

Original Research

Investigating The Relationship Between Depression And Stress and Death Anxiety Among the Elderly

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Abstract

Background: The present study is an applied and descriptive survey in terms of respectively purpose and method. The aim of this study is to investigate the relationship between personality styles and depression in housewives.

Method: The statistical population of the study is elderly women of Tehran which 384 people were selected as the sample and questionnaires were randomly distributed among them. The validity of the questionnaire questions was confirmed by professors and experts, and the reliability of the questionnaire questions using Cronbach's alpha test was calculated 0.83. SPSS software was used to analyze the findings.

Result: The results of Kolmogorov-Smirnov test showed abnormality of data, so the nonparametric Spearman test was used to examine the research hypotheses. The results of the analysis showed that the correlation between depression and death anxiety variables was confirmed with a coefficient of 0.874 and was accepted with sig = 0.000 and at a 95% confidence level. Due to the fact that significance level of the correlation coefficient is less than five percent, so there is a direct and significant relationship between the two variables of depression and death anxiety. As a result, the H0 hypothesis is rejected and the H1 hypothesis is confirmed. Also, the correlation between the two variables of stress and death anxiety was confirmed with a coefficient of 0.809 and is acceptable with sig = 0.000 and at a 95% confidence level. since the significance level of the correlation coefficient is less than five percent, so there is a direct and significant relationship between the two variables of stress and death anxiety. As a result, the H0 hypothesis is rejected and the H1 hypothesis is confirmed.

Conclusion: death Anxiety as an abnormal fear of death undermines effective adaptation. The aim of this study was to investigate the relationship between depression and stress and death anxiety among the elderly.

Keywords: Depression, Stress, Death Anxiety, Elderly

Submitted: 19 February 2020, Revised: 2 July 2020, Accepted: 8 July 2020

Introduction

reviewing statistical indicators of Iran shows the growth and acceleration of aging. Today,

the world's elderly population is growing promptly. According to the United Nations Population Division, the proportion of the world's elderly population will increase to

about 22 percent by 2050. The elderly, due to reduced physical strength, suffers from more physical, social, and economic problems than other age groups. It is normal to experience some anxiety about death. But if this anxiety is too severe, it undermines effective adaptation. Death anxiety is defined as an unusual and great fear of death with a feeling of panic or apprehension of death when thinking about the process of death or things that happen after death (1).

Because death anxiety is a multidimensional construct, it can be expected to affect many aspects of older people's lives. Stress and anxiety are among factors that can affect people's anxiety. According to the World Health Organization in 2005, 52 million people of all ages suffer from severe mental illness and 250 million people had mild mental illness; In Iran, the rate of mental disorders in the general population ranges from 11.7% to 43.4% and even up to 8.53% has been reported (2). Anxiety is a term used to describe the normal feelings that people experience when faced with fear, danger, or stress. People who are anxious necessarily get upset, distressed, nervous and excited. Since anxiety is a very common problem, it is very important to discern the difference between feeling the right anxiety related to the symptoms and conditions of anxiety disorder.

Anxiety disorder is not just a disease but a group of diseases that are all characterized by a constant feeling of high anxiety, extreme

discomfort and stress. Anxiety disorders are one of the most common psychiatric disorders (Rahmati et al., 2005). Depression is the most prevalent problem of the elderly and is the main cause of incapacitation in the world and is predicted to become the second disease with economic and human burden by 2020. This disorder was characterized by a set of symptoms, the main element of which is disappointment and sadness. Reports indicate that about 15% of the elderly suffer from depression (3).

Death anxiety includes end-of-life thoughts, fears, and emotions through that a person experiences apprehension, worry, or fear associated with death. The prevalence of death anxiety in this period has been reported more than other age groups (3). Therefore, according to the above, the main question of the research is as follows: What is the relationship between depression and stress and death anxiety among the elderly?

Research background

Mohammadzadeh et al., conducted a study entitled "Dimensions of Death Distress: Death Anxiety, Death Obsession and Death Depression". The factor loading pattern and the Scree test suggested the three factors of death obsession, death depression and death anxiety with special values of 13.4, 3.77 and 2.54, respectively. These three factors explain 45.85% of the death distress variances (6). Death distress has a multifactorial structure and

death obsession, death depression and death anxiety constitute separate components of death anxiety. Abdollahzadeh et al., conducted a study entitled "The effectiveness of integrative reminiscence therapy on health anxiety, death depression and perceived stress of the elderly." The results showed that there was a significant difference between the elderly experimental and control groups with regard to death depression, perceived stress and health anxiety after the implementation of integrative reminiscence therapy (Sig = 0.05, $\alpha > 0.001$) (4,5).

According to the results of the study, it can be said that integrative reminiscence therapy has an effect on death depression, perceived stress and health anxiety of the elderly of Sari, Haji Hasani et al., conducted a study entitled "The effectiveness of positivism group psychotherapy on reducing depression, stress and death anxiety in people with cancer undergoing chemotherapy". The results of this study indicates that group positivism psychotherapy is effective in reducing depression, stress and death anxiety in cancer patients undergoing chemotherapy. Providing the necessary arrangements by senior managers and oncologists by using group positivism psychotherapy to reduce depression, stress and anxiety of death in cancer patients undergoing chemotherapy is recommended (5). Jahangirrad et al conducted a study entitled "Comparison of anxiety, stress, depression and attitudes toward death among breast cancer

patients undergoing mastectomy surgery and not-undergoing mastectomy surgery ". The results of the study showed that anxiety, stress and depression are significantly different between patients undergoing mastectomy surgery and not-undergoing mastectomy surgery (7). But attitudes toward death are not different among these patients. We can infer from findings of the study that although most patients with breast cancer have many psychological problems. However, patients undergoing mastectomy surgery experience more anxiety, stress, and depression than non-mastectomy patients, and appear to need more supportive care. Zeraati et al conducted a study entitled "Comparison of depression and death anxiety in resident and non-resident elderly in nursing homes". Depression and death anxiety were significantly higher among the elderly living in nursing homes than the non-resident elderly ($P = 0.05$) (3).

It seems that paying attention to the living conditions of the elderly living in nursing homes, conducting regular psychiatric examinations and using psychological interventions in order to treat depression and relieve anxiety, as well as improve the quality of life of the elderly is necessary.

Research objectives

- Determining the relationship between depression and death anxiety

- Determining the relationship between stress and death anxiety

Theoretical foundations of research

Stress

Stress is a state of anxiety and internal pressure that a person through it prepares himself face with danger or serious problems with the secretion of hormones such as cortisol. Increased heart rate, high blood pressure and sweating, cold hands and feet, increased pupil size, more sensitive hearing, secretion of cortisol, epinephrine and norepinephrine hormone are symptoms of stress (8).

Anxiety

The word anxiety comes from the Greek root meaning to squeeze or squeeze the throat. It is also associated with the term arousal, means tightness or contraction. Hornay linked the concept of anxiety to abnormal needs that are the product of one's past experiences. Jung categorized anxiety into personal and collective unconscious factors. From has examined anxiety in relation to the set of society's reactions and human needs (9).

Death anxiety

Death anxiety is a multidimensional concept that is difficult to define and is often defined as "an unusual fear of dying for oneself and

others." Death anxiety is defined as an unusual and great fear of death with feelings of panic or apprehension of death when thinking about the process of death or things that happen after death (10).

Death anxiety includes motivational, cognitive and emotional components and changes under the influence of growth stages and social and cultural life events. Among the cognitive factors influencing death anxiety, we can name impairment, flexibility and cognitive distortion (1).

Research Hypotheses

- There is a significant relationship between depression and death anxiety.
- There is a significant relationship between stress and death anxiety.

Research Methods

The present study is descriptive-analytical and applied in terms of purpose and method. SPSS software was used to analyze the data obtained from the questionnaire. Data was collected with the help of documentary-library studies and field surveys through observation tools and completing a questionnaire (standard). In this study, *Spielberger's State Trait Anxiety Inventory STAI (STAI)*, *Beck Depression Inventory (1998)* and *Death Anxiety Inventory (DDS)* including 21 questions were used. The validity of the questionnaire questions was confirmed by professors and experts; its

reliability calculated by Cronbach's alpha test was 0.83 (Table 1). The statistical population is elderly women in Tehran who were randomly selected using a Cochran's formula. 384 people were selected as sample and a questionnaire was distributed among them.

Research Findings

According to Table (2), Kolmogorov-Smirnov test showed that the research data were abnormal, so the nonparametric Spearman test was used to check the research hypotheses.

Based on Table (2) Kolmogorov-Smirnov test showed that the significance level of all variables is less than 0.05. Therefore, the distribution of data is abnormal. Therefore, to test the research hypotheses, Spearman nonparametric test has been used to check the research hypotheses.

Investigating research hypotheses

Research Hypotheses

H1 = There is a significant relationship between depression and death anxiety.

H0 = There is a significant relationship between depression and death anxiety.

According to Table (6), the results obtained for significance level indicate that the correlation between the two variables of depression and death anxiety is confirmed with a coefficient of 0.874 and is acceptable with $\text{sig} = 0.000$ and at

a 95% confidence level. Because the significance level of the correlation coefficient is less than five percent, therefore, there is a direct and significant relationship between the two variables of depression and death anxiety, and as a result, the H0 hypothesis is rejected and the H1 hypothesis is confirmed.

H1 = There is a significant relationship between stress and death anxiety.

H0 = There is a significant relationship between stress and death anxiety.

According to Table (6), the results obtained for the significance level show that the correlation between the two variables of stress and death anxiety is confirmed with a coefficient of 0.809 and is acceptable with $\text{sig} = 0.000$ and at the 95% confidence level. Because the significance level of the correlation coefficient is less than five percent, therefore, there is a direct and significant relationship between the two variables of stress and death anxiety. As a result, the H0 hypothesis is rejected and the H1 hypothesis is confirmed.

Conclusion

One of the most important areas of elderly health is the mental dimension, which requires special attention and prevention of disorders such as anxiety. Death anxiety is one of the most important issues in old age. Because this period is full of all kinds of shortcomings and disabilities, this concept includes predicting one's own death and fear of the process of death

and dying important people in life, and becomes more prominent in middle age, especially in old age. death Anxiety as an abnormal fear of death undermines effective adaptation. The aim of this study was to investigate the relationship between depression and stress and death anxiety among the elderly. Kolmogorov-Smirnov test showed that the significance level of all variables is less than 0.05. Therefore, data distribution is abnormal. Therefore, to test the research hypotheses, non-parametric Spearman test has been used to check the research hypotheses. The correlation between the two variables of depression and death anxiety was confirmed with a coefficient of 0.874 and was accepted with $\text{sig} = 0.000$ at a 95% confidence level. since the significance level of the correlation coefficient is less than five percent, so there is a direct and significant relationship between the two variables of depression and death anxiety. As a result, the H_0 hypothesis is rejected and the H_1 hypothesis is confirmed. Also, the correlation between stress and death anxiety variables was confirmed with a coefficient of 0.809 and with $\text{sig} = 0.000$ and at a 95% confidence level is acceptable. Due to the fact that the level of significance in the correlation coefficient is less than five percent, so there is a direct and significant relationship between the two variables of stress and death anxiety. As a result, the H_0 hypothesis is rejected and the H_1 hypothesis is confirmed. The results of the present study are consistent with the results of the research of other studies (6) (4), (5), (7). (3).

Acknowledgments

None.

Conflict of interest

There is no conflict of interest for the authors of this article.

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Tables and Charts:

Table 1. Cronbach's alpha value

| dimension | alpha value |
|---------------|-------------|
| depression | ۰/۸۳ |
| stress | ۰/۸۵ |
| Death anxiety | ۰/۸۲ |
| total | ۰/۸۳ |

Table 2. Kolmogorov-Smirnov test

| factors | mean | Kolmogorov-Smirnov test statistics | Sig. |
|---------------|------|------------------------------------|------|
| depression | .190 | .423 | .000 |
| stress | .193 | .3214 | .000 |
| Death anxiety | .189 | .412 | .000 |

Table 3. Spearman correlation test assumptions for the third sub-hypothesis

| Spearman correlation coefficient value | Sig. | result |
|--|------|--|
| 0.874 | .000 | Significant positive correlation and rejection of H0 |

Table 4. Spearman correlation test assumptions for the third sub-hypothesis

| Spearman correlation coefficient value | Sig. | result |
|--|------|--|
| 0.809 | .000 | Significant positive correlation and rejection of H0 |