

The Prediction of Psychological Well-being Based on Death Anxiety and Self-compassion in the Elderly

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Abstract

Introduction: Elderly is a critical period in human life that poses high risk and problems to aged people. However, a high psychological well-being enables elderly people to deal with these problems and disorientations. Therefore, the present study aims to investigate the relationship between self-compassion and death anxiety with psychological well-being in the elderly.

Method: The present study is a descriptive correlational research conducted on old men in a part time retirement home in Kermanshah. A nonrandom and volunteer sample of 300 elderly people from the Mehregan part-time retirement home in Kermanshah (Iran) participated in the study. To collect data, Ryff's Psychological Well-being Questionnaire (1989), Short Self-Compassion Forms of Raes et al. (2011), and Templer's Death Anxiety (1970) were used. Collected data were analyzed using the Pearson correlation coefficient and the stepwise multiple regression analysis.

Results: The results showed that there is a positive and significant relationship between self-compassion and psychological well-being ($r = 0.61$) while there is a negative significant relationship between psychological well-being and death anxiety ($r = -0.20$). The results of multiple regression analysis using stepwise method showed that over-identified, self-kindness, isolation, mindfulness, death anxiety, and self-judgment, in the order of their importance, together are capable of predicting 57% of the changes in psychological well-being.

Conclusion: According to the results of this study, enhancing self-compassion and elaboration and implementation of strategies to reduce the anxiety of death can enhance the psychological well-being of the elderly, especially in the centers which keep the elderly.

Keywords: Elderly, Psychological Well-being, Death Anxiety, Self-Compassion

Introduction

The elderly population of Iran will reach about 26 million in 2050, representing 26% of the total population of the country [1]. This growing population is exposed to various stresses and pressures and face biological, social, and economic losses [2, 3]. Along with these issues, elderly people face mental, cognitive, and social capacity reductions [4]. However, the elderly who have a high level of psychological well-being are less vulnerable to decline their physical and cognitive domains [5] and are able to deal with problems and frustrations [6]. Thus, elderly is a period in which psychological well-being is of vital importance [7]. The Ryff's psychological well-being model is based on evolutionary ideas such as Eriksson (1959), Newgarton (1973), and Buhler (1935). This measure is very important for assessing psychological well-being in the elderly [8]. Ryff and Keyes [9] defined psychological well-being as a positive person's perception of various dimensions of individual and social life, autonomy, positive relationship with others, dominance over the environment, personal growth, purposefulness in life, and self-compassion. Psychological well-being depends on various conditions and factors [10-12]. In this regard,

the identification of factors that affect the level of psychological well-being of the elderly during the aging period is of great importance [13].

The concept self-compassion developed by Neff is applied as a new approach in assessing the psychological well-being. This concept includes three components of self-kindness vs self-judgment (i.e., the tendency to have an insight of self-care in comparison with harmful judgments about oneself), common humanity against isolation (i.e., the feeling that all humans may not succeed in the relationship, therefore, relationship with others should not be discontinued), and mindfulness against over-identified (i.e., being aware of the experiences in the present)[14]. This structure plays a very important role in the life of the elderly so that it can provide a well-balanced perspective on the acceptance of many of the effects of aging [8]. Accordingly, it is reasonable to assume that self-compassion is related to psychological well-being in the elderly. In this regard, the results of foreign studies in the elderly sample show that self-compassion is associated with many positive responses to age such as the belief that individual's attitude can help them adapt to aging [15].

Brown et al. [16] found that self-compassion and attitudes toward aging explained 36-67% of welfare changes in women. Allen et al. [17] argue that self-compassion is related to well-being in life and interventions to improve self-compassion improve the quality of life of the elderly.

According to a study in Iran, self-compassion in the elderly does not seem to have taken place. Moreover, most of the research in this area has been carried out in women and students. For example, Shabani et al. [18] showed that the psychological well-being of mothers can be predicted from self-compassion and attachment styles. Also, in a study on students, Ajam et al. [19] showed that self-compassion in total predicted 0.42% of the variance scores of students' general health. Shirvendi et al. [20] revealed self-compassion prediction of physical image and self-esteem in females, based on the results of the structural model.

Another factor that can affect psychological well-being is death anxiety. Death anxiety involves the thoughts, fears, and emotions associated with the end of life, in which one experiences anxiety, worry, or fear associated with death and dying [21].

Death anxiety, which is one of the factors affecting the mental health of the elderly, is considered as a common feature of the elderly. This anxiety is a negative psychological reaction to death that can increase the negative attitude towards aging and leads to more anxiety and fear [22].

Therefore, considering the increasing number of elderly people in the future and the variety of observed stresses, in particular, death anxiety in these individuals, addressing the issue of mental health and death in the elderly, is one of the urgent requirements of the present time [23]. However, there are controversies in the relationship between death anxiety and mental health. For example, Soleimani et al. [24] concluded that death anxiety

predicted low quality levels of life but Shafaii et al. [25] showed that there was no significant relationship between death anxiety and quality of life. Also, Khaki et al. [26] concluded that there was no significant relationship between quality of life and anxiety in the deaths of the elderly. On the other hand, Missler et al. [27] reported that the anxiety of death and fear of a dying process had a negative relationship with a goal in life, self-esteem, and physical well-being of the elderly. McKenzie et al. [28] also showed that death anxiety could affect mental health and well-being.

Considering that psychological well-being requires understanding the existential challenges of life and conflicts with ontological challenges [9] and elderly people have an existential and mental challenge that life ends, death anxiety is one of the most important ontological and existential challenges of their life. In Iran, the social and cultural contexts of religion are dominant, and fear management theory shows how people manage their knowledge of death and how culture reduces death anxiety in religious individuals. Therefore, although the social and cultural context has a great influence on how to understand death anxiety, there is not enough research to investigate mental health anxiety disputes, especially in the elderly population [24]. On the other hand, due to the very important role that self-compassion has in the elderly's life, limited research has been done in this regard [8, 15]. The present study was conducted to investigate the relationship between self-compassion and death anxiety with psychological well-being in the elderly. For this purpose, the following hypotheses will be examined:

- 1- Self-compassion can predict psychological well-being changes in the elderly.
2. Death anxiety can predict changes in psychological well-being in the elderly.

Methods

This study is a descriptive correlation research. The statistical population of this study includes 700 elderly men living in a retirement home in Kermanshah, Iran. A nonrandom and volunteer sample of 300 elderly people from the Mehregan part-time elderly care center in Kermanshah participated in the study. Inclusion criteria of this study are as follows: 1) Elderly men ≥ 55 years, 2) The score of 22 at the psychological status test, 3) Having a low level of general education of population (in the present study, education level was primary school or higher), 4) Having a minimum income for living. On the other hand, the exclusion criteria are cognitive impairment according to the Cognitive Status Test and the lack of willingness to cooperate with the researchers.

To conduct the research, after gaining the consent from the participants, the purpose of the research was explained and the necessary guidance was provided to them. Then, they were asked to carefully read the questions and select the appropriate answers to self-characteristics.

The information was collected individually. Moreover, the elderly participating in the study were ensured that the gathered information would be kept confidential and

those who did not wish to answer these questions could leave the study at any moment. Finally, 300 participants responded to a series of research questionnaires. Questionnaires which were provided for the elderly people were legible and large enough. Informed consents of all participants were also taken.

Mini-Mental State Examination

Mini-Mental State Examination that is commonly used for screening cognitive impairments worldwide, has been translated into various languages and has been standardized in various cultures. This test measures the various cognitive functions and provides a general assessment of the cognitive status of the subject. This questionnaire is used in the psychological examination of cognitive impairment and tests five areas of cognitive function (i.e., orientation, recording, attention, calculation, reminder, and design). The maximum score is 30 and grades below 23 represent cognitive impairment (cognitive impairment = 0-17, mild to moderate cognitive impairment = 18-23, and normal = 24-30)[29, 30]. The standardization of this questionnaire in the elderly of Tehran provided satisfactory results such that its Cronbach's alpha was reported to be 0.78.

Ryff's Psychological Well-being Scale

The short version (18 items) of the Ryff Psychological Well-being Scale, validated by Khanjani et al. [31], was used in this study. This version consists of six factors. The calculated scores of these six factors (i.e., autonomy, positive relationship with others, dominance over the environment, personal growth, purposefulness in life, and self-admission) are calculated as a general score for psychological well-being. This test is a kind of self-assessment tool that is answered in a 6-point continuum from 1 (quite agree) to 6 (completely disagree), a higher score indicating a better psychological well-being. Correlation between the short version of the scale of the psychological well-being of the Ryff with the main scale was ranged from 0.70 to 0.89 [6]. Cronbach's alpha for the whole questionnaire in this study was 0.89.

Self-compassion scale (short form)

A short form scale of self-compassion questionnaire with 12 items and six sub-scales (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identified) was developed by Raes et al. [32]. The items of this tool are scored in a Likert scale as: never = 1, almost never = 2, I have no idea = 3, almost always = 4, and always = 5. The minimum and maximum scores of this tool range from 12 to 60. Cronbach's alpha coefficients for the whole scale were 0.91, and for over-identified = 0.77, self-kindness = 0.83, mindfulness = 0.92, isolation = 0.88, common humanity = 0.91, and self-judgment = 0.87 [33] respectively. Also, Cronbach's alpha for the whole questionnaire in this study was 0.65

Templar's Death Anxiety Scale

Templar's Death Anxiety scale (DAS) is the most widely used scale for measuring death anxiety. The subject specifies his or her answer to any question with the "yes" or "no" options. Individuals scores range from 0 to 15, with high scores representing a high level of death anxiety [34]. A review of the validity and reliability of this scale shows

that it has a credibility. In the original culture, the reliability of the instrument was 0.83. The concurrent validity of this study was correlated with an apparent anxiety scale of 0.27 and with a depression scale of 0.41 in the main culture. The validity and reliability of this questionnaire has been also examined in Iran. Accordingly, the reliability coefficient was 0.62 and the coefficient of the internal consistency was reported to be 0.73 [35]. Cronbach's alpha for the whole questions was 0.61 in the present study.

At the end of the study, for analyzing the collected data in the descriptive section, the mean scores, standard deviations, minimum scores, and maximum scores were used while in the inferential statistics, the Pearson correlation coefficient, and multiple regression were performed using the stepwise method in SPSS version 23.

Results

The demographic information of the elderly people of this study is shown in Table 1. All participants were Muslim and the Shia. The descriptive indices of the variables (mean and standard deviation) are presented in Table 2. To investigate the relationship between self-compassion and death anxiety with psychological well-being in the elderly, the Pearson correlation coefficient test was used (Table 3).

As shown in Table 3, there is a positive and statistically significant relationship between self-compassion and psychological well-being ($p < 0.001$ and $r = 0.61$). Also, there is a negative and significant relationship between death anxiety and psychological well-being ($r = -0.20$), suggesting that there is a relationship between self-compassion and death anxiety with psychological well-being in the elderly. To predict the psychological well-being of the elderly based on self-compassion and death anxiety, a stepwise multiple regression analysis was used. For this purpose, first, the necessary assumptions for multiple regression analysis were examined using the stepwise method.

Defaults include:

1. Independence of errors from each other: In order to examine this assumption, the Camera-Watson test was used. According to the obtained results, it should be stated that if the statistical value of this test is between 1.5 and 2, then the independence of the observations is accepted and the analysis is continued [36]. The value of this parameter in the present study is equal to 1.87, which indicates the confirmation of the independence of the observations.

2. The errors have a normal distribution with an average of zero: This assumption is also confirmed in the present study. The errors have a relatively normal distribution with a mean error of very small (close to 0) and a standard deviation of close to one (0.994).

3. Lack of linearity between independent variables: To examine this assumption, a tolerance parameter and an inflation factor variance were used. The tolerance level was close to 1 and the rate of inflation of variances was less than 2, which is relatively favorable. So, there is no linear relationship between the independent variables.

Therefore, based on the regression analysis assumptions, this test can be employed to study the research hypotheses.

Based on Table 4, the results of stepwise regression analysis showed that the F value in the first to the sixth step were 276.22, 153.80, 113.40, 90.07, 75.25, and 64.77, respectively, which are all meaningful. In fact, the overall regression model is significant in all six steps. In addition, the coefficient of explanation in the first to sixth step was 0.48, 0.50, 0.53, 0.55, 0.56, and 0.57, respectively. It is clear

from Table 3 that in the first step the over-identified had a significant and negative correlation with psychological well-being. In the second step, self-kindness was added to the first variable and a statistically significant effect was observed. From the third step to the sixth step, isolation, mindfulness, death anxiety, and self-judgment were added to the preceding step variables respectively, which all had a significant effect. As a result, it can be concluded that self-compassion and death anxiety can predict psychological well-being changes in the elderly.

Table 1. Demographic characteristics

Variable	Frequency	Percentage	
Marital status	Married	263	87.7
	Widow	24	8
	Single	11	3.7
	divorced	2	0.7
Number of children	4	86	28.7
	5	56	18.7
	3	47	15.7
	2	38	12.7
	6	33	11
	1	13	4.3
	7	12	4
	8	2	0.7
	No child	13	4.3
Underlying Disease	There was no disease	209	69.7
	blood pressure	60	20
	Cardiovascular disease	17	5.7
	Diabetes	10	3.3
	Migraine	3	1
Level of Education	Cancer	1	0.7
	Elementary	110	36.7
	guidance school	45	15
	high schooler	44	14.7
	Diploma	66	22
	Associate Degree	19	6.3
Housing situation	Bachelor	14	4.6
	M.A	2	0.7
	Personal	260	86.7
	rental	35	11.7
	paternity	5	1.6

Table 2. The mean and standard deviation of research variables

Variables	Standard deviation	Mean
Age	4.8	60.01
Monthly income	1.19	1.31 million Tomans
Self-admission	4.23	11.22
Purposefulness	3.03	11.91
Positive relationships with others	3.84	11.07
Personal growth	3.49	12.76
Autonomy	3.44	11.84
dominance over the environment	2.98	13.38
Psychological well-being	16.66	72.20
Self-Kindness	1.74	4.99
Self-judgment	2.20	5.59
Common Humanity	2.24	4.87
Isolation	2.26	5.67
Mindfulness	2.45	4.54
Over-identified	2.31	5.77
self-Compassion	7.18	31.44
death anxiety	2.69	8.46

Table 3. Correlation between research variables

Variables	1	2	3	4	5	6	7	8	9
1-Psychological well-being	-								
2-Self-kindness	**0.32	-							
3-Self-judgment	** -0.37	** -0.17	-						
4-Common Humanity	**0.22	**0.37	0.07	-					
5-Isolation	** -0.59	** -0.18	**0.32	-0.07	-				
6- Mindfulness	**0.28	**0.36	** -0.16	**0.40	** -0.20	-			
7- Over-identified	** -0.69	** -0.24	**0.43	-0.05	**0.67	** -0.19	-		
8- Self-compassion	**0.61	**0.62	** -0.56	**0.48	** -0.58	**0.38	** -0.64	-	
9-Death Anxiety	** -0.20	0.08	0.02	0.07	-0.08	0.05	**0.16	-0.02	-

*p <0.05, **p <0.001

Table 4. Summary of regression analysis with method step by step for psychological well-being through its components of self-compassion and death anxiety

Step	Variables	t	F	R ²	R	β	B	Sig.
1			276.22	0.48	0.69			0.001
	Over-identified	-16.62				-0.69	-4.99	0.001
2			153.80	0.50	0.71			0.001
	Over-identified	-15.56				-0.65	-4.70	0.001
	Self-Kindness	4.09				0.17	1.63	0.001
3			113.40	0.53	0.73			0.001
	Over-identified	-9.21				-0.50	-3.63	0.001
	Self-Kindness	4.09				0.16	1.59	0.001
	isolation	-4.06				-0.22	-1.61	0.001
4			90.07	0.55	0.742			0.001
	Over-identified	-9.72				-0.53	-3.82	0.001
	Self-Kindness	2.35				0.10	1	0.001
	isolation	-4.50				-0.24	-1.77	0.001
	mindfulness	3.14				0.14	0.95	0.001
5			75.25	0.56	0.749			0.001
	Over-identified	-9.33				-0.50	-3.66	0.001
	Self-Kindness	2.48				0.11	1.04	0.001
	isolation	-4.46				-0.24	-1.81	0.001
	mindfulness	3.21				0.14	0.96	0.001
	death anxiety	-2.78				-0.10	-0.67	0.001
6			64.77	0.57	0.75			0.001
	Over-identified	-8.83				-0.46	-3.38	0.001
	Self-Kindness	2.16				0.09	0.914	0.001
	isolation	-4.62				-0.24	-1.79	0.001
	mindfulness	3.56				0.15	1.06	0.001
	death anxiety	-3.05				-0.12	-0.74	0.001
	self-judgment	-2.44				-0.10	-0.80	0.001

Discussion

The purpose of this study was to examine the relationship between self-compassion and death anxiety with psychological well-being. The results indicated that psychological well-being had a positive and significant relationship with self-compassion while having a negative and significant relationship with death anxiety. Therefore, the first hypothesis was confirmed according to the results of this study. This finding was supported by the results of Brown et al. [16], Allen et al. [17], and Shabani et al. [18]. In explaining this finding, it can be said that assessing living conditions determines well-being; and positive status increases the level of health and reduces its negative status. Self-compassion may not directly increase positive experiences, but can undermine the effects of negative experiences. Hence, the individual's balance of positive and negative assessments of his or her living conditions can be more positive and lead to increased health and psychological well-being of the individual. In this regard, self-compassion is the result of

a cognitive-emotional thinking when facing negative experiences with self-kindness, mindfulness, and common humanity. In this process, self-compassion simply does not shift negative emotions to positive ones but persuades the individual to accept and end negative experiences. This internal cognitive process can affect the well-being of the individual. In other words, a person who has a strong sense of well-being mostly focuses on positive situations and interprets events more with respect to pleasant memories [37]. Because of their characters, these people create these decent living conditions. Through this cognitive mentality, individuals do not consider their mistakes and failures to be harsh or negative; instead, they recall more positive memories that can affect the advancement of well-being. Besides, it can be said that elderly people need to evaluate their lives. Some old people succeed effectively in this difficult task, and when they reflect their life, they feel an inner peace, harmony, and psychological well-being. In this process, self-compassion can help an elderly person to have a

good and balanced assessment, because self-compassion acts as a buffer against negative emotions by modifying negative emotions and aiding the elderly's psychological well-being [37].

Another finding of this study was that death anxiety could predict psychological well-being changes in the elderly. This finding is consistent with the results of McKenzie et al. [28], Soleimani et al. [24], and Misler et al. [27] and inconsistent with the results of Shafaii et al. [25] and Khaki et al. [26]. In explaining this finding, it can be said that, according to the fear management theory, thinking about death causes anxiety which results in a loss of psychological performance and creates psychological problems. Death anxiety also conflicts with the evolutionary motive for survival and thus negatively affects well-being [38]. This theory also points out that individuals, despite their knowledge of death, can have a relatively calm life and thereby achieve a higher level of well-being [39]. In this context, Ericsson's psychosocial theory provides a powerful conceptual system for studying death anxiety. This theory focuses on the concept of self and its transformations. The last stage of growth is ego-integrity versus ego-despair. Ego integrity can act as a protection against death anxiety [40]. However, those elderly who think that have not well spent their days and also those who are dissatisfied with their past and their achievements are disappointed. As a result, the awareness of death in them increases death anxiety and consequently decreases well-being [28]. However, elderly people are very different in dealing with the reality of their death [41]. For some elderly people, the prospect of death is scary and causes a high level of anxiety. They rebel against themselves and are extremely afraid of their own death. Others find a more positive attitude towards death and have accepted death as an integral part of their lives [42].

It should be noted that the present research is a correlation type; therefore, the relationship between the studied variables cannot be interpreted as causal. Also, considering the importance of the issue of the elderly and the growing population of them in the country, for generalizing the results of this research, further studies should be carried out in other Iranian cities. Also, due to restrictions imposed by the provincial welfare organization in regards to having access to the female elderly in this study, it is necessary to conduct similar studies on the society of elderly women.

Conclusion

Based on the results of the present study, variables related to the psychological well-being of the elderly and their relationship can guide appropriate programs and policies to promote the psychological well-being of the elderly especially in retirement houses. In addition, given that self-compassion is a new concept in psychology, the strategies that reduce the death anxiety of the elderly are of paramount importance in this regard.

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