

A Descriptive Survey of Death Anxiety (DA = Thanatophobia) Among Young Drug Addicts In Relation To Their Education and Locale

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Abstract: The current descriptive sample survey explored the impact of education and locale (rural / urban) on drug anxiety (DA = Thanatophobia) young drug addicts. Although Drug Addicts are known to exhibit higher DA level than general population, this research concluded that DA level among drug addicts are independent of their educational attainment or locale.

Keywords: Drug Addiction, Death Anxiety, Thanatophobia, Education, Locale

I. Introduction

Anxiety is the body's response to a perceived threat. It is valuable in self-preservation by avoiding unnecessary risks. In Anxiety Neurosis, the anxiety response becomes out-of-proportion to the actual threat causing excessive levels of negative thoughts, sympathetic over-stimulation and anxious displeasures. It has emotional, somatic, behavioral and cognitive symptoms.

Death Anxiety (DA) is the morbid, abnormal or persistent fear of one's own mortality. It is a "feeling of dread, apprehension or solicitude when one thinks of the process of dying, or ceasing to 'be.'"

Drug addiction is fast reaching an epidemic proportion throughout the world. Edward Kaufman (1994) showed that alcoholics and Drug Addicts are particularly prone to higher Death Anxiety, probably due to early childhood losses. It is also that due to losing control over their drug use and related behavior, they are very prone to "fear a loss of self." This is a major reason not to confront their 'denial' early in treatment. Addicts need denial to maintain their sense of self-integrity, physical and emotional intactness.

The present study is conducted to explore the impact of educational attainment and locale (rural/urban divide) on Death Anxiety in 200 Drug Addicts of Dist. Ludhiana, Punjab that are aged between 18-25 years using Death Anxiety Scale.

II. Method

Problem Statement

Studying thanatophobia among young drug addicts in relation to their education and locale using descriptive sample survey technique. The study was conducted among diagnosed male drug addicts of dist. Ludhiana, Punjab.

Objectives

1. Comparative study of DA among educated & uneducated young Drug Addicts
2. Comparative study of DA among rural & urban young Drug Addicts
3. Comparative study of DA among rural educated & rural uneducated young Drug Addicts
4. Comparative study of DA among urban educated & urban uneducated young Drug Addicts

Tool

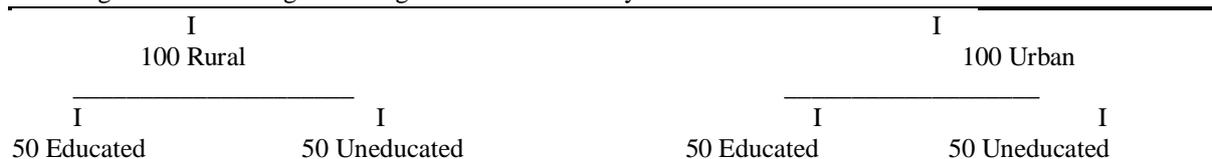
Death Anxiety Scale – developed by Vijay Lakshmi Chauhan & Gayatri Tiwari.

Split-Half Reliability Coefficient 0.93. High Content Validity (0.74)

Norms for use in the age range 18 – 25 years.

Sample Design

200 Diagnosed Male Drug Addict aged between 18 – 25 years of Ludhiana dist.



III. Result Analysis

Hypothesis 1 : There exists NO significant difference in DA between educated & uneducated young Drug Addicts

Table 1 Significance of Difference in DA between educated & uneducated young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Educated	100	12.85	3.65	1.46	NOT significant at 0.05 & 0.01 level
Uneducated	100	13.58	3.35		

Inference : Hypothesis 1 accepted. There exists NO significant difference in DA between educated & uneducated young Drug Addicts

Hypothesis 2 : There exists NO significant difference in DA between rural & urban young Drug Addicts

Table 2 Significance of Difference in DA between rural & urban young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Educated	100	12.59	3.74	2.60	NOT significant at 0.05 & 0.01 level
Uneducated	100	13.84	3.17		

Inference : Hypothesis 2 accepted. There exists NO significant difference in DA between rural & urban young Drug Addicts

Hypothesis 3 : There exists NO significant difference in DA between rural educated & rural uneducated young Drug Addicts

Table 3 Significance of Difference in DA between rural educated & rural uneducated young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Rural Educated	50	12.12	3.99	1.28	NOT significant at 0.05 & 0.01 level
Rural Uneducated	50	13.06	3.45		

Inference : Hypothesis 3 accepted. There exists NO significant difference in DA between rural educated & rural uneducated young Drug Addicts

Hypothesis 4 : There exists NO significant difference in DA between urban educated & urban uneducated young Drug Addicts

Table 4 Significance of Difference in DA between urban educated & urban uneducated young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Rural Educated	50	13.58	3.11	0.83	NOT significant at 0.05 & 0.01 level
Rural Uneducated	50	14.10	3.24		

Inference : Hypothesis 4 accepted. There exists NO significant difference in DA between urban educated & urban uneducated young Drug Addicts

IV. Discussion

Anxiety

Anxiety is a feeling of apprehension and psychic tension, nervousness, or unease towards a subjectively unpleasant undefined threat. Unlike 'fear,' anxiety occurs in situations only perceived as uncontrollable or unavoidable, but not realistically so.

David Barlow (2000) defines anxiety as "A future-oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events."

Sylvers (2011) et al differentiated Fear and anxiety in four domains: (1) duration of emotional experience, (2) temporal focus, (3) specificity of the threat, and (4) motivated direction. Fear is defined as short lived, present focused, geared towards a specific threat, and facilitating escape from threat. Anxiety is long acting, future-focused, and is broad-focused towards a diffuse threat. Anxiety promotes excessive caution while approaching a potential threat and interferes with constructive coping.

Rynn (2004) advocated that anxiety can be experienced in short-term 'state' (acute) with spurts with sporadic, stressful panic attacks. Long-term Anxiety 'trait' (chronic or generalized) is a conscious or unconscious stable tendency to react (to perceived threats) with state anxiety. It may reduce quality of life by systematically altering decision-making process.

Anxiety disorders are partly genetic but may also be due to drug or alcohol addiction as well as withdrawal from certain drugs. They often occur with other mental disorders, particularly bipolar disorder, eating disorders, major depressive disorders, and certain personality disorders.

Anxiety Effects

1. The **Somatic Effects** include

- Trembling
- Churning stomach
- Nausea
- Diarrhea
- Headache
- Backache
- Heart palpitations
- Numbness or "pins and needles" in arms, hands or legs
- Sweating/flushing
- Restlessness
- Lethargy, Fatigability
- Trouble in concentrating
- Irritability
- Frequent urination
- Insomnia

2. The **Behavioral Effects** include

- Withdrawal from situations that have provoked anxiety in the past.
- Changes in sleeping patterns,
- Nervous habits, and
- Increased motor tension like foot tapping

3. The **Emotional Effects** include

- Feelings of apprehension or dread
- Trouble in concentrating
- Feeling tense or jumpy
- Anticipating the worst
- Irritability
- Restlessness
- Watching for signs of danger
- Feeling like your mind's gone blank
- Nightmares
- Obsessions about sensations
- Déjà Vu,
- Trapped-in-your-mind feeling

- Feeling like everything is scary
4. The **Cognitive Effects** include
- Thoughts about suspected danger e.g. **Fear of Death**. It may occur as an intense fear or the dreadful thought may occur more often than normal or may precipitate repetitive thought ruminations

Death Anxiety (Thanatophobia)

Attitudes and feelings about death are multidimensional. Younger persons, Females, people with low self-esteem, and people with emotional disorders tend to have a higher DA. Bereavement has no direct impact. DA constitutes large part of Health Anxiety. People with higher age, religious convictions, and purposefulness; esp. males have low DA.

Feelings about death can be studied objectively in three settings

1. **Near-Death Experience** of persons where they feel that their death is imminent : accident, near-accident, terminal illness etc. It often enhances positive feelings about death.
2. **Experimental Death Education** : through Workshops, Readings, Movies, Videos, experimental experiences, discussions, sharing etc. It significantly reduces Death Anxiety.
3. **Didactic Death Anxiety** : through Classroom Lectures. This does not have any significant impact.

Robert Langs (2004) distinguishes three types of death anxiety

1. Predatory Death Anxiety

Predatory death anxiety arises from the fear of being harmed. It is the most basic form of death anxiety. Humans have self-protective, responsive mechanisms in "fight or flight situations," to combat the danger. Predatory Death anxiety refers to the neurotic apprehension of loss of self and body's response to it. It passes through five phases : Denial; Anger; Bargaining; Depression & Acceptance (Kubler 2011).

2. Predation Death Anxiety

Predation or predator death anxiety is a form of death anxiety that arises from an individual physically or mentally harming another.

3. Existential Death Anxiety

The theologian Paul Tillich (1952) characterized existential anxiety as "A state in which a being is aware of its possible nonbeing." He listed three categories for the nonbeing and resulting anxiety

- Ontic (fate and death),
- Moral (guilt and condemnation)
- Spiritual (emptiness and meaninglessness).

Existential DA stems from the basic awareness that physical life always end. Humans defend against this type of death anxiety through denial, which is effected through a wide range of mental mechanisms and physical actions many of which also go unrecognized. While limited use of denial tends to be adaptive, its use is usually excessive and proves to be costly emotionally.

Denial is basic mental faculty to many diverse actions :

- Breaking rules
- Violating frames and boundaries
- Manic celebrations
- Violence directed against others
- Attempt for extraordinary wealth or power

These pursuits often are activated by a personal trauma. They may sometimes lead to constructive actions. But more often they lead to actions that are damaging to self and others.

Origin of Death Anxiety - Ego Integrity

Developmental psychologist, Erik Erikson (1973) formulated the psychosocial theory of origin of death anxiety. He explained that people progress through a series of crises as they grow older. The theory also envelops the concept that once an individual reaches the later stages of life, they reach the level titled "ego integrity". Ego Integrity is when one comes to terms with their life and accepts it.

It is also suggested that when a person reaches the stage of late adulthood, he become involved in a thorough overview of his life to date. When one can find meaning or purpose in his life, he has reached the integrity stage. In contrast, when a young individual views his life as a series of failed and missed opportunities, then he does not reach the 'ego integrity' stage.

Elders who have attained this stage of 'ego integrity' are believed to exhibit less influence of DA.

Terror Management Theory (TMT)

Becker (1962, 1973, 1975) postulated that while humans strive for self-preservation, they are aware of inevitability of death. When they are reminded of their mortality, their focus on personal values and cultural goals are enhanced. Those with greater self-esteem demonstrate lesser DA.

Post-Traumatic Growth Theory (PTG)

Facing a sudden Life Crisis, e.g. death of loved ones can reduce DA by enhancing greater appreciation to life, shift in priorities, development of intrinsic goals, and improved Inter-Personal Relationship (IPR).

Treatment of Excessive Death Anxiety :

The cardinal components of Treatment of Death Anxiety are

- Exposure to feared themes of Death
- Reduction of Safety Behaviors
- Cognitive Reappraisal
- Increased Focus of Life-Goals
- Life Enjoyment
- Relapse Prevention

Drug Addiction

Drug Addiction is defined as a chronic, relapsing brain disease that is caused by administration of drugs that affect the brain functions and is characterized by compulsive out-of-control drug seeking and use, despite harmful consequences. The drugs may be legal (e.g. Alcohol or Nicotine) or illegal (e.g. Heroin or LSD). An addictive drug is a drug which is both rewarding and reinforcing. Compulsive and repetitive use of the addictive drug may result in tolerance to the effect of the drug. Withdrawal symptoms arise when use is reduced or stopped.

V. Death Anxiety & Drug Addiction

Daradkeh F & Moselhy HF (2011) showed that the level of death anxiety is high among drug abusers. Risk factors include

- Being divorced,
- Not actively practicing a religious faith
- Having at least 1-10 years history of drug abuse
- Smoking at least 20 or more cigarettes per day.

Youth

Indian National Youth Policy 2014 defined youth chronologically as a person between 14 to 29 years of age. Psychologists define youth more abstractly as the period of life showing greater stability of mind and mood. They show comparatively more vigor, vitality, venturesome, creativity, activity, innovation, optimism and joyfulness etc. Medicine defines youth as the period between dependent childhood and independent adulthood.

Youth is the life-period for

- Development of Personal Identity
- Psychological Autonomy
- Self-Regulation
- Linking personal temporal transition to general cultural images
- Emulation of definite role models

Education

Education is the process of receiving or giving systematic instruction, especially at a school or university. It is a body of knowledge serving as an enlightenment that stimulates the order of one's thinking. True Education must provide life building, man-making, character-building assimilation of ideas." Ideal education will produce an awakened person - the ideal one who knows how to improve his intellect, purify his emotion, and stand like rock

on moral virtues and unselfishness. (Swami Vivekananda 2011). It is a process of human's reciprocal adjustment to nature, fellow beings and the ultimate nature of cosmos.

Locale

A defined specific geographical, political, cultural, linguistic, or environmental region (urban / rural) where something happens or is set, or that has particular events associated with it.

VI. Conclusion

It is concluded that among drug addicts of 18 – 25 years, Death Anxiety is independent of Education Status & Rural-Urban divide.

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