



# Is death anxiety more closely linked with optimism or pessimism among older adults?

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## ABSTRACT

The purpose of this study was to investigate whether death anxiety is more closely linked with optimism or pessimism among older adults. Participants consisted of community-dwelling older adults ( $N = 253$ ; 73.1% female) in the southern U.S. Both optimism and pessimism demonstrated a bivariate association with death anxiety; however, when considering optimism and pessimism together—and after controlling for age, gender, physical health, and mental health—optimism was not associated with death anxiety, while pessimism was associated with higher death anxiety. Post hoc analyses found a unique relationship between pessimism and greater fear of the unknown. Perhaps, given the inevitability of death, limiting negative expectancies is more salient to death anxiety than having positive expectancies, and pessimism may be particularly associated with existential and religious concerns.

## 1. Introduction

Death anxiety is a collection of death attitudes characterized by fear, threat, unease, and discomfort with death (Neimeyer, Moser, & Wittkowski, 2003). Death anxiety generally declines with age (Chopik, 2016); however, death anxiety is an important concern for older adults because, with age, death becomes more likely and salient, and preparing for one's death may be a developmental task of older adulthood (Erikson, 1950). Thus, greater understanding of factors associated with death anxiety among older adults is needed. Over the course of the life span, death is an event that is in the future precisely until the moment it occurs – thus, future-oriented personality traits such as optimism and pessimism may affect death anxiety. Although there is a large body of research on death anxiety (Depaola, Griffin, Young, & Neimeyer, 2003; Neimeyer, Currier, Coleman, Tomer, & Samuel, 2011), little research has examined the relationship between death anxiety and generalized future expectancies (i.e., optimism and pessimism). The extant research has linked optimism with lower death anxiety among older adults (Krause, 2005), and optimism and pessimism have been linked with death anxiety among younger adults (Abdel-Khalek, 1998). The purpose of this study was to investigate whether optimism or pessimism is more closely associated with death anxiety among older adults.

### 1.1. Optimism and pessimism

Optimism refers to positive expectancies regarding future outcomes,

while pessimism refers to expecting the worst (Scheier & Carver, 1992). Optimism can be conceptualized as having two forms: situational optimism, or expectations about particular outcomes in certain situations, and dispositional optimism, which refers to generalized expectations about the future (Achat, Kawachi, Spiro, DeMolles, & Sparrow, 2000; Branco & Crane, 2014; Carver & Scheier, 2014; Scheier & Carver, 1985). In the past, dispositional optimism was commonly measured as a unidimensional, bipolar construct, with optimism at one end of the continuum and pessimism at the opposite end (Scheier & Carver, 1985). Measured in this way, optimism is associated with lower death anxiety among older adults (Krause, 2005). However, more recent research has found that optimism is bidimensional—with optimism and pessimism being partially independent of one another (Conway, Magai, Springer, & Jones, 2008; Kubzansky, Kubzansky, & Maselko, 2004; Marshall, Wortman, Kusulas, Hervig, & Vickers, 1992; Mroczek, Spiro, Aldwin, Ozer, & Bossé, 1993; Robinson-Whelen, Kim, MacCullum, & Kiecolt-Glaser, 1997; Sulkers et al., 2013). When measured bidimensionally, optimism and pessimism are distinct predictors of physical health and mental health (Robinson-Whelen et al., 1997). Optimism is associated with mental health (Jason, Witter, & Torres-Harding, 2003) and perceived physical functioning among older adults (Warner, Schwarzer, Schüz, Wurm, & Tesch-Römer, 2012), while pessimism has been linked with heightened awareness in stressful situations (Conway et al., 2008). Depression is associated with higher pessimism and lower optimism (Hirsch, Walker, Wilkinson, & Lyness, 2014). It has been reported that, among younger adults, optimism is associated with lower death

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**Table 1**  
Subfacets of Death Anxiety.

<i>Fear of the Dying Process</i>	This dimension is based on the specific act of dying rather than the consequences accompanying death.
<i>Fear of Premature Death</i>	This dimension is based on the temporal element of life and includes feeling concern about failing to achieve goals and experiences before death.
<i>Fear for Significant Others</i>	This dimension is based on fear of death and may be derived from the perceived effect of one's own death on significant others, or fear for significant others' lives.
<i>Fear of Conscious Death</i>	This dimension deals with fear of living out horrors associated with the immediate process after death and is reflective of those who may not accept death as final. One may also fear being conscious during the burial.
<i>Fear of Being Destroyed</i>	This dimension is based on a fear of one's body being destroyed immediately following death.
<i>Fear of the Body After Death</i>	This dimension is based on fear associated with concern for bodily qualities after death.
<i>Fear of the Unknown</i>	This dimension is based on fear related to the ambiguity of death and parallel's one's anxiety about one's future outside the context of death.
<i>Fear of the Dead</i>	This dimension is based on a fear of things that have died and is associated with a specific object or situation from which one can flee.

Hoelter (1979).

anxiety, while pessimism is associated with higher death anxiety (Abdel-Khalek, 1998), yet there is also evidence that pessimism but not optimism is linked with death anxiety (Davis, Miller, Johnson, McAuley, & Dinges, 1992). In this study, we investigated whether optimism or pessimism, measured bidimensionally, is more closely linked with death anxiety among older adults.

### 1.2. Death anxiety

First introduced by Feifel (1955), death anxiety is multidimensional and has multiple formulations (Dattel & Neimeyer, 1990; Depaola et al., 2003). Hoelter (1979) conceptualized death anxiety as having eight subfacets: fear of the dying process, fear of the dead, fear of being destroyed, fear for significant others, fear of the unknown, fear of conscious death, fear for the body after death, and fear of premature death. Definitions of these subfacets are displayed in Table 1. Demographic differences in death anxiety have been found. Women report higher levels of death anxiety than men (Dattel & Neimeyer, 1990; Davis, Bremer, Anderson, & Tramill, 1983; Depaola et al., 2003). Death anxiety is highest in younger and middle-aged adults and typically starts to decline when individuals reach older age (Gesser, Wong, & Reker, 1987).

### 1.3. The current study

The purpose of this study was to investigate whether death anxiety is more closely linked with dispositional optimism or pessimism among older adults. Given age and gender differences in death anxiety as well as links between death anxiety and physical and mental health (Bodner, Shrira, Bergman, & Cohen-Friedel, 2015; Missler et al., 2011; White & Handal, 1990), we controlled for these factors in order to isolate relationships between optimism and pessimism and death anxiety. Optimism has been linked with lower death anxiety (Krause, 2005); therefore, we hypothesized ( $H_1$ ) that optimism would be associated with lower death anxiety. Pessimism has been linked with higher death anxiety (Abdel-Khalek, 1998); therefore, we hypothesized ( $H_2$ ) that pessimism would be associated with higher death anxiety. Finally, because some research suggests that pessimism, and not optimism, is associated with death anxiety (Davis et al., 1992), we hypothesized ( $H_3$ ) that pessimism would account for more variance in death anxiety than optimism.

## 2. Methods

### 2.1. Participants

Participants consisted of 272 community-dwelling older adults who volunteered to complete a personality survey. Some participants ( $n = 19$ ) declined to provide their demographic information and thus were not included in the study analyses, leaving a final sample of 253 (73.1% female, 26.9% male) age 59 to 95 ( $M = 80.09$ ,  $SD = 8.47$ ). The sample was predominantly Caucasian (94.9% Caucasian, 2% Hispanic,

1.6% African American, 0.8% Asian American, 0.8% Native American) and widowed (57.7% widowed, 24.9% married, 12.3% divorced, 4% Single, 0.8% divorced and widowed, 0.4% unspecified). Participants were recruited via announcements and flyers from 15 independent living retirement communities in two large metropolitan areas in the southern U.S.

### 2.2. Measures

#### 2.2.1. Optimism and pessimism

The Life Orientation Test–Revised (LOT-R; Carver & Scheier, 2003) is a self-report measure of dispositional optimism and pessimism. The LOT-R consists of 10 items, of which three measure dispositional optimism (e.g., “In uncertain times, I usually expect the best”;  $\alpha = .50$ ), three measure dispositional pessimism (e.g., “If something can go wrong for me, it will”;  $\alpha = .68$ ), and four are filler items. Participants respond on a Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Items were summed so that higher scores indicated higher levels of optimism and pessimism.

#### 2.2.2. Physical and mental health

The SF-12 is a 12-item self-report measure of general health, mental health, physical health, physical functioning, bodily pain, vitality, social role functioning, and emotional role functioning (Ware, Kosinski, & Keller, 1996). Items use either a 3-point or 5-point Likert-type scale and are scored to form a physical component summary (PCS; e.g., “During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?”;  $\alpha = .88$ ) and a mental component summary (MCS; e.g., “How much of the time during the past 4 weeks. . . have you felt downhearted and blue?”;  $\alpha = .81$ ). Higher scores indicate better health for both component summaries.

#### 2.2.3. Death anxiety

The Multidimensional Fear of Death Scale (MFODS; Hoelter, 1979) is a self-report measure of eight death-related fears: fear of the dying process (e.g., “I have a fear of dying violently”;  $\alpha = .88$ ), fear of the dead (e.g., “Discovering a dead body would be a horrible experience”;  $\alpha = .60$ ), fear of being destroyed (e.g., “I do not like the thought of being cremated”;  $\alpha = .71$ ), fear for significant others (e.g., “I have a fear of people in my family dying”;  $\alpha = .70$ ), fear of the unknown (e.g., “I am afraid that death is the end of one's existence”;  $\alpha = .64$ ), fear of conscious death (e.g., “It scares me to think I may be conscious while lying in a morgue”;  $\alpha = .80$ ), fear for the body after death (e.g., “I am afraid of my body being disfigured when I die”;  $\alpha = .73$ ), and fear of premature death (e.g., “I have a fear of not accomplishing my goals in life before dying”;  $\alpha = .79$ ). The MFODS consists of 42 items, to which participants respond on a 5-point Likert-type scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Given that the study sample consisted of older adults, item 42 (“I am afraid I may never see my children grow up”) was removed from the scale. Death anxiety is multidimensional, but those dimensions are often summed to create an

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