

IMPULSIVENESS AND DEATH ANXIETY AMONG OLD MALE AND FEMALE IN JOINT FAMILY AND SINGLE FAMILY

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“Every man desires to live long, but no men want to be old.” This maxim from Jonathan Swift may help to explain why, even today, old age can take us by surprise. People often avoid thinking about their upcoming transaction to “senior citizen” and “retire” for so long that they fail to prepare for it. Regardless of whether a particular elderly person experiences these stages or not, acceptance of death is likely to come easier if he or she reflect positively on a life well lived. Impulsive term has a verity of uses all of which revolve around the core meaning that any act or event “triggered” by a stimulus and occurring with short latency and with little or no conscious control or direction. Barratt (1965) from different perspective of personality theory, impulsiveness has been identified as a personality trait”. Twain (1957) suggested four factors that reflect impulsiveness.

These are flexible motor control (erratic motor behavior in laboratory test), positive progressiveness (happy –go – lucky), action oriented on self – rating scale i.e., aggressive instability (Aggressive and negative on self –rating Scales) and tenacious self control. Barratt (1965) “Identified six factors of impulsive. There are represented by subtests of items on the Barrett Impulsiveness Scale. Eysenck and Eysenck (1977) identified four factors of impulsiveness in the broad sense: Narrow impulsiveness (IMPN) risk taking (risk), Non planning (Noplan) and liveliness (LIVE). Shapiro (1965) Discussed impulsiveness styles and included various kinds of personality disorders such as the psychopathic, alcoholic and other drug addicts. Wishnie (1976) defined the impulsiveness personality as a person with destructive character disorder and focused on certain types of criminals and addicts. It is clear that regardless of whether impulsiveness is correlated with extra version or character disorder, it may be stated that Impulsiveness is a personality trait which includes quick behavior, risk taking activities, lack of emotional control, non-planning: Liveliness and hyperactivity. Death anxiety is a more popular term than a technical one, can be generally taken to refer to underlying elements of the

death instincts or Thanatos. The individual response to impulsiveness and death anxiety depends on many factors, but two of the most important seem to be satisfaction and life satisfaction (Barfield and Morgan, 1978). The capacity is one part of **Erickson’s, (1963)** motion of ego integrity, a similar prospective is offered by **Levison, 1978. Elisabeth Kubler Ross (1969, 1975)** worked with people who were facing up to their on in depending death. She proposed that the psychology of the dying process involve five stages. The first is denial, the second is rage and anger, particularly over the idea that others will leave while he or she will not. Stage three involves bargaining. The person accepts the inability of death but plead for a bit more life, sometime trying to negotiate with god for a few extra months. The fourth stage is depression, a kind of anticipatory self morning. The fifth and final stage is called acceptance, anger and depression subside, and the person becomes quietly expectant not happy about death, but ready for it none the less.

Crook (1980) argued that certain psychological adaptations (i.e., defenses) were required to avoid the fate of “ever wriggling on that hook of *death* awareness” (p. 353). But the actual methods by which we cope, or do not cope, with our own mortality have been the source of much debate. One of the more consistent findings to emerge from the small body of empirical research on this subject concerns the matter of Eastern versus Western orientation. Evidence suggests that people from various Eastern cultures tend to have less measured *death anxiety* than their Western counterparts (McMordie & Kumar, 1984; Schumaker et al., 1988; Westman & Canter, 1985).

Kubler-Ross (1975) provides a theoretical basis for these findings based on the view that Eastern systems of religious belief more effectively assuage fear of *death*. Westman and Canter (1985) accounted for their findings in the like fashion while referring to the Eastern view of *death* as a transitory “incident of on-going existence” (p. 419). This view was seen to contrast with the more materialistic Western assumption that *death* of body equals *death* of self.

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Weisz, Rothbaum, and Blackburn (1984) referred specifically to Zen Buddhism as an example of an Eastern religion that offers its adherents a sense of peace and interpretative control that stems from an acceptance of life's realities, including eventual *death*.

OBJECTIVES: 1. To study the level of impulsiveness of old male and female in joint family. 2. To study the level of Impulsiveness of old male and female in single family. 3. To study the level of Death anxiety of old male and female in joint family. 4. To study the level of Death anxiety of old male and female in single family.

Hypotheses-1. There may be a significant difference among old male in joint family regarding to Impulsiveness. 2. There may be a significant difference among old Female in joint family regarding to Impulsiveness. 3. There may be a significant difference among old male in single family regarding to Death anxiety. 4. There may be a significant difference among old female in single family regarding to Death anxiety.

Tools -1. To measure Impulsiveness the investigator the invigilator used Impulsiveness Scale developed by Dr. S.N. Rai and Dr. Alka Sharma in 1989.

Result Table – I

Group	Number	Mean	S.D	T.Value
Male	25	11	3.32	0.88
Female	25	10.08	2.81	

Shows Impulsiveness of old male and female in Joint Family.

Result Table 2

Group	Number	Mean	S.D	T.Value
Male	25	10.84	2.97	0.086
Female	25	11.28	2.59	

Shows Impulsiveness of old male and female in Single Family.

Result Table 3

Group	Number	Mean	S.D	T.Value
Male	25	4.16	1.84	0.22
Female	25	5.68	1.82	

Shows Death Anxiety of old male and female in Joint Family.

Result Table 4

Group	Number	Mean	S.D	T.Value
Male	25	3.52	1.64	0.46
Female	25	6.02	1.41	

Shows Death Anxiety of old male and female in Single Family.

In this test consists 30 items and there two alternative yes and no. the time duration is 5 to 6 minutes. The reliability of this test is .72 and Validity is .58. 2. To measure Death Anxiety the Investigator used Death Anxiety Scale (D.A.S.) developed by Upendra Dhar, Sarita Mehta and Santosh Dhar by Indore in (1991). The test consists only 10 Items and has only two alternatives as yes and No. The reliability of this test is .85 and validity is .59.

Sample- The sample of the study was 100. (N= 50) were male from joint family and single family and (N=50) were Female from joint family and single family from the city of Gwalior (M.P.) the sample age was 45-65 years old.

The sample was selected by purposive method. The Social economic status was controlled by the invigilator.

Procedure- Administration and scoring of the test Each test was individually administered in manageable groups (25-25 old male and female in each group). Sincere efforts were to establish rapport with the sample in order to elicit as reliable and authentic information as possible. Scoring was done according to the protocols given in the manual.

Result analysis and discussion

The result Table 1 shows indicate that the impulsiveness mean of old male is higher than the old female in joint family. As table shows that old male's mean is (M= 11) and (S.D. =3.32) while female mean is (M=10.08) and (S.D. =2.81) and t value is (t=.88). This indicates that the first hypotheses of the study is accepted and there was found the significant difference on the level of .01. The result table -2 shows that in the single family old male mean is (M=10.84) and (S.D. =2.97) and female mean is (M=11.28) and (S.D. =2.59) and the t value is (t=.086). This shows that the hypothesis of the study is accepted on the level of .01 and there was no found significant difference. This shows that old male of joint family has higher impulsiveness the female while it is reverses in the other group as single family female has higher level than the male. The main reason of these factors that in the joint family male release their wishes and their emotions in front of their family members at any cost and female thinks about their family happiness. So they accept everything very easily and they avoid releasing their Impulsiveness.

On the other aspect of this study is Death Anxiety. The Result Table -3 shows the level of death

anxiety of old male and female in joint family. Table indicates that the mean of old male is ($M=4.16$) and ($S.D.=1.84$) and the female mean is ($M=5.68$) and ($S.D.=1.82$) and the t value is ($t=.215$). This indicates that Death Anxiety of female was higher than male of joint family because they want to spend a lot of time with their family members. They have many desires to fulfill with the family. Male had like this desire but they were satisfied with their life comparison of female. So the third hypothesis of this study is also accepted and there was no significant difference on the level of .01. The last Result Table 4 shows the Death Anxiety of old male and female in single family. The table shows that the mean of male is ($M=3.52$) and ($S.D.=1.64$) and Female mean is ($M=6.08$) and ($S.D.=1.41$) and the t value is ($t=.464$). This indicates that in this group female has higher score than the male. So the last hypothesis of this study is also accepted and there was no significant difference on the level of .01.

Figure 1



Figure 3

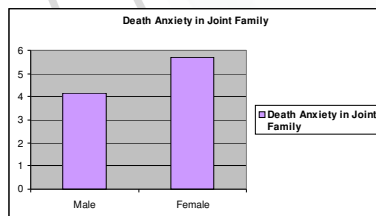


Figure 2

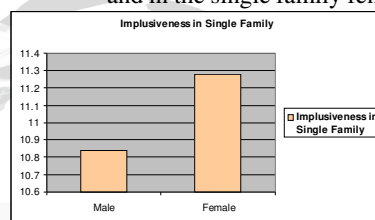
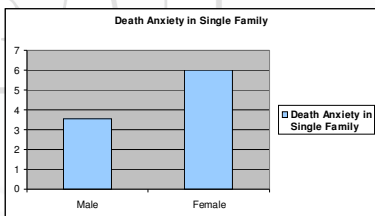


Figure 4



Finally, it shows that In the aspect of impulsiveness only in joint family male has higher score than the female and in the single family female has higher score than the male. While in other aspect of this study is Death Anxiety higher score than the male members. In both group as joint and single family. The graphical representation is also clarifying the same result. As we can see vary easily that the first graph represents the Impulsiveness of male and female. This shows that the bar of male is higher than the female in joint family.

The second graph shows impulsiveness of old male and female in single family. This indicates that the bar of female is greater than the male. The third graphical representation of Death Anxiety among male and female in joint family and single family. This shows that Female bars are greater than male. This shows that female has higher scores than the male.

At last the study results is that in the joint family male has higher level of impulsiveness then the female and in the single family female has higher score than

the male. In the other aspect of Death Anxiety female has higher score then the male in the both group joint family and single family.

Limitation of the Study

Future researcher may want to examine those specific impulsiveness and Death Anxiety outcomes that have been studied with relative infrequency. Second future research needs to focus on examining the impact of

other aspect of well being on health for unhealthy participants with variety of conditions.

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