

Symbolic Immortality, Death Anxiety, and Quality of Life in Japanese Elderly Men

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Abstract

According to Erikson's theory of psychological development, elderly people will have to overcome death anxiety as they face their own deaths (Hattori, 2000). Death anxiety is a basic human anxiety that cannot be fully eliminated. Lifton (1973) proposed the concept of "symbolic immortality" to refer to the universal human quest to achieve a sense of continuity in the face of the incontrovertible fact of death. The present study examines symbolic immortality, death anxiety, quality of life, and the correlations among them in 29 Japanese elderly men via semi-structured interviews to obtain suggestions on how to improve the lives of and reduce the death anxiety experienced by elderly adults. The results showed that people with a sense of continuity resulting from symbolic immortality have low death anxiety. People with no symbolic immortality have high death anxiety. In particular, people with high death anxiety thought death would make them nothing physically and mentally, or they think of death as a scary thing they do not even want to think about. However, people with low death anxiety who had views such as "I do not think about what happens after death. It is more important for me to live this life to the fullest" had high quality of life. Most Japanese do not believe in a specific religion, so it is considered desirable to live life to the fullest without thinking about what happens after death.

Keywords: death anxiety, symbolic immortality, Japanese elderly men

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Introduction

Death anxiety is a basic human anxiety that cannot be completely eliminated. Elderly people are gradually forced to accept their own deaths by experiencing the deaths of their peers and the decline of their own physical functioning. For such elderly people, death should be a serious matter.

Dealing successfully with psychological problems related to death leads people to experience low anxiety and helps them maintain a high quality of life (QOL). In fact, previous studies have shown people with high QOL have low death anxiety (e.g., Durlak, 1972; Yamamoto et al., 1989).

An individual's views of life and death are important factors related to low death anxiety. The influence of views concerning what happens after death is especially interesting. Lifton (1973) proposed the concept of "symbolic immortality" to refer to the universal human quest to achieve a sense of continuity when facing the incontrovertible fact of death. Examples of symbolic immortality include the belief that we keep on living in Heaven, or that something of ourselves (e.g., the works we completed while alive or our genes through our descendants) remains after our somatic death.

In the West, numerous studies have shown symbolic immortality reduces death anxiety (e.g., Florian & Mikulincer, 1998; Neimeyer & Van Brunt, 1994; O'Dowd, 1984), and this concept can generally be classified into 5 styles:

1. Biological: Immortality is entrusted to descendants; i.e., I continue to live through my offspring.
2. Theological: Immortality is entrusted to a Higher Power and the immortal soul.
3. Creative: Immortality is entrusted to achievements.
4. Natural: Immortality is entrusted to Mother Nature.
5. Empirical transcendence: Immortality is achieved by entering the eternal world through a mystical experience such as a spiritual awakening or religious exultation.

The relationships between death anxiety, QOL, and views concerning what happens after death have not been sufficiently studied in Japan, especially in regards to symbolic immortality.

Statement of Objectives

This study aimed to reveal the relationships between death anxiety, quality of life, and views of life and death (especially views concerning what happens after death).

Method

1. Respondents

The respondents of this study were selected using snowball sampling in Tokyo in the autumn of 1999. The targets were Japanese elderly (aged 65 years old and older) men who were able to undergo an hour-long interview. We restricted our participants to men because many previous studies have shown gender differences in death anxiety. In the initial survey, I attempted to select the participants for this study from among those elderly people belonging to public elderly clubs. However, it was difficult to

achieve this because of problems with privacy or individuals' reluctance to accept the certainty of their own deaths. The targeted respondents of this study needed to be receptive to narrating their feelings about their own deaths. The main targets of this study were Christians and Buddhists¹, who both believe in doctrines concerning life after death, although in somewhat different forms. We also targeted members of general associations/organizations aimed at providing death education and grief support (henceforth referred to as "Members"), medical doctors, or psychology professors.

Each respondent received a letter of consent to inform them what their participation in the study entailed before they agreed to participate in the interviews. The letter revealed the aims of this study and ensured the anonymity of all the respondents in the presentation of the study data in academic articles. The respondents were also told they could withdraw at any time during the course of the interview, and that their participation was entirely voluntary.

2. Procedure and Survey Content

1) Procedure

Semi-structured individual interviews were carried out in various quiet places (e.g., subjects' homes or coffeehouses). Family, friends, etc., did not learn anything about what was said during the interviews. For the most part, the investigator read the questions, the subjects responded verbally, and then the investigator asked them to confirm their answer. All interviews were recorded with the respondents' permission.

2) Survey Content

(1) Attributes: age, profession, and religion

(2) The Death Anxiety Scale (DAS), which was developed by Templer (1970) and was translated into Japanese by Kawaai, et al. (1996), was used to measure death anxiety. For an item such as "I am very afraid to die," (Table 1), 1 point was given for a "true" response, while 0 points were given for a "not true" response. The DAS had a total of 15 items (with a possible total score ranging from 0 to 15 points).

¹ "Buddhist," in this study refers to either a priest or an avid believer.

Table 1: DAS items.

Item
1 Do you worry about dying?
2 Does it bother you that you may die before you have done everything you wanted to do?
3 Do you worry that you may be very ill for a long time before you die?
4 Does it upset you to think others may see you suffering before you die?
5 Do you worry that dying may be very painful?
6 Do you worry that the persons closest to you won't be with you when you are dying?
7 Do you worry that you may be alone when you are dying?
8 Does the thought bother you that you might lose control of your mind before death?
9 Do you worry that expenses connected with your death will be burdensome to other people?
10 Does it worry you that your instructions or will about your belongings may not be carried out after you die?
11 Are you afraid that you may be buried before you are really dead?
12 Does the thought of leaving loved ones behind when you die disturb you?
13 Do you worry that those you care about may not remember you after your death?
14 Does the thought worry you that with death you may be gone forever?
15 Are you worried about not knowing what to expect after death?

(3) The four-point Quality of Life (QOL) Scale (Ishihara et al., 1992; Table 2) was used to measure the respondents' QOL status, which mainly consisted of psychological aspects. For example, for an item such as "Are you satisfied with your life now?" 3 points were given for a response of "true," 2 points for a response of "applies to me most of the time," 1 point for the response "does not apply too much," and 0 points for "not true." The total score of all 12 items (ranging from 0 to 48) was treated as the QOL score.

Table 2: QOL Scale items (Ishihara, et al., 1992; reporter translated).

Item
1 Do you think you are happy now?
2 Are you satisfied with your life now?
3 Have you been happy with your life till now?
4 Do you live happily now?
5 Do you think that you began to worry about the little things?
6 Have you not slept because you worry about trivial things?
7 Have you experienced a depressed mood?
8 Have you ever experienced panic attacks?
9 Are you doing things with vitality?
10 Are you participating in hobbies and other fun things?
11 Are you as interested and motivated as you were when you were young?
12 Do you think something fun will happen hereafter?

(4) Oral interviews concerning the respondents' beliefs were transcribed into verbatim records.

Results and Discussion

1. Descriptive Statistics

1) Attributes and backgrounds

The responses of two of our 30 subjects were excluded—one because that individual was not yet 65 years of age (age: 60 years), and one because that individual immigrated to Japan as an adult (at age of 67 years). In all, responses from 28 Japanese men (age range: 67–86 years; mean: 75.5 years) were analyzed.

Five subjects were Members, five were Christian, three were both Christian and Members, two were both Buddhist and Members, and 12 had no specific affiliations (see Table 3).

Christians accounted for one-third of the respondents in this study, even though only 1% of the total Japanese population is Christian.

Table 3: Respondent affiliations. (n=27)

		No religion	Christian	Buddhist
General association / organization for death education and grief	Member	5	3	2
	Nonmember	12	5	0

This study's subjects had higher levels of education compared to the general Japanese elderly population. Of the 27 respondents, 19 had either an undergraduate or master's degree, and the average educational attainment of all respondents in this study was an undergraduate degree. It should also be noted that the subjects of this study included

elders in key positions of responsibility (e.g., company president, facilities manager, etc.).

2) Average scores

Average DAS and QOL scores are shown in Table 4.

Table 4: Average scores. (n=27)

	Average	SD
DAS score	7.7	3.8
QOL score	27.9	5

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2. Relationships

1) Relationship between age and DAS scores

A significant correlation was not found ($r = .22$, n.s.)

2) Relationship between QOL and death anxiety scores

A significant negative correlation was observed between these two variables ($r = -0.47$, $p < .05^*$). This suggests high death anxiety leads to reduced QOL for elderly men.

3. Views Concerning What Happens After Death

1) Evidence of 5 symbolic immortality styles

All responses were categorized. As a result, 12 people evidenced symbolic immortality in their beliefs about what happens after death (see Table 5), and all these views reflected Christian theological thinking.

Table 5: Example states of symbolic immortality.

Immortality style	n	Response examples
Biological	3	Eventually...I think maybe individual ideology would relate to genetics in the life chains of children and grandchildren.
Theological	7	I think I can go to Heaven. My wife went there, and I believe I can go there.
Creative	1	I do not know how the work I completed will be evaluated in posterity. I am not willing to call my own work excellent, but I think the work itself is kind of an (inherited) thing.
Natural	1	Nothing, but nothing is lost at the atomic level. Only the form changes. Only the form of existence changes; nothing is lost.
Empirical transcendence	0	

2) Subjects not evidencing symbolic immortality

Fifteen subjects in this study did not demonstrate symbolic immortality. Their ways of thinking about what happens after death were categorized as “nothing,” “I don’t

know,” or “I don’t think about it.” While “nothingness” and “I don’t know” seemed to indicate negativity, “I don’t think about it” seemed to be a positive response. Examples of this way of thinking are shown in Table 6.

Table 6: Examples of no symbolic immortality.

<p>“I leave it to [my] children or grandchildren, so I don’t think about it anyway.” (n=1)</p> <p>‘I do not think at all about [existence] after death, so my corpse would be.... Hmm.... My children or [grandchildren], I think they would take me up to the crematorium. Well, I say jokingly to them, ‘it’s [okay] that they throw me away into the sea in ... ashes.’ I never thought [much] about that.”</p>
<p>“This life is [more] important for me than [what happens after death].” (n=1)</p> <p>(About our whereabouts after death): “I have never thought [about] it. I think that there is [not] much sense [in] considering ... it. (Oh, yes.) It is to appear in some form ... where to go, so we can’t see it. Exactly. It is that there is no meaning. [Snip] Well, I feel that we have to think of problems [that] have been rumored recently about senior citizens [in] nursing care, or (yes) keeping the [regional] community..., or (yes) [regional] mutual assistance ..., and so on....”</p>
<p>“There is no point in thinking about what happens after death.” (n=2)</p> <p>“This issue, eh...I would like to know myself. [What] will we become. I think, how will we become? ... But, maybe, I think that would not become anything. (Snip) Well, through the life you are living now, as much as possible ... I, eh, I guess that we have to live [to the] utmost. There is no point [thinking] of [what happens after death]. That’s my opinion.</p>
<p>“It should lead to good results [for] me to do good things for ... other people in this life.” (n=1)</p> <p>“Umm, I think, if we do good things for ... other people ... (Hmm, then you are a volunteer...) Oh yeah. Oh yeah. It’s, yeah.... Anyway, someone watching us will take me to Paradise, not to Hell. Ah, though I do not know [what happens after this life]. (Well, then, you leave me after death to anyone.) Yeah, that’s right.”</p>
<p>“If I properly live in this world, God [will] treat me good.” (n=1)</p> <p>“That is quite all to God’s judgment. (Oh.) After my death. Death, ah, what is evaluated, or what is left, I think I don’t have to think [about] it. (Oh, I see). All of ... God. Ah, it’s to leave it to God, so I don’t have to think [about] it. (Yeah) So, I always learn the Bible, and make sure to do God’s [will]. (Yeah.) I continue to question to death whether I live right every day. I think it is important. As a result, I do not worry about it...[what happens] after death.”</p>

These individuals had optimistic and positive attitudes toward life, and they emphasized living to the utmost in this world more than thinking or worrying about what happens after they die.

The average DAS scores for each way of thinking about what happens after death are shown in Table 7. Those who reported, “I don’t think about it,” had the lowest DAS scores of any of the groups. At the same time, they had higher QOL scores than did people who evidenced no symbolic immortality. Furthermore, they had very similar scores to those who demonstrated symbolic immortality.

On the other hand, the scores of people who reported, “Nothing,” were the highest of all the groups in anxiety. This shows that thinking nothing happens to them after death

leads to greater death anxiety and lower overall QOL. They were considered to be a depressive state because they were pessimistic about the future.

Furthermore, the scores of people who reported, “I don’t know,” had greater anxiety than any of the other groups. However, their QOL was higher than that of the “Nothing” group. Perhaps they viewed death as a scary thing that they did not want to think much about; however, they were not depressive, so they were able to maintain higher QOL.

Table 7. Average DAS scores for each way of thinking (n = 27)

What happens after death		DAS score		QOL Scale	
Symbolic immortality style	Biological	8	(overall) 6.5	30	30.9 (overall) 30.3
	Theological	6.4		26	
	Creative	9		31	
	Natural	0		—	
	Empirical transcendence	—		—	
"Nothing"		10.5		22.4	
"I don't know"		10.5		28	
"I don't think about it"		5.8		29.7	

Conclusion and Directions for Future Research

These results suggest it is desirable to have a sense of symbolic immortality to maintain low death anxiety or high QOL. However, people with no symbolic immortality consider it good to live to the utmost without thinking or worrying about what will happen once they die, and this attitude enables them to maintain low death anxiety and high QOL.

In Japan, many people do not hold religious beliefs, so it is estimated that many people think nothing happens after death. Then, in Japan, an optimistic and positive attitude toward this life, or a determination to live to the utmost in this world, is more important than thinking or worrying about what happens after death for maintaining low death anxiety and high QOL.

This study had several limitations. First, the sample for this study was all male, and they were not representative of the general elderly population because of their education levels, status, and familiarity with talking about death. Second, the small sample size makes it almost impossible to generalize the results or the conclusions. Third, due to the nature of the study and sample size, there was an overall lack of statistical evidence for the relationships between the factors of interest. Future studies are needed to improve on these problems and to continue investigating these issues overseas, as well as in Japan.

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