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Exploring Death Anxiety and Mental Health among Adults Living in Lembah Klang, Malaysia

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Abstract

The study of death anxiety in psychology is increasing however, it is still at its infancy. Thus, this study aims to explore mental health (depression, anxiety and stress) and death anxiety among adults living in Lembah Klang, Malaysia. A number of 309 respondents volunteered to participate in this study and completed the questionnaires. The questionnaires consisted of questions regarding personal background, mental health (depression, anxiety and stress) and death anxiety. Results showed that there was a small, positive and significant correlation between anxiety and death anxiety (cessation) ($r=0.17^{**}$, $p<0.01$) and death anxiety (extinction) ($r=0.14^{*}$, $p<0.05$). There was also a small, positive and significant correlation between depression and death anxiety (extinction) ($r=0.12^{*}$, $p<0.05$). Results also showed that there was a small, negative and significant relationship between age and mental health. Future research recommendation and implication to research and practical perspectives were also discussed.

Keyword: Depression, Anxiety, Stress, Death Anxiety, Klang Valley, Malaysia

Introduction

The study on death anxiety is crucial since it is associated with the psychological well-being of an individual. Studies have shown the relationships between death anxiety and negative aspects of psychological well-being. The prolonged anxiety towards death is shown to have relationships with depression, anxiety and stress (Azeem & Naz, 2015; Gonen et. al., 2012; Gedik & Bahadir, 2014; Willis, Nelson, & Moreno, 2019; Oker, Schmelowszky & Reinhardt 2019). Previous studies have shown that there are relationships between death anxiety and 12 mental diseases such as obsessive compulsive disorder, panic disorder, anxiety, depression, stress and somatic symptom disorder (Menzies, Sharpe & Dar-Nimrod, 2019).

Despite the importance of studies relating to death anxiety, the number of studies on death anxiety is still scarce. Many previous studies on death anxiety has focussed on individuals with life threatening diseases such as cancer (Grossman et. al., 2018; Krause et al., 2015; Neel et al., 2015; Soleimani et al., 2017) hemodialysis patients (Sadeghi et al., 2015) renal disease

(Nia, et al., 2020) and post traumatic disease patients (Vail III, Courtney, Goncy, Cornelius & Edmondson, 2019). Moreover, studies on death anxiety have focussed on individuals exposed to war (Abdel-Khalek & El Nayal, 2019; Nia, et. al., 2014; Pizarro, Silver, & Prause, 2006; Ron, 2016). Thus, a study focussing on normal population individuals should be carried out when studying on death anxiety. This was also emphasized by Lehto and Stein (2009) on the need to study death anxiety among normal population and healthy individuals as well.

Besides that, studies that explore mental health also focused specifically on adolescents and youth instead of death anxiety and normal non clinical adults. For instance, adolescents' mental health and spiritual well-being (Yahaya, Momtaz, Othman, Sulaiman, & Arisah, 2019), youth, perfectionism and disordered eating (Le Marne & Harris, 2016) ,college students and religiosity (Garcia, 2015), developmental assets (Ismail, Ghazalli, & Ibrahim, 2015) and mental health literacy (Lam, 2014)Although studying death anxiety and mental health among adolescents and youth is important, effort to understand and explore death anxiety and mental health among adults are nonetheless crucial.

Many studies have also attempted to understand the nature of death anxiety among different cultures besides western culture such as Brazilians, Russians, Phillipines, South Koreans and Japananese (Jong, Halberstadt, Bluemke, Kavanagh, & Jackson, 2019), Norweigian (Oker, Schmelowszky, & Reinhardt, 2019) and Turkish (Gedik, & Bahadir, 2014; Oker, Schmelowszky, & Reinhardt, 2019). However, not many studies have been carried out in Southeast Asian countries such as Malaysia (Hoesni, Adnan & Roshaizad, 2020). Thus, a study on death anxiety among South Asian population should be carried out to explore it in this part of region of the world.

On the other hand, Jong and Halberstadt (2018) also suggested studies on death anxiety to focus on the demographical aspects of participants. This was because previous studies focused more on psychometric properties of death anxiety scales such as inter- item correlations and factor structures. Age is one of the variables suggested by death anxiety researchers to focus on. Previous studies have shown that age is a significant factor for perception of death anxiety (Russac et al., 2007). Studies also show that death anxiety is slightly higher for middle aged adults and gradually decreases in later adulthood (Fortner & Neimeyer, 1999). According to Circelli (2006), middle adulthood experiences higher death anxiety as a result of their conflicting needs and remaining time to live. Hence, more studies focussing on demographic factors such as age of individuals, mental and death anxiety ought to be implemented.

As a result of growing issues that are needed to understand the psychology of death anxiety, thus, this study aimed to explore mental health (depression, anxiety and stress) and death anxiety among adults living in Klang Valley, Malaysia. Klang Valley is chosen since it is one of the most populated location in Malaysia.

Method

Research Design

This study adopted the exploratory research design using survey and questionnaires.

Location, Sampling and procedures

Klang Valley, Malaysia was chosen for this study since the area has been recognized as the most densely populated area and a critical economic growth centre under the Economic Transformation Programme (ETP) (PEMANDU, 2016). This study applied the cluster sampling method. The areas consisted of 10 municipal districts namely Kuala Lumpur, Putrajaya, Shah Alam, Petaling Jaya, Klang, Kajang, Subang Jaya, Selayang, Ampang Jaya, and Sepang. With the help of enumerators, questionnaires were distributed to all 10 areas. Respondents who were residents and who were free from life threatening illness agreed to participate in this study completed the questionnaires. A number of 309 respondents voluntarily participated in this study. Enumerators collected the completed questionnaires and later analysed the data using the IBM Statistical Package for Social Science (SPSS) version 23.

Measurements

Questionnaires in this study consisted of three main parts which are part A: Background information, part B: BM DASS 21 items and part C: The Two Factor Existential Death Anxiety Scale (EDAS).

Part A: Background information

The first part consisted of questions related to personal background question such as age, gender, ethnic, religion, educational level, marital status and education level.

Part B: BM DASS 21 items

Mental health in this study was measured using the Malay version of Depression Anxiety and Stress Scale (DASS) 21 items translated by Musa, Fadzil, and Zain, (2007). This scale consisted of 21 items relating to questions from sub dimensions of depression, anxiety and stress. Each sub dimension consisted of seven items. Each item was provided with 4 Likert scale responses specifically, “0”= Did not apply to me at all, “1”=Applied to me to some degree, or some of the time, “2”= Applied to me to a considerable degree or a good part of time, “3”= Applied to me very much or most of the time. BM DASS-21 was also reported reliable and valid (Musa, Ramli, Abdullah, & Sarkarsi, 2011). Alpha Cronbach analysis was carried out for this scale in this study. Results showed good reliability for depression (α =0.85), anxiety (α =0.86) and stress (α=0.89).

Part C: The Two Factor Existential Death Anxiety Scale (EDAS) .

EDAS was developed by Jong, Halberstadt and Jackson (2015) and has 12 items which are divided into two main dimensions, namely the cessation of life (6 items) and the extinction of the self (6 items) on death anxiety. According to Jong and Halberstadt (2016), the cessation of life is related to the “general fear of death, that is, the fear of the end of life itself”. An example is “the thought of my own death frightens me”. Whereas, the extinction of the self is “concerned the extinction of the self or person and, consequently, the cessation of conscious experience”. For instance, “the idea of never experiencing the world again after I die frightens me”. Respondents expressed their responses using a 7-point Likert Scale ranging from “1” = “strongly disagree” to “7” = “strongly agree”. Death anxiety scores for each dimension were summated. The larger the scores for each dimension showed the higher the degree of death anxiety. EDAS was reported to have good reliability and validity as reported in a study carried out by Jong and Halberstadt (2019). Reliability for EDAS in this study was good which are as follows, death (cessation) with α=0.94 and death (extinction) with α=0.95.

Results

Results are divided into two major aspects which are the descriptive statistics and followed by inferential statistics.

Results for Descriptive Statistics

Respondents in this study consisted of male (38.3%) and females (61.7%). Mean age of the respondents were from young adulthood (34.5 years old) ranging from 20 to 72 years old. Almost half of the respondents were from the race of Malay (49.2%), followed by Chinese (29.1%) and Indians (19.4%). A number of respondents were Muslims (49.5%) followed by Buddha (26.9%) and Hindu (15.9%). Most of respondents possessed a Bachelor Degree (47.9%) and followed by Malaysian Certificate Examination holders (21.0%). A number of respondents were married (47.9%) and 47.6% were single. A number of respondents worked in the private sectors (35.6%), followed by unemployed (34%) and Civil servant (17.1%). The descriptive background information is summarized in Table 1.0.

Table 1.0

Demographic background of respondents

Variables	N	%	M	S.D.	Min	Max
Gender						
Male	118	38.3				
Female	191	61.7				
Age			34.30 years	12.50 years	20 years	72 years
Ethnic						
Malay	152	49.2				
Chinese	90	29.1				
India	60	19.4				
Other	7	2.3				
Religion						
Islam	153	49.5				
Buddha	83	26.9				
Hindu	49	15.9				
Christian	19	6.1				
Others	5	1.6				
Variables	N	%	M	S.D.	Min	Max
Education level						
Primary	4	1.3				
Lower Secondary Certificate Education (LCE/SRP/PMR)	13	4.2				
Higher Level Secondary Education (SPM)	65	21.0				
STPM	55	17.8				
Degree	148	47.9				
Master	23	7.5				

PhD	1	0.3
Marital Status		
Single	147	47.6
Married	148	47.9
Separated	2	0.6
Divorced	3	1.0
Widowed	4	1.3
Others	5	1.6
Occupation		
Unemployed	105	34.0
Civil Servant	53	17.1
Private sector	110	35.6
Self-employed	29	9.4
Retired	12	3.9
TOTAL	309	

Results for Inferential Statistics

Pearson correlation analyses were executed to determine the relationships between age and two other variables which were mental health (stress, anxiety and depression) and death anxiety (cessation and extinction). Table 2 shows that there were small, negative and significant correlations between age and mental health specifically stress ($r = -.134^*$, $p<0.05$), anxiety ($r = -.161^{**}$, $p<0.01$) and depression ($r = -.231^{**}$, $p<0.01$). However, there was no significant correlation between age and death anxiety (cessation and extinction).

Table 2.0

Pearson Correlation Analysis between Age, Mental Health (Depression, Anxiety & Depression) and Death Anxiety

Variables	Pearson Correlation Analysis	Age
Death Anxiety (cessation)	Pearson Correlation	-0.109
	Sig. (2-tailed)	0.056
	N	309
Death Anxiety (extinction)	Pearson Correlation	-0.05
	Sig. (2-tailed)	0.385
	N	309
Stress	Pearson Correlation	-.134*
	Sig. (2-tailed)	0.018
	N	309
Anxiety	Pearson Correlation	-.161**
	Sig. (2-tailed)	0.005
	N	309
Depression	Pearson Correlation	-.231**
	Sig. (2-tailed)	0
	N	309

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

Besides that, Pearson correlation analyses were also carried out between mental health (depression, anxiety, stress) and death anxiety. Results are shown in in Table 2.0. Results showed that there were small, positive and significant results between anxiety and death anxiety (cessation) (r=0.17**, p<0.01) and death anxiety (extinction) (r=0.14*, p<0.05). There was also a small, positive and significant result between depression and death anxiety (extinction) (r=0.12*, p<0.05).

Table 3.0
Pearson Correlation Analysis on Mental Health (Depression, Anxiety & Depression) and Death Anxiety

Mental Health		Death Anxiety (cessation)	Death Anxiety (extinction)
Stress	Pearson Correlation	0.097	0.111
	Sig. (2-tailed)	0.088	0.051
	N	309	309
Anxiety	Pearson Correlation	.171**	.143*
	Sig. (2-tailed)	0.003	0.012
	N	309	309
Depression	Pearson Correlation	0.095	.124*
	Sig. (2-tailed)	0.095	0.029
	N	309	309

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

Discussion

Findings indicated that individuals with increased anxiety were prone to experience death anxiety (cessation) and death anxiety (extinction). Conversely, individuals with greater scores of depression were prone to experience death anxiety (extinction). Findings indicated that death anxiety included feelings of concern over the extinction of conscious experience, self, life, and extinction of feelings as a result of death. These studies supports previous studies that found positive relationships between depression, anxiety and death anxiety (Azeem & Naz, 2015; Gonen, et al., 2012; Gedik & Bahadir, 2014; Willis, Nelson, & Moreno, 2019; Oker, Schmelowszky & Reinhardt, 2019).

One of the possible reasons to this occurring can be described by applying Meaning Management Theory (MMT) (Wong, 2013). This theory explains that people who are prone to death anxiety are when a person has lack of meaning in life or who are still searching for meaning in life. Previous studies have shown that individuals that are prone to anxiety and depression are those who has lack of meaning in life (Aghababaei et al., 2016; Hoesni, Adnan, & Roshaizad, 2020; Neel et al., 2015).

This study also found negative relationships between age and death anxiety, although not significant in this study, previous studies did find significant relationships between the two variables. One of the possible reasons might be the fact that more social connections, support and adaptations an individual that were as they grow older. These findings are supported by Chopik (2017) who found close relationships and social support as being one of the important

factors related to help decrease death anxiety. Another possible reason is that the older one gets, the more meaning that an individual achieve in life. This fact is also supported by MMT (Wong, 2013) which suggest that a person will have less death anxiety when they achieve meaning in life.

Results of this study imply more studies on death anxiety and psychological well-being should also be carried out in normal populations rather than just focussing on terminally ill individuals. Some previous studies also suggested that death anxiety studies should also focus on more other psychological aspects such as emotional complexity (Bodner, Shrira, Bergman, & Cohen-Fridel, 2015), meaning of life (Lyke, 2013), coping and spirituality (Kumar, & Parashar, 2015), religiosity (Henrie & Patrick, 2014; Jong & Halberstadt, 2016), application of a more comprehensive psychological anxiety scale across lifespan (Sargent-Cox, Rippon, & Burns, 2014), cognitive development and level of education background among individuals (Nienaber & Goedereis, 2015) and treatments for late adulthood physical health (Lenze & Wetherell, 2011).

Besides that, future studies should also focus on lifespan such as adopting cross sectional research design or longitudinal research design in order to understand the process and emergence of death anxiety. Qualitative studies should also be adopted to death anxiety studies in exploring how normal population overcome death anxiety. Sample size should also be increased in order to allow analysing differences of experience of death anxiety based on important demography aspects highlighted such as gender, religion and beliefs to understand death anxiety better.

Conclusion

Nevertheless, important measures are needed in identifying intervention in helping individuals to manage anxiety and to some extent, depression. This is especially crucial for helping professions such as clinical psychologists, counsellors, therapists and social workers dealing with individuals with mental health issues. This is to curb the signs from getting mild to worse. Hence, more future studies should be focussing on death anxiety combined with other psychological possible variables in order to formulate a better understanding and interventions relating to death anxiety across lifespan human development.

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