religious orientations and death anxiety were found to be high, no significant relationship was found between them. Death anxiety among elderly individuals should be assessed in some certain intervals, using various data collection tools. In addition, factors that increase death anxiety should be identified and interventions should be provided in order to decrease these factors. Elderly individuals should be provided with social services for their religious needs. It is also recommended that the study should be conducted in regions that have different religions.

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## Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Informed Consent** People who accepted to participate in the study were informed about the study, and their verbal consent was obtained prior to the study.

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