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International Journal of Life Sciences

ISSN No. 2091-0525

DOI-
dx.doi.org/10.3126/ijls.v9i2.12052
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ABSTRACT

Goal of the present research is to study relationship between social support and hope and death anxiety among old people of Omid Cultural Center located in District 13 of Tehran Municipality. The statistical population included all 1000 old people of Omid Cultural Center located in District 13 of Tehran Municipality and 240 people had the minimum education of high school degree and acceptable cognitive ability to respond to the questions. The sample size was 160 persons based on Morgan Table and considering potential drop of 160 persons and the sampling method was simple random method. Data analysis was conducted with Pearson Correlation method and Multivariate Regression Analysis. Results showed that there was direct relationship between social support and hope. Among the components of social support, family and friends had significant relationship with hope while social support of others didn’t have such relationship. Among the components of social support, only family had negative significant relationship with death anxiety.

Key words: Social support; Hope; Death anxiety

INTRODUCTION

Although human experiences birth, disease, youth, maturity, old age and death like other creatures, this is the only human who knows that he/she will die one day and waits for end of his/her life and tries to protect him/her against nonexistence with special measures and foresights (Elias, translated by Mehrgan and Najafi, 2006) but death isn’t a separate phenomenon which exceeds domain of life from outside. Death is not accident but is legal which is related to life at the beginning of life. Therefore, human has to think about death and try to recognize it but thinking about death is expensive which human should pay and that is living is affected by fear of death. Fear of death is fear of the unknown but this fear includes many other fears of life which are reflected in deprivations and failures (Motamedi, 2007). Death anxiety is not only the remote anxiety which has waited at the end of way but also the hidden anxiety which penetrates into the hiding place of feeling as if it is an imaginary flavor of the person’s existence.

Near the end of life, the old think about death and speak about it. Physical changes, more weakness against diseases, disability and losing friends and relatives are more evidence of death in adulthood. Having little anxiety about death is natural but if this anxiety is very intensive, it will weaken efficient adaptation (Laura Berg, 2001, translated by Seyed Mohammadi, 2008). Social support can hope can be effective in reduction of death anxiety in the old men (Full and Wax, 1993). He believes that social support is result of the social activities which promotes personal dominance feeling by participating in tasks, giving necessary things and cognitive assistance and providing emotional comfort.

Some researchers such as Bara (1986) in study of social support mentioned two concepts of social support: 1-support receipt, 2- support perception. Support receipt

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means having evident emotional supports such as help and assistance from people and family and friends and the number of supporters or access and enjoyment of all social supports can be determined with the that measurement. Perceived support means perception of accessibility and adequacy of all different types of support. They often regard perceived supports as equivalent to satisfaction. As inferred from different definitions of social support, it means the extent to which the person perceives that he/she is considered by others and he/she is a valuable person from their viewpoint and in case he/she faces problem, they will help him/her. According to the definition, social support includes two main dimensions: subjective aspect which indicates the person's perceptions of others' supports and objective aspect which means real assistances and helps provided to the person (Moeini, 2002). It should be mentioned that social support is related to different factors particularly in the old people such as hope and death anxiety. The research studies have shown that the people with good social support system are more optimistic toward their life and more hopeful about life. Other studies have also shown that these people are more successful in overcoming depression and anxiety (Pasha, 2007). On the other hand, death is an inevitable reality which has been regarded as a strong motivation which is placed behind many philosophical remarks and searches of living years and seems to be threatening for many humans due to its ambiguous nature. Death anxiety can affect the existence health and particularly function of mental health of people. Anxiety and fear of death are common in all cultures and the groups and religions face it in different ways. Death anxiety is also the anxiety and fear which occurs in human by predicting and knowing reality of death and dying and includes motivational and emotional cognitive elements and this anxiety is different considering growth stages and social-cultural events.

Ghorbanali Poor (2010) regards death anxiety and fear as synonymous and defines death anxiety as the fear of death which is placed in subconscious mind and is the fear which has been formed in early life and before growth of precise image and appears to be fearful and semi-finished and is out of language and imagination. Death anxiety starts with increase of awareness with death manifestation through reminders of the mortality of person. Death reminders are overlapped and classified into three evident groups. Stressful environments such as war or unpredictable experience of condition, diagnosis of a life-threatening disease or experience of life-threatening accident and experiences relating to death and dying (Ghorbanali Poor, 2010).

Snyder believes that hope is an active characteristic which includes having target, planning power and will to reach goal, attention to barriers of reaching goal and ability to remove them (Snyder, 1994). According to that hope theory of the people who are hopeful believe that they have good performance in production of hopeful thoughts, creation of ways ending to achievement of goal, protection of willful thoughts for providing enough motivation for following goal and removing the barriers which appear. According to hypotheses and principles of hope therapy, those who search for treatment may experience the problems which reflect one or more than one of the hope components (thoughts relating to goal, ways, will and barriers). According to the main hope therapy principles, hope therapy techniques have been designed for helping therapists identify strengths in clients and increase their competencies in the fields requiring improvement (Ghoreishi, 2009). Hope has been defined as life power. Life without hope is not a human life and not a performance but stoppage of performance (Bahadori, 2011). Researches have shown that hope has positive effects on physical and mental health. Considering the mentioned facts, it can be said that since subject of this research is relationship between social support and hope and death anxiety among the old people of Omid Cultural Center located in District 13 of Tehran Municipality. The present research studies death hope and anxiety through social support among the old people of Omid Cultural Center located in District 13 of Tehran Municipality.

RESEARCH HYPOTHESES

Hope is predictable through components of social support among the old people.

Death anxiety is predictable through components of social support among the old people.

METHOD

The research method is of correlation type. The statistical population of the present research included all 1000 old people of Omid Cultural Center located in District 13 of Tehran Municipality and 240 people had the minimum education of high school degree and acceptable cognitive ability to respond to the questions. The sample size was 160 persons based on Morgan Table and considering potential drop of 160 persons and the sampling method was simple random method. Data analysis was conducted with Pearson Correlation method and Multivariate Regression Analysis. Information collection instruments were the following questionnaires:

A: Social Support Questionnaire

This questionnaire has been prepared by Wax et al. (1997). This questionnaire has 23 articles which include three scopes of family, friends and others (quoted from Bavi, 2004). Family support is a score which the person gains considering his/her responses to questions 2, 4, 7, 9, 11, 13, 18, 22 and friends support is a score which the person gained in response to questions No. 1, 6, 10, 15, 16, 19, 23 and others’ support is a score which the
person gained in response to questions No. 5, 8, 12, 14, 17, 20, 21. The minimum and maximum scores vary between 0 and 20. High score in this questionnaire indicates higher social support and low score indicates lower social support (quoted from Malek Zadeh, 2004). In research by Moshak (2006), total score of test and social anxiety test and correlation coefficient were obtained as 17.0 to determine validity of this questionnaire and reliability coefficients were obtained as 72.0 and 70.0, respectively for the entire scale with Cronbach Alpha and Split – half method (Ebrahimi, 2002). He has executed social support questionnaire on a group including 100 students and a group with 200 students and reported reliability coefficients as 90.0 and 70.0, respectively.

B- Snyder's Hope

Snyder hope scale which was made by Snyder (2000) includes self-report measurement of hopefulness trait and state. This questionnaire includes 12 questions with 4 choices from which 4 terms relate to measurement of factor thinking, 4 terms relate to measurement of strategic thinking and 4 terms are deviational. Therefore, this questionnaire includes 2 subscales of factor and strategy. Questions 1, 4, 6 and 8 relate to subscale of strategy and questions 2, 9, 10 and 12 relate to factor subscale in which questions 3, 5, 7 and 11 are excluded due to neutrality and positive questions are scored from right to left and negative questions are scored from left to right.

Scoring: the subject gains scores 1, 2, 3, 4 among the responses "completely false, somewhat false, somewhat true and completely true, respectively and finally hope score is ranged between 8 and 23. Cronbach Alpha of this scale has been reported in range of 74% to 84%.

C- Death Anxiety Scale

To measure death anxiety, Templer’s Death Anxiety Scale (1970) has been used which has been an instrument for measurement of death anxiety which was the most applicable. This scale is a self-administered questionnaire consisting of 15 true-false questions and true answer indicates the presence of anxiety in person. Range of scores of this scale is from 0 to 15 and high score means the core above medium i.e. score 8 indicating high degree of death anxiety. This questionnaire was translated by Rajabi and Bohrani (2001) into Farsi. They have reported Cronbach Alpha coefficients which they have obtained for three factors as 68.0, 49.0 and 60.0, respectively. Templer (1970) has obtained scale retrial coefficient as 83.0.

Findings

Table 1 shows correlation coefficients between the main variables of the research. As it is evident, social support has significant correlation with variable of hope in level of 0.01 as predictor variable and among its components, subscales of friends and family scope have the highest correlation with hope but component of others has significant correlation with criterion variable of hope in level of 0.05. On the other hand, variable of social support has significant relationship with criterion variable of hope in level of 0.05. Variable of social support has reverse and significant relationship with the criterion variable of death anxiety. Components of social support have reverse relationship with death anxiety and variable of social support, family domain has significant relationship with death anxiety. Social support has direct and reverse relationship with variable of hope and death anxiety, therefore, it is possible to predict hope and death anxiety through scores of social support so that this relationship or correlation has been real and it may be random or result from sampling error only in 1% of probability . In addition, considering the obtained correlation coefficients, it can be said that 8.47% of hope variance is determined by variable of social support and this variable can justify 6.2% of variance of death anxiety variable.

Table 1 – Correlation coefficients between variables of hope, death anxiety, social support and its components

<table>
<thead>
<tr>
<th>Social support</th>
<th>Others</th>
<th>Friends</th>
<th>Family scope</th>
<th>Death anxiety</th>
<th>Hope</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-0.03</td>
<td><strong>0.23</strong></td>
<td><strong>0.29</strong></td>
<td>1</td>
<td>Hope</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>0.08</strong></td>
<td>-0.13</td>
<td><strong>0.16</strong></td>
<td>-0.04</td>
<td>Death anxiety</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>0.02</strong></td>
<td><strong>0.03</strong></td>
<td>0.46</td>
<td><strong>0.24</strong></td>
<td>Family scope</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>0.02</strong></td>
<td><strong>0.03</strong></td>
<td>0.46</td>
<td><strong>0.24</strong></td>
<td>Social support</td>
<td></td>
</tr>
</tbody>
</table>

Table 2- Kolmogorov-Smirnov test for determining normal distribution of the research variables

<table>
<thead>
<tr>
<th>Social support</th>
<th>Others</th>
<th>Friends</th>
<th>Family scope</th>
<th>Death anxiety</th>
<th>Hope</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/043</td>
<td>1/352</td>
<td>0/351</td>
<td>1/352</td>
<td>1/307</td>
<td>1/307</td>
<td>k-s</td>
</tr>
<tr>
<td>0/227</td>
<td>0/052</td>
<td>0/053</td>
<td>0/052</td>
<td>0/066</td>
<td>0/066</td>
<td>sig</td>
</tr>
</tbody>
</table>

To determine distribution form of scores and observe distribution normality of the scores of research variables, Kolmogorov-Smirnov test was used. Table 2 shows values obtained in all variables in significance level of more than 0.05. As a result, it can be said that variable of social support (predictor variable) and its components i.e. criterion variable (hope and death anxiety) have normal score distribution and hypothesis of normality of all research variables is confirmed.

Hypothesis 1: Components of social support are predictors of hope.
Table 3- Hope regression analysis on components of social support (family, friends and others domain)

<table>
<thead>
<tr>
<th>Resources</th>
<th>ss</th>
<th>df</th>
<th>ms</th>
<th>f</th>
<th>p</th>
<th>r</th>
<th>R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>369/385</td>
<td>3</td>
<td>123/128</td>
<td>5/491</td>
<td>0/001</td>
<td>0/315</td>
<td>0/099</td>
</tr>
<tr>
<td>Remainder</td>
<td>3363/556</td>
<td>150</td>
<td>22/424</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3732/942</td>
<td>153</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows hope regression analysis on components of social support (family, friends and others domain). Considering the calculated significance level, there is significant relationship between components of social support and hope and about 10% of hope variance is determined by a linear combination of components of family, friends and others domain. Considering the above facts, the research hypothesis that components of social support are predictors of hope is confirmed.

Table 4- regression coefficients of the variables relating to components of social support (family, friends and others domain) in prediction of hope

<table>
<thead>
<tr>
<th>B</th>
<th>Standard error</th>
<th>Beta</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>7/754</td>
<td>0/83</td>
<td>14/638</td>
<td>0</td>
</tr>
<tr>
<td>Family Scope</td>
<td>-0/245</td>
<td>0/085</td>
<td>-0/226</td>
<td>0/885</td>
</tr>
<tr>
<td>Friends</td>
<td>-0/153</td>
<td>0/119</td>
<td>-0/141</td>
<td>-1/289</td>
</tr>
<tr>
<td>Others</td>
<td>-0/039</td>
<td>0/119</td>
<td>-0/036</td>
<td>-0/33</td>
</tr>
</tbody>
</table>

Table 6- Regression coefficients of the variables relating to components of social support (family, friends and others domain) in prediction of death anxiety

<table>
<thead>
<tr>
<th>Nonstandard error</th>
<th>Standardized coefficients</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-0/245</td>
<td>0/085</td>
<td>-0/226</td>
</tr>
<tr>
<td>Family scope</td>
<td>0/153</td>
<td>0/119</td>
<td>-0/141</td>
</tr>
<tr>
<td>Others</td>
<td>-0/039</td>
<td>0/119</td>
<td>-0/036</td>
</tr>
</tbody>
</table>

In the present study, considering Table 4, t values and their significance level show that the highest prediction power of hope variable relates to component of family domain and after it, component of friends has the highest prediction power but component of others cannot play role in the regression equation.

Hypothesis 2: Components of social support are predictors of death anxiety.

Table 5- Death anxiety regression analysis on components of social support (family, friends and others domain)

<table>
<thead>
<tr>
<th>Resources</th>
<th>ss</th>
<th>df</th>
<th>ms</th>
<th>f</th>
<th>p</th>
<th>R</th>
<th>R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>45/153</td>
<td>3</td>
<td>15/051</td>
<td>4/221</td>
<td>0/007</td>
<td>0/279</td>
<td>0/078</td>
</tr>
<tr>
<td>Remainder</td>
<td>534/847</td>
<td>150</td>
<td>3/566</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>580/153</td>
<td>153</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 shows regression analysis of death anxiety on components of social support. Considering the calculated significance level, components of social support (family, friends and others domain) are predictor 847 of death anxiety through which it is possible to estimate death anxiety. On the other hand, R value and its square root show that components of social support explain about 8.7% of the death anxiety variance. As a result, the research hypothesis that components of social support are predictors of death anxiety is confirmed.

DISCUSSION AND CONCLUSION

Findings showed that there was direct relationship between social support and hope. It means that when social support increases, hope of the old people will increase. This finding is in line with researches by Bastani et al. (2013), Iverson et al. (2008), Nayoko et al. (2010) and Melisa and Willocks (2014).

Based on this finding, Khoda Panahi (2010) showed that there was positive relationship between social supports and hopes and hope increases with increasing social support. In the research by Shakeri Nia (2011) entitled" Relationship between social support and hope and public health among the old men with chronic physical pains, it was found that there was significant relationship between social support, hope and public health of the old men and variables of hope and social support could predict public health, anxiety and depression. These researches are in line with findings of the present research. Therefore, one can refer to relationship between hope and social support. On this basis, it can be concluded that social support can increase hope though relationship between death anxiety and hope is negative; prediction is also possible based on this Relation.

Results showed that there was negative relationship between hope and death anxiety though this relationship
was not statistically significant. This finding is in line with Abdullah Zadeh et al. (2012), Asgari and Sharafoddin (2008), Vafaei et al. (2011) and Santom et al. (2011). According to the research by Salimi Bajestani (2013), there is a reverse relationship between anxiety and hope and social support of friends and anxiety. To explain this difference, one can refer to the difference in the statistical population and the sample. The research on the nurses was conducted by Salimi Bajestani and the present research was conducted on the old people. Ghasemi Poor and Jahanbakhsh Ganjeh (2010) also concluded in their research that the people with higher social support had lower anxiety and depression. To explain these findings, it can be said that although hope and anxiety have a negative relationship, the relation is not so intensive that it can be statistically reliable.

Then, the results showed that there is a significant relationship between components of social support, family and friends and hope while social support of others doesn’t have such relationship. The research is in line with this finding include the researchers conducted by Bahmir Samiee et al. (2011), Bastani et al. (2013), Tan (2005), Vand et al. (2013) and Hedayato and Khazaei (2014).

Levy (1985) also in his research entitled psychiatric evaluation of the old people concluded that those who received support from others had lower death anxiety (2000). He also concluded in his research on physical and mental health of the old people that social support played the highest role in mental health through people in family and those whose families visit the old people regularly are more hopeful about the future and have higher mental health. Depavela et al. (2003) in their research concluded that the old people who have family’s social support have lower depression and anxiety and are more hopeful about the future. These researches are in line with findings of the present research. To explain the results, it can be said that family and friends support can play important role in increase of the old people’s hope of. In fact, supports of the family and people in family have positive relationship with hope.

Findings also showed that this research indicated that only family had significant relationship with death anxiety among components of social support. The researches in line with this hypothesis include researches by Jahanbakhsh et al. (2013), Asgari et al. (2008), Mcgurk(2010), Melisa , Zinleski and Wilux (2014), Mary Ivan et al. (2012). In research by soheil and Akram (2002), it was evident that death anxiety had negative relationship with hope rate. Metioli, Repinesi and Chapi (2008) also found that patients with cancer who gave meaning to their life and received more social support from the family’s members were hopeful and had lower death anxiety. Wang, Chang , Sheya , Sun and Jang (2003) in their research on the patients who waited for heart transplantation surgery concluded that self-care behaviors and hope could reduce depression , anxiety and worry about the future. To explain these findings, people of family are highly important in our society and their support increases hope and decreases anxiety. Although any social support is useful for people of society and particularly the old people, it is more important considering social and cultural position of our society...

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