

Evaluation of the Basics and Principles of Death Anxiety, Mindfulness, Spiritual Well-Being, and Resilience of Elderly

Abstract

This study investigates the basics and principles of death anxiety, mindfulness, spiritual well-being, and resilience of the elderly. The research method is descriptive and analytical, using library resources. According to studies, oldness is a period of death anxiety from a psychological point of view. Most of the elderly relatively have different psychological dimensions, including cognitive, emotional, and behavioral. During this period, the elderly have various psychological problems, including depression, anxiety, feeling alone, and moodiness, which can result from their situation and people's behavior. According to Johnson (1994), they can be reduced by having spirituality and advanced personal philosophy. Several factors and characteristics related to the death phenomenon can be the basis for accepting this reality or cause anxiety and rejection of said reality. Spiritual well-being is one of those variables that lead to a better understanding of this phenomenon. Research indicates that people with religious beliefs and customs experience higher levels of well-being.

Keywords: *Death anxiety, Mindfulness, Spiritual well-being, The resilience of the elderly*

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Introduction

Introduction:

Approaching death is one of the indisputable facts in old age. Trying to discover the youth elixir, fighting fatal diseases, and finally embalming to return to life are signs of fear of destruction and being forgotten and the desire for immortality (Imanifar, 2018). There is a general fear of death and dying, but people differ in expressing their emotional reactions to it (Hue & Fung, 2008). Like other fears, experiencing death anxiety seems normal, but it weakens effective adaptation when it is too intense (Berk, 2001). Death anxiety is a multidimensional concept mostly defined as the fear of death for oneself and others. In other words, "death anxiety" includes predicting one's death, the fear of one's death process, and the important people in life (Qasampour, 2012). Blesski (1999) considers death anxiety as thoughts, fears, and emotions related to life's final event and beyond the normal state. Death anxiety is defined as an unusual and great fear of death, accompanied by a feeling of dread or uneasiness when thinking about the process of dying or what happens after death (Zarbakhsh, 2013).

One of the factors that can affect people's anxiety is mindfulness. Mindfulness is characterized by moment-to-moment, continuous and non-evaluative awareness of mental processes. It also includes continuous awareness of physical sensations, perceptions, emotions, thoughts, and imaginations (Sharifi Awadi, 2013). Mindfulness includes a receptive and non-judgmental awareness of current events. Mindful elders understand internal and external realities liberally and without misrepresentation and are talented enough to deal with a wide range of thoughts, emotions, and experiences. Mindfulness is living in the moment with what is now happening without judgment and commenting on what is happening (Frewen, Evans, Maraj, Dozois & Partridge, 2007).

Spiritual well-being and resilience are other factors that contribute to anxiety. Baford et al. (1991) define spiritual well-being as a combination of religious well-being, the person's relationship with God, and existential well-being, the person's relationship with the world, which includes a sense of meaning, satisfaction, and life purpose. Hood-Morris (1996) classifies spiritual well-being into transcendental existential characteristics in the person's communication with himself, others, and a superior being and interaction with the environment (Deshiri, Najafi, and Sohrabi, 2013).

Resilience is a stressful concern in life due to its role in reducing mental pressure. Resilience is skills, talents, and abilities that qualify people to cope with difficulties, problems, and challenges (Thomas et al., 2011). Resilience general refers to factors and processes that change the course of development from the risk of problematic behaviors and psychological injuries, leading to positive results despite the unfortunate conditions (Weave & Schofield). According to the mentioned materials, this research investigates the basics and principles of death anxiety, mindfulness, spiritual well-being, and resilience of the elderly.

Theoretical foundations of research

Elderly death anxiety

Richardson, Berman & Piwowarski have defined death anxiety as a negative feeling people experience about death and dying (Valikhani and Firouzabadi, 2015). However, death is a natural part of life and an inevitable consequence of old age; it will surely be influenced. Facing death and the end of life play a vital role in depression in many adults. Perhaps, you can not predict how you will experience the grief and anxiety of death, but it can be very comforting to have someone with you to provide emotional support. A support system such as elder care with the necessary skills can accompany you in old age. In this case, the elderly can reduce their loneliness and death anxiety.

Older adults with anxiety disorders often are not cured for many reasons because the symptoms of death anxiety in the elderly are not recognized or approved. Some older adults do not receive treatment because they have suffered from anxiety symptoms for a long time, believing these feelings are normal. Patients and physicians may misdiagnose anxiety due to medical conditions, using the prescribed medications, or specific situations the patient is dealing with. Complicated or chronic sorrow is often accompanied by persistent anxiety. Anxiety can lead to cognitive impairment, disability, poor physical health, and poor quality of life when it is not cured. Anxiety can be fortunately treated with prescription drugs and therapeutic methods (Sharpe et al., 2018).

Caring for the elderly and an elder companion's companionship and attention prevent these negative feelings in the elderly. Here are other emotions that an older adult is involved:

Denial: It is considered an early stage of grief and anxiety, in which a person tries to refuse to apprehend that they will die. They try to ignore the reality or even talk about it with their dears or doctors. The denial stage of death is often an immediate reaction.

Anger: When people reach the anger stage, they express their feelings internally, externally, or both. They are angry because they feel they are not ready to die and have missed many life opportunities. They do not express their anger and prefer to avoid interacting with others. People usually express anger to their friends, family, doctors, and nurses (Grossman et al., 2018).

Transaction: Most people move on to the deal stage. The person may ask God to save his life if they are religious. They pray and promise to "be good" or "become a better person" if God does not take their lives.

Elderly depression and death anxiety: depression is often associated with anxiety in older adults. Both can weaken and reduce general health and life quality. It is essential to recognize the symptoms of anxiety and depression and to debate any concerns about life issues with a doctor or psychologist. In addition, anxiety is strongly related to memory. Anxiety can interfere with memory. Anxiety can significantly lead to forgetfulness or flashbacks of a harmful event. Caring for the elderly leads to enough attention to their mental health.

Mindfulness

Mindfulness means paying attention to the present in a specific, purposeful, and non-judgmental way. Mindfulness is defined as being in the moment with whatever is available now without judgment and commenting on what is happening. Mindfulness is a way of being or understanding that demands understanding personal feelings (Kabat-Zinn, 1990). Mindfulness includes non-judgmental and purposeful attention to what is happening now (Brown & Ryan, 2003).

The spiritual ability "mindfulness" is called "vipassana" in Buddhist teachings. Vipassana is a simple and logical way to achieve the correct mind peace and happy and productive life. This word is derived from the ancient language "Pali," meaning having insight and observing everything as it is (Suri, Abbani Tazem, and Suri, 2015). The concept of "mindfulness" originated from Buddhism, but this technique exists in other religions with other titles. For example, "meditation" is called "praying" in Christianity. This concept is also referred to as "contemplation" in Islam, especially in Sufi, which means a reflection on existence. Thich Nhat Hanh was the first to introduce the healing method through mindfulness to Westerners (Bostak et al., 2019). The mindfulness method is separated from religious roots and is now used independently far from religion and culture.

Mindfulness is an important principle factor for accomplishing liberation. It is also an effective and strong way to exit and stop the world's pressures or one's mental pressures. The presence of the right mind means that a person leads his awareness from the past and future to the present. When the individual is living in the present, he realizes reality with all its inner and outer aspects. He also realizes that the mind is constantly pondering and having an internal conversation due to its judgments and interpretations. In addition, when a person realizes that the mind is constantly interpreting, he can pay more attention to his thoughts. He can also examine them without aversion or judgment and find the reason for their existence. Practicing mindfulness allows the person to realize that "thoughts are just thoughts." The person can easily abandon his thoughts when he realizes they may not be true (Bayati, Abbasi, Ziapour, Parveen, & Dehghan, 2017).

Mindfulness means being vigilant and entirely aware of every moment of life. As Hafez says: "Ay Hafez if you want to be aware, don't be ignorant." Self-neglect leads to the loss of consciousness and awareness. A person becomes depressed and cannot enjoy life when he is neglected and loses contact with the surrounding world. The mindfulness technique allows people to connect with life experiences and enjoy them (Ayozi, 2019).

Mindfulness is based on teaching a series of tasks conscious and self-aware. Every exercise can purposefully and consciously increase the capacity and ability of the information processing system. As an early warning system, mindfulness exercises prevent an imminent explosion or imminent flood. Mindfulness-based Cognitive therapy is a new assurance to explain the approach of cognitive behavioral therapy. Mindfulness training requires metacognitive learning and new behavioral strategies to focus on attention, prevent thought rumination, and tend to worrying responses. It also causes the spread of new thoughts and the reduction of unpleasant emotions (Crijji, 2004; cited by Birami and Abdi, 2018).

Perhaps, Kabat-Zinn (1994) stated the most common definition: Mindfulness is paying specific attention to a goal in the present and without judgment. Several other definitions are similar to this definition. Marlette and Christler (1999) defined mindfulness as devoting full attention to one's current moment-to-moment experience. Brown and Ryan (2003) also defined it as the state of attention or awareness of what is happening. Some other definitions are more detailed.

Spiritual well-being

Spiritual well-being is having a sense of connection with others, having meaning and purpose in life, and having belief and connection with a transcendent power (Chohori, 2016). Spirituality was presented as a separate factor from religion due to the growth of the research on religion. Many psychologists focus on spirituality while believing in a particular religion. Spirituality emerged as an awareness of existence or force beyond the material aspects of life. Spirituality is traditionally related to religiosity; however, these two categories were separated. Walton (2003) stated that religion is a framework of beliefs, traditions, principles, behaviors, and rituals. In addition, he believes that spirituality is wider and includes individual connections with oneself, others, and the environment, which provides a sense of inner peace, ability, lack of dependence, and meaning in life. Gomez and Fisher (2005) also state that religion focuses on thought processes, rules, and belief systems, while spirituality focuses on experiences and relationships. According to a study in the United States (1996), many university graduates do not consider themselves religious but emphasize spirituality as an important factor in their lives (Adapted from the report of the South Australian Children and Education Services, 2006). After being neglected for a long time in the study of well-being, belief in a transcendent power gradually became an effective element in studies related to health and well-being.

Moberg (1971) theorized spiritual well-being as a two-dimensional construct with horizontal and vertical dimensions. The vertical dimension refers to our sense of well-being with God, and the horizontal dimension refers to the sense of purpose and satisfaction in life, regardless of believing in a particular religion (quoted by Ellison, 1983). Ellison (1983) states that spiritual well-being includes two psycho-social and religious elements. Religious well-being involves a connection with metaphysical power. Existential well-being is a psycho-social element that expresses a person's sense and indicates who he is, what he does, and where he belongs.

The word "spirituality" refers to the human tendency to search for life's meaning through self-transcendence or the need to connect with something beyond oneself. Religion refers to a spiritual search related to formal religious customs and

traditions, while spirituality is unrelated to such a context. Therefore, the word "spirituality" mostly refers to the sacred search, and the word "religion" refers to a search whose foundations are in formal (institutional) forms of spirituality (Duderija, 2016).

Contradictory findings do not deny the relationship between well-being and religion but identify situations in which the relationship is stronger. For instance, the relationship between well-being and religiosity is usually stronger in women than in men. Regarding race, there is a higher relationship between well-being and religiosity in African Americans than among whites. In addition, African Americans have a stronger belief in the healing power of praying than other racial groups (Hault and McCoy, 2015).

Age is also an effective factor. Older people usually have a stronger relationship between religiosity and well-being. Morris Okun and William Stock concluded that the two strongest predictors of psychological well-being among the elderly are religiosity and the desired level of physical health. Belief in life after death among the elderly has a higher correlation with belief in the excitement of the present life. It is possible to find different motivations for participating in spiritual and religious activities at different stages of life according to the scope of people's lives. People seek religion in the first half of their lives to form their identity and form social relationships. They also need religion in the second half to help reset life priorities and face the reality of impending death. The relationship between religious activities and well-being is stronger among the people in the United States than among Europeans (Yung, 1983; quoted by Sadeghi, 2011).

Resilience

Resilience is the complex and dynamic process in which older people regain a sense of well-being despite facing challenges (Ungar, 2011). Resilience is the capacity to resist stress and disaster. Psychologists have always tried to increase the human ability to adapt and win over danger and difficulties. Even after disturbing disasters, people and societies can rehabilitate their lives (Azeimi, 2013).

Jeremy (2004) stated that resilience is controlling stressful factors before they harm a person (Kashtkaran, 2009). Resilience effectively adapts people to the environment despite exposure to extreme stresses. Severe stressors are those negative conditions and situations associated with negative consequences and behavioral problems (Route, 2016). Compatibility is adapting a person to the environment (Khazari, Bahraini, Ravipour, and Mirzaei, 2014). Compatibility is the process that starts with an emergence of the need and the humans' effort to solve them after performing some activities (Pourmoghods, 2017). The compatibility process is described in several stages in psychoanalysis. The first stage starts with feeling a need and motivation, and the

final stage ends with satisfying the need and reducing the motivation (Salehi, Mohsenzadeh, and Mukhtar, 2015).

Resilient people are emotionally calm, can endure unfavorable conditions, and do not have self-destructive behaviors. According to Buena (2004), resilience is obtained by having resistance, self-enhancement, repressive coping, and having a positive mood and emotions. It is possible to need the difference between possible danger and examples of resilience to understand the interpretations and ways related to resilience (quoted by Azimi, 2013). Freiborg et al. (2005) find resilient people more flexible in unfavorable conditions that protect themselves against them. Most researchers believe that factors such as internal/psycho-social characteristics, family and friends' support, and other social systems support significantly create and improve resilience. Waller (2001) considers resilience as a person's positive compatibility to a stressful situation. Although this concept was first proposed by Werner (1993) in the field of developmental psychology, it gradually entered other fields of psychology, such as social and clinical psychology. Connor and Davidson (2003) consider resilience to be a person's active and constructive participation in the environment. They consider people's ability to establish biological and psychological balance in stressful situations. Researchers believe that resilience is a form of self-repair with positive emotional and cognitive consequences (Hu et al., 2018).

Researchers believe that several factors, including internal/psycho-social characteristics, support from family members, friends, and other social systems, significantly improve resilience. In some studies, it can reduce negative emotions and increase life satisfaction. (Gloria, Caste llanos and Orozco, 2005, Enzeljit et al., 2006). Ethical people born according to Islamic ethics have compatible methods with features such as high tolerance, patience, resistance, and trust in God during events and problems. Immoral behavior, lasciviousness, and gluttony have special compatible frameworks (Azeimi, 2013).

Kampfer believes that resilience is reaching the initial balance or returning to a higher level balance, leading to the individual's compatibility. In addition, positive compatibility to life can be considered a result of resilience, which causes a higher level of resilience. He also considers this issue's complexity due to resilience's definition and process view (quoted by Shakrinia and Mohammadpour, 2019).

Improving resilience makes people think better and have better self-management skills and knowledge. Resilience in various behaviors, thoughts, and actions can be learned and developed throughout life. Resilience does not indicate that people live without experiencing stress and pain in this way (Azeimi, 2013). In the field of the consequences of resilience, several researchers focus on the growth of mental health and life

satisfaction to resilience (Rosenberg and Yi Frazier, 2016). Resilience and tenacity reduce anxiety and depression. Resilient and tenacious people can overcome all kinds of unpleasant effects and physical and emotional fatigue caused by work and maintain their mental health. Therefore, it can be said that the components of resilience and tenacity increase job satisfaction, greater organizational productivity, and individuals' mental health by using more adaptive strategies such as problem-oriented strategies and increasing the perception of one's abilities in facing the source of stress (Rosenberg and Y. Frazier, 2016).

Most researchers state a negative and significant relationship between resilience and psychological problems. They also stated this structure as a mediating factor between mental health and many other structures. By improving resilience, a person can resist and overcome stressful and anxious factors and factors that cause many psychological problems (Bashart, 2016; Conner, 2006).

According to the studies of Enzlicht et al. (2006), Freiberg et al. (2006), Tugad and Fredrickson (2004), and Masten (2001), psychological toughness and self-resilience are effective in maintaining and increasing employees' mental health, endurance against unpleasant events and increasing one's expectations of success (cited by Narimani and Abbasi, 2008).

Conclusion:

The Elderly result from the natural course of time that leads to physiological, psychological, and social changes. This process happens gradually from one period to another, in some people and others quickly and with mental injuries (Cappeliez & O'rourke, 2012). Due to the increase in the elderly population, researchers and experts emphasize the importance of paying attention to the health of the elderly and recommend providing the necessary facilities for special services in this field (Nuri Pourliaveli, 2014). The important events in the life of an older person are loneliness and helplessness, unfulfilled expectations of the elderly from the people around them, anxiety and worries caused by being in an unfavorable situation, the crisis of despair, fear of being entrusted to a nursing home and feeling of inadequacy and worthlessness that are effective in the mental strength of the elderly during old age (Abdolazadeh and Khabazi, 2016).

Death anxiety reasons include fear of personal death, concerns about the pain and death anxiety, mental proximity to death, fears related to death, and worrying thoughts about death. He also emphasizes that the concept of anxiety and death anxiety are two separate categories. Holter (1979) defines death anxiety as anxiety about many different aspects of death. Death anxiety has many dimensions. Death anxiety affects many aspects of the elderly's life because it is a multidimensional construct (Valikhani and Firouzabadi, 2015).

Aging has a series of definite changes beyond time and age issues. There are psycho-social risk factors such as lack of social roles, loss of independence, friends and relatives death, increased isolation, financial limitations, decrease in physical and mental health, leaving home by children, spouse death, disability, retirement, loss of relationships socializing and adapting to a new life. These factors can cause a decrease in life expectancy in the elderly (Stenhagen et al., 2014). One of the problems of the elderly is related to mental strength. Evidence shows that only a few older people have good mental strength and can adapt to the existing age changes. But most of them experience a sense of helplessness when faced with specific events or a combination of events beyond their tolerance or ability and coping skills, which causes psychological problems (Sohrabi and colleagues, 2017). In recent years, there has been more research in this field and the use of mindfulness. The increasing evidence indicates that 23 mindfulness methods in clinical situations have been useful, especially in psychiatry. Other researches also indicate mindfulness efficacy in stress, anxiety, depression, chronic pain, post-traumatic stress disorder, and reducing addictive behaviors.

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Conflict of interest

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Ethics statement

None

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