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RESEARCH ARTICLE

Let's Talk About Death: An Evidence Based Study of the Elderly on Death Preparedness from Social Work Perspective

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Abstract

Death preparedness is an important developmental task in the last stage of human life cycle. However, the socio-cultural milieu, largely, projects a negative portrayal of death, thereby, propagating anxiety, fear and death-denying attitudes. Death-anxiety among older persons is identified as a critical mental health concern, especially amidst the COVID-19 pandemic. In this backdrop, the present study attempts to understand how the elderly perceive death, deal with death-anxiety, and conceptualize 'good-death' and death-preparedness. With descriptive research design and qualitative approach, using focus group discussions, a series of six weekly sessions were held with a group of urban elderly. Findings show that mortality issues have affected the elderly especially in corona period, mainly those living alone. Cost of medical treatment and death-rituals is a matter of concern. Discussing about death related issues with peers in a group situation substantially helps in overcoming death-anxiety. Social work response in death-preparedness is discussed.

Keywords: Death-Anxiety; Old Age; Elderly; Stress; Culture; Gender; Coping; Death-Preparedness

Introduction

Death is a universal and inevitable culmination of living stage of an organism. With the crude death rate (2021) being 7.64 deaths per thousand population, on an average, worldwide, 56 million people die every year, nearly 107 people die every minute and two die every second [59]. Death, with the dictionary meaning of 'end of something' is an irreversible cessation of all biological functions such as respiration, blood-circulation, that sustain an organism.

Death does not imply 'simply ceasing to exist', it is far more complex phenomenon and an intricate, multi-dimensional, multilayered variable for the study. Death carries profound psychosocial implications among the affected individuals, though with varying degrees. People experience death essentially in two ways - one, encountering death of others, say, family, friends, relatives, and, two, experiencing one's own death. Death of a loved one invariably brings sadness, mourning and bereavement as with the deceased the shared bond, intimacy, expectations, affection, roles and such other contours of relationship also die. In addition, thoughts of one's own extinction may trigger anxiety. While in a common parlance, death-anxiety is defined as a morbid awareness of one's own or others' mortality, [59] look at its deeper layers and maintain that "our fear of death…that can include fears about the process of dying, death itself, and what happens afterward" (p. 300).

Several studies bring out that the culture plays a significant role in shaping ideas, perceptions and attitudes towards various aspects of life and death [59]. The existing socio-cultural milieu is majorly contoured by the death-fearing and death-denying attitudes. In fact, due to population ageing – an unprecedented demographic transition – the number and proportion of older persons are increasing in almost all the societies. And, though death may occur at any point of time in life, its probability is higher in older ages. With modernization, technological advancements, digitalization and such other social changes, the youth are favored in allocation of societal roles and resources, while older persons are considered spent-force and unproductive, thereby percolating ageism in the social fabric. Coming to terms with death of significant others and also with one's own, is the developmental task postulated by [21]. This implies that a huge chunk of population, encounters ageism and death-anxiety, apparently, both amplifying each other. In this backdrop, the present paper makes an attempt to look into the domain of death-anxiety, death preparedness and related issues among the older persons.

Literature Review

Anxieties related to death is common among humans [58] and more so among ageing population due to higher prospects of death [57]. Kesebir [29] defines death-anxiety as a conscious or unconscious psychological state that results from defence mechanism, which is triggered when an individual feels threatened by death leading to reduced sense of safety [17]. According to North American Nursing Diagnosis Association, it is a feeling of anxiety, fear or unsafety related to death or near death [34]. It may be noted that certain degree of thoughts and anxieties related to mortality is common and normal, doesn't require any interventions. When the death-anxiety crosses the threshold levels and begins interfering with the social functioning of the individual or disturbs the state of homeostasis, it becomes a cause of concern.

Looking at linkage of death-anxiety and socio-demographic variables, some researchers have observed a linear rise in death-anxiety with increasing age [45,55] others note a linear decline in death fear with advancing age [28] and yet others observe a curvilinear relationship with death-anxiety hitting the highest point in middle age [18]. Thorson and Powell [58] find that the elderly think and talk more about mortality, but they are lesser fearful of death in contrast to the younger people (also see: [26]). Likewise, researchers [43] show that women are more anxious about death than their male counterparts, while others [59,61] have observed no significant difference between males and females on death-anxiety.

Further, having higher morbidity, particularly chronic and terminal ailments like cancer, predicts higher levels of death-anxiety among older persons [62]. During COVID-19 pandemic the anxieties related to mortality have increased manifolds among them [36]. Also, mental morbidity (schizophrenia, depression, suicidal ideation, post-traumatic stress disorders, and such others) also is positively related to death-anxiety among the elderly [8, 13]. Researchers [43] have observed that death-anxiety is higher among the elderly staying in nursing homes and such other institutional arrangements than their counterparts in more independent settings. Studies also indicate that more religious elderly have lesser death-anxiety [43, 59]. However, Fortner and Neimeyer [17] in their quantitative review of literature have not been able to find convincing, non-contradictory and statistically significant correlation between death-anxiety and socio-demographic variables discussed above (age, gender, place of stay, morbidity, and religiosity). [56] note that the older persons with higher levels of life-satisfaction have lower degrees of death-anxiety and vice versa. Also, elderly people who consider that they have lived a worthy life, accomplished many of their life goals, often have lower levels of death-anxiety. Many studies [1, 4,59] have proved that socio-cultural milieu is a vital variable that influences the perceptions and attitudes towards death and related anxieties.

And in the present context, most often, death has not been accepted as a normal and natural culmination of living process, it is rather considered a pathological entity. The society is, largely, in the 'denial-mode' with respect to death. Tracing the history, we understand that in ancient and medieval times, people invariably used to 'accept' death as the natural, inevitable part of human existence, though they would grieve and mourn their deceased loved one (see: [23]). The organized institution of religion has played an important role in 'acceptance of death as an existential inevitability' and dealing with it through prescribed rites, rituals and ways of mourning [43, 24]. McKenry and Price [35] find the culture specific rituals and practices around death such as mourning period, ways of expressing emotions, gender based role performance, coping strategies, which are societal ways of accepting mortality and coping with death related grieving and anxieties (also see: [4]). Prasad [43] documents elaborate rituals as religious prescriptions in terms of funeral processions, offering prayers for the peaceful departure of soul and such other practices that help people in coping with death of significant others and also channelizing grief so that it does not turn disruptive. Biancalani [5] observe that spirituality plays a key role in coping effectively with the death of loved ones during COVID-19 pandemic by healthier processing of grief and bereavement.

However, in the modern times, there has been a significant change in the conceptualization and perception of death. With the medical advancement and improvement in public health system, life-expectancy increased and mortality rate reduced considerably. Consequent to this and other factors, death is largely seen as a failure of medical science. It is increasingly viewed as a pathological entity, and there is rampant spread of death fear among the people. Death, thus, no longer remained a natural phenomenon and it proliferated a culture of denial of death [29].

The relevance of the present research may be understood through the following points:

Feifel [16] states, "…we may learn looking backward—we live looking forward. A person's thinking and behavior may be influenced more than we recognize by his views, hopes and fears concerning the nature and meaning of death" (p.116). So, our death perceptions and anxieties may shape the contents of our life and influence its quality. Scientifically understanding death-anxiety among the elderly, who are statistically considered 'closer to death' [17] has important theoretical and practical ramifications. With better theoretical insights, social workers and other human service professionals are able to develop effective psychotherapeutic interventions to deal with death-anxieties among elderly [61] who are the most rapidly growing population segment across almost all the societies. With population ageing, there is not only substantial rise in geriatric services but also the advent and growth of interdisciplinary and multi-disciplinary areas of study and practice like thanatology and palliative care (see: [14]). Many studies [10, 12,45] validate that facing death instead of avoiding, denying or fearing it, may bring positive mental, social and physical health outcomes, adding meaningfulness in life. This would facilitate a positive and empowering construct of death. Zilberfein and Hurwitz [59] rightly maintain, "to understand dying is, after all, to understand how best to live" (p. 300).

Research Methodology

Review of literature brings out that there are ample research studies examining death-anxiety among the hospitalized and ailing elderly. Mortality related issues with this age-cohort in the general population have not been able to bag the adequate research attention, especially in Indian setting.

Resultant to the literature review, certain research questions that emerged are: while there may be heightened death-anxiety among terminally ill and hospitalized elderly, are the older persons living with families, in community setting perceive death and encounter death-anxiety in similar ways? How have elderly living in an urban community, been dealing with death related fears during COVID-19 pandemic? How do they conceptualize notions of 'good death' and 'quality of death' and what are their efforts and initiatives on 'death-preparedness'?

In this backdrop, the present study adheres to the following objectives:

Objective

- To understand death perception among older adults in an urban setting
- To examine the factors that influence quality of death among older people
- To note the experiences related to death among the respondents during COVID-19 pandemic
- To find the death preparedness among the elderly respondents
- To gain insight into the role of geriatric professionals in ensuring good death

With a view to understand the occurrence of death-anxiety, death-perception, and death-preparedness, and interplay of related variables, the present study follows a descriptive research design and qualitative approach. The universe of the study includes the elderly living in the National Capital Territory of Delhi. The unit of data collection is an elderly person, male or female, who has attained the age of 60 years or above.

Since the subject of death is a taboo in most societies, including India, and the respondents were the older adults, certain considerations were kept in mind while designing and conducting the nuances of research, including the selection of respondents, which are highlighted below:

Located in the South-West district of Delhi, the site of the research is a residential complex in Dwarka sub-city. Spread across varied sectors, Dwarka, is having numerous cooperative group housing societies, laced with all the essential civic amenities including market-complexes, hospitals, doctors, chemists, physiotherapists, offering assurance of a comfortable retired-life to thousands of elderly inhabiting there. There is a fair degree of similarity among the residents of Dwarka in terms of their living-standards, professional-engagements, educational-backgrounds and the way of life. It is assumed that common set of age related vulnerabilities and problems coupled with a shared living would elicit greater participation among the elderly respondents. This homogeneity was required among the research participants for minimizing the extreme cases and for an intensive and open discussion on the topic at hand.

For recruiting the elderly in the study, a list of senior citizen associations (SCA) and elder-clubs operational in Dwarka area was procured. In view of the sensitivity of the topic, a level of comfort and ease in conversation between the researcher and respondents was the needed prerequisite.

Since the researcher has had taken several sessions and online webinars in the past few years, there was some degree of familiarity with elderly residents but not a personal, informal relation. Purposively, one senior citizen association was selected having about 40 members living in the same vicinity and where the resident welfare association (RWA) of the locality agreed to give their office space on second-half of Sundays for the research related activities. Most prospective respondents too were comfortable with the proposed time and venue.

Focus Group Discussion (FGD) was chosen as the primary method of data collection as it allows for the rich discussion on the topic of the study. During the formulation of research-idea, the researcher has tried to initiate the conversation on mortality issues with the elderly individuals, but found herself hesitant, also realizing that the older person giving interview was equally uncomfortable. It was assumed that a focused discussion amongst the elderly in a group setting on death related issues would stimulate their active involvement. FGD has become a prominent method of data collection in social sciences [30] adding value to theory and practice [3]. Colucci [11] demonstrates that FGD is a valuable method for gathering sensitive and rich qualitative data, providing scope of reflective participation in a non-threatening manner, and has option of including activities of wide range, to make it light and fun-filled, at the same time not losing the scientific rigour.

Apart from being affordable and cost-effective in terms of time and energy, FGD helps in breaking inhibitions among participants to share their viewpoints and experiences and may provide multitude of open responses, different perspectives and varied ideas on the theme of discussion, making the research data rich and insightful [45].In the pre-testing, FGD was conducted with four elderly participants in a comparable setting. The insight through pre-testing helped significantly in designing the data collection process.

One FGD session with elderly males and one with elderly females was organized on weekly basis over a period of one and a half months. In total six, every Sunday, from March 2022 to April 2022, FGD sessions were held from 3 p.m. to 4:30 p.m. for elderly males in the office room of the RWA and from 5:00 p.m. to 6:30 p.m. elderly ladies participated in the FGD.Since there is culture of silence around the topic of death, the researcher opted to marinate each FGD session with 15-20 minutes of discussion on health, well-being, and such others, in the beginning, followed by specific talk on death related aspects. Table 1 provides the details of the topics covered in each weekly session of the FGD. Discussions were audiotaped, transcribed and analyzed manually using a thematic approach.

Ethical Considerations

The researcher has strictly adhered to ethical guidelines during the entire research process. She took informed verbal consent with the secretary and president of the SCA and on their recommendation, sought written and verbal consent from each of the prospective participants. A WhatsApp group was created for this purpose where prior information about the venue, timings, and topics to be covered in the forthcoming FGD session was provided to the participants.

Both, verbally and in black and white the participants were informed that their personal details will be kept confidential; they may withdraw from the discussion at any point of time and may refuse to respond to any questions. Before the beginning of each session, these ethical principles of respecting their rights to privacy, confidentiality and to withdraw were reiterated.

Week 1	Week 2	Week 3
• Rapport formation • Knowing each other • Information regarding research objectives • Seeking consent and delineating ethical guidelines • General discussion on routine life of the elderly	• Recap of 1st session • Discussion about problems during COVID-19 period • Experiences related to lockdown • Elderly participants' perceptions about death • Exploring Death-anxiety	• Recap of 2nd session • Discussion about health management during COVID • Experiences related to death fear during lockdown • Exploring layers of death-anxiety
Week 4	**Week 5**	**Week 6**
• Recap of 3rd session • Discussion on economic cost of health management • Economic implications of prolonged life or delayed death • Significance of death rituals and their costs	• Recap of 4th session • Discussion on active and happy ageing • Quality of Life and Quality of Death • Conceptualization of 'Good Death' and participants' views on its ingredients	• Recap of 5th session • Discussion on Death Preparedness • Aspects of death preparedness and related goal setting • Feedback from participants • Sharing of preliminary findings and closing of session

Table 1: Week-wise plan of topics for FGD sessions with the Elderly

Findings

Socio-Demographic Profile

In the study, total of 12 FGD sessions were held. Six sessions on weekly basis were held with same set of 11 elderly males. Likewise, with nine elderly women six FGDs were conducted every Sunday. The age range among males was 61 to 92 years and females 65 to 85 years. Four females were octogenarians. Table 2 presents the relevant socio-demographic details of the elderly participants. In the study, joint family implies the elderly respondents staying with their married children, with or with grandchildren. Five older males were staying in joint family, five with spouse only and one was living alone. Among aged women, three were living alone, three in joint family and three with spouse. Most elderly males were in service and now retired, while except one, all elderly women have been home-makers.

Respondent code	Age (years)	Gender	Living arrangement	Educational qualification	Occupation		Attendance (week)					
					Past	Present	1	2	3	4	5	6
R01	67	Male	Joint family	Graduation	Service	Retired						
R02	78	Male	With spouse	Graduation	Service	Retired						
R03	75	Male	With spouse	Graduation	Service	Retired						
R04	86	Male	Alone	Higher secondary	Business	Retired						
R05	87	Male	With spouse	Higher secondary	Service	Retired						
R06	92	Male	Joint family	NA	Service	Retired						
R07	61	Male	With spouse	Technical	Service	Retired						
R08	64	Male	With spouse	Post-graduation	Service	Retired						
R09	83	Male	Joint family	Graduation	Service	Retired						
R10	65	Male	Joint family	Post-graduation	Service	Retired						
R11	70	Male	Joint family	Graduation	Business	Retired						
R12	85	Female	Alone	Tenth	Home maker	Home maker						
R13	74	Female	Alone	Higher secondary	Home maker	Home maker						
R14	83	Female	Joint family	NA	Home maker	Home maker						
R15	80	Female	With spouse	NA	Home maker	Home maker						
R16	68	Female	Alone	Higher secondary	Home maker	Home maker						
R17	67	Female	With spouse	Higher secondary	School teacher	Retired						
R18	80	Female	Joint family	NA	Home maker	Home maker						
R19	70	Female	Joint family	Graduation	Home maker	Home maker						
R20	65	Female	With spouse	Graduation	Home maker	Home maker						

Table 2: Socio-demographic details of the elderly participants

*Shaded area = present in the session

Death Perception

Reportedly, the elderly has had thoughts of one's own as well as significant others' death randomly some times in a day. The frequency of such thoughts increases on having a bad spell of health or getting the news of death of a colleague, peer or relative. During discussion on death fear, R09 told about his 88-year-old elder brother who often murmurs, "my that friend is no more…, and another friend who died was 20 years younger to me…It seems my time is also nearing…".

Almost unanimously, all the participants admitted that the COVID-19 pandemic has aggravated death-anxiety. In the words of R04, "I used to have thoughts of death but during lockdown I actually felt the fear of death". R16, has been staying in that locality all alone for several years. Her only child – a daughter lives in America. She narrated her experience – "I have been living alone in the apartment since my husband's death about 12 years ago. I had been following a strict regime…you all know that…morning, evening walks in the society compound, sitting and chatting with friends has been a part of daily routine to keep myself so busy that I don't get time to feel lonely. But in this lockdown, loneliness and all my fears related to death erupted like volcano. WhatsApp messages, TV news channels…everywhere I was seeing the news of death. I would often feel breathlessness, choked throat, numbness…The whole day I would cry, there was no motivation to cook food, several days, I used to just have tea and biscuits the whole day…and thoughts of death would perplex me, particularly the fear that I have died and nobody knows, my corpse is decaying, my daughter cannot come here for my last rites… and…the increase in cases in USA too terrified me as my daughter and her family live there. R.13, also living alone, admitted that she too underwent similar experience and would keep the main door of her house open for others to, at least, take her corpse and dispose it off, and fearing that anybody may enter she would close the door and then open again after a while. "I was obsessed, terrified…." said R.13.

Further, R02, a patient of chronic obstructive pulmonary disease, mentioned, "in view of my health condition, contracting COVID would mean death to me…I would become so jittery on hearing that my children are coming to meet me…I would feel so helpless and even trapped in guilt that I am considering my children as source of infection and not wanting them to meet me…" R20 expressed, "…I would imagine death in the form of a black shadow hiding behind the door, the curtain, in the kitchen and fear that it would grab me, suddenly…" R08 told that he became so obsessed with death-fear that even taking medicine was difficult for me anticipating that it may be carrying corona virus…" Likewise, R03 told that not able to have routine health checkups during lockdown added to his death-anxiety manifolds.

The researcher asked the participants to ponder over what is the actual fear in the gamut of death fear. Citing the tragic and painful death of one of the residents (66 years old suffering from bone cancer) in the same locality the participants, almost univocally asserted that 'painful' death is what instills fear. R11 stated, "my younger brother died while sleeping…though we all suffered a lot but he passed away without slightest of pain…I, too, want to go like him." Somewhat in humor, Mr. R09 recalled that on the demise of Mr. X in their society, a week after announcement of national lockdown, his wife uttered, "it's a bad idea to die now...even our closed ones cannot come to perform death rituals." R17 said, "we have been told since our childhood that if proper rituals are not followed after death, the soul keeps on wandering and becomes ghost…but during COVID time and even before that children are not interested in following all those stipulated rites and rituals….I don't know…perhaps, our going to hell is confirmed…" R.12, the eldest female in the group, validated, "yes, you are right, now, I have seen the face of my great-grandson and it is claimed that on my death my son or grandson should give a ladder made of gold and I will go to heaven on it…but I am not hopeful that they will pay any heed to it…" R.18 added, "I have heard that *yamraj* (God of Death) comes on his bull and drags the soul to hell beating with stick throughout the way, if rituals are not adhered to…"

Another point of concern raised by the group members, especially the married ones was the separation from spouse and loved ones due to death, which definitely causes anxiety. And this fear was two pronged – expressed as separation anxiety due to going away from loved ones [R01: "I am very attached to my grandson (13 months old)…the whole day he is in my lap…the very thought of going away from him makes me jittery"] and the left behind spouse becoming vulnerable to neglect and abuse [R.20: "my husband is too dependent on me, he can't adjust anywhere else and I know if I die, he is going to suffer a lot…"]

Economic Cost of Death

While discussing the cost of hospitalization and treatment, the group members recalled that, in their neighborhood, Mr. G, between 65 to 70 years of age, contracted COVID during the second wave and was on ventilator for about ten days. All his savings and assets were consumed in paying hospital bills. Some say that he died in a week only but the hospital did not declare him dead so as to extract money from the family. Members lamented his death and criticized the attitude of hospitals where greed takes over humane values. All members agreed that treatment cost is exorbitant now-a-days and in old age one cannot escape hospital visits. R01 commented, "it's becoming difficult to live as well as to die…I mean not economically conducive…even death rituals are quite heavy on the pocket…in my village, I have seen during my childhood that poor Dalit people throw the half-burnt corpse of their loved ones in the river or wild animals would consume it…they had no money to buy sufficient wood or to pay to the priest…-many would take loan and get caught into the vicious debt trap." R03 added, "Yes, I too have witnessed such horrified scenes in my childhood…don't know how many thousands of people are still encountering the same situation….and we the middle class ape the upper class people and spend too much on death rituals…" Members smiled with satire and agreed. Discussion provided greater insight on the economic cost of end of life care and death rituals. Members unanimously affirmed that cost of availing private healthcare services imbalances the family budget; despite medical insurance coverage, overhead expenses are too high; during COVID-19 pandemic medical insurance was almost non-existent and even last rites are financially draining. R05 cited the experience of his younger sister, having similar socio-economic background, had to shell out all her savings to meet the cost of death rituals of her father-in-law, due to which her son had to compromise with his study plans in a foreign university. Other participants also shared similar experiences where necessary expenditures are held up due to overspending on death rituals.

Notion of Good Death and Death Preparedness

The respondents were asked about their conceptualization of 'what constitutes good death'. Almost unanimously, the elderly participants maintained that a pain-free process of death they want for themselves. One of the participants, R19, expressed, "I know, my husband's demise still makes me cry after seven years, but he passed away painlessly…he didn't suffer…" "I want to die at home, not in hospital, clutched with tubes and ventilator…" said R03. Other members affirmed that they, too, a 'peaceful' ending of their life. The participants living alone (R04, R12, and R13) stated that they wish their children to be around at their final moment, but, seems impossible.

Participants also maintained that making will and resolving all the conflicts with significant others, shedding away all ill-feelings, and completion of half-done tasks are other ingredients of good death. The discussion revealed that four elderly males out of eleven had prepared their will and two others are contemplating on it. As a fallout of the conversation, rest of the participants too showed commitment to prepare the will.

Feedback

"I actually found myself waiting for our Sunday meetings to death!!! And it is unbelievable"

"Thank you very much for organizing these sessions [on death]. We all, particularly, I have gained a lot through it"

"Can't thank you enough…with this death-preparedness I am confident and hopeful that rather than feeling lonely, I am going to enjoy my solitude..."

"Never realized that these discussions would be so transformative…I am much more in acceptance of my death now"

"Throughout life, we have been refraining from talking about death. It was a big No, No word for us. Even when on the day one, you told that we will be talking about death, I thought that after that day's meeting I will not attend any further sessions, but see…I actively participated in all the sessions and now I am prepared to die gracefully, joyfully and live the rest of my life meaningfully"

"Yes, I am prepared now, I will go home and say to my family – let's talk about death"

Talking about death with the elderly initially was colored with some awkwardness, hesitation and discomfort at the beginning of the sessions from the side of the researcher as well as elderly participants. Gradually, the elderly freely shared their experiences, perceptions and feelings associated with mortality. This led to a rich, meaningful and in-depth discussion on the varied aspects and layers of death related issues. It not only provided an in-depth understanding on the research topic at hand but also had significantly benefitted the elderly participants as expressed by them in the feedback session. There was a change in the tone, manner and quality of discussion on death over a period of six weeks where earlier seriousness in the conversation was somewhat replaced by ease and humor as some participants would laugh and even crack jokes over the themes of mortality. In this way, the present research also became an instrument of therapeutic interventions, which may be used in dealing with death-anxiety among the elderly.

Discussion

The demographic transition called population ageing has brought the need and scope to study death and dying issues in the forefront. However, Seale and Cartwright [57] observe that 'death' fits uneasily in the literature on gerontology where the current focus is on successful ageing. The present socio-cultural milieu is largely coloured by death-fear and death-denying attitudes. Talking about death is like a taboo but the thoughts and fear of mortality keep on lingering in the minds of the older adults.

Spells of ill-health and death of significant others come as a reminder of their own end, eliciting anxiety. Vig, Davenport and Pearlman [60] have found high awareness of death among the older persons due to increased chances of experiencing death of their loved ones and dealing with at least one chronic ailment. Death-anxiety as a mental morbidity may have severe health consequences on older persons [23, 55]. Fear of mortality and age related degenerative ailments such as coronary heart disease, chronic obstructive pulmonary disease intensify each other [22]. COVID-19 has aggravated death fear among elderly and more graver among those having chronic diseases and the ones living alone.

The concept of good death and preparing towards that forms crucial aspect of quality of life and death among the elderly. Pain-free, open acknowledgement of imminence of death, death at home, surrounded by family and friends, resolution of personal conflicts and unfinished business and death according to personal preference are delineated by the elderly as ingredients of good death. Family members also have respite and benefits from such planning by their elderly after their demise.

A perceptible gender difference was observed, where elderly females, after initial hitch, expressed their emotions freely with their fellow participants while older males more frequently resorted to cognitive discussions, with sporadic manifestation of feelings and emotions.

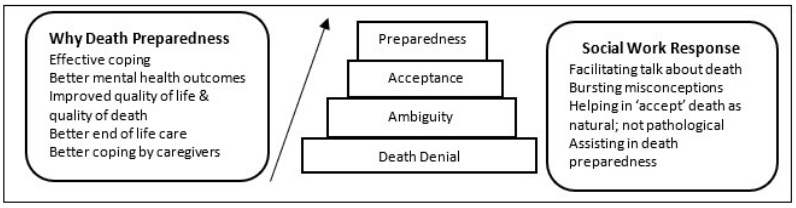
Talking about death with peer-group has significant therapeutic value for the elderly. Several researchers [63, 55] have found that discussions among older persons in a group setting have positive outcomes on mental health, quality of life, interpersonal relations and well-being. Somewhat planned and somewhat serendipity, FGDs proved beneficial in the present study in the several ways. In the FGDs the participants discussed a taboo topic but a relevant one amongst their peers, who share similar sets of vulnerabilities, concerns, challenges, life-style in a common neighborhood. Sharing their common fears and anxieties with peers, the elderly could shed away their apprehensions and hesitations to talk about death. Among other factors, the lesser psychological distance between group members led to greater openness to 'accept death'. Recognizing death-anxiety within themselves during discussions and bringing it to the perceptual levels of cognition in a non-threatening environment became therapeutic for the elderly (see: Powers, 1994). The elderly were able to understand how their age-mates are handling death-fear. Age compatibility also facilitated mutual emotional support. And peer learning has its own benefits as the group members are more receptive to ideas and leanings coming from their contemporaries rather than someone who is not sailing in the same boat.

Moreover, in traditional societies including India, awareness regarding mental morbidities is quite low and availing services of counsellors and psychotherapists is invariably frowned upon. This is all the more true for older population. As a result, the elderly usually suppress the emotions, worries and anxieties concerning mortality, which is not a healthy coping. Roemer [45] brings out that "suppression of emotional material is not an effective way to reduce negative emotion and in fact may increase it, whereas expression seems at least to decrease the focus on the emotional material." (p. 4). The focus group engagement has provided a healing milieu where the participants had a chance to express their hidden anxieties, do catharsis, which otherwise they are not able to share with others due to the fear of being labelled as weird or morbid.

Moreover, spiritual dimension allows better processing of grief, resulting in lesser loneliness and more resilience thereby transforming loss and trauma into an opportunity for growth [6, 7, 15, 20].

All these factors resulted in creating a safe space to discuss about death-anxiety and related issues, which otherwise would have remained 'hidden' in the subconscious mind of the aged participants, and hence untreated. In addition, the intense discussion on varied themes around mortality at regular intervals also somewhat 'de-stigmatized' death as a pathological entity, making it more natural and acceptable.

Though the larger socio-cultural environment does not encourage open communication on death, several studies [30, 2, 59] are showing its positive outcomes on overall health and well-being. Without candid dialogue, death cannot be understood. And, without understanding death, there is no way to cope with it effectively. Talking about death facilitates its acceptance. Elderly participants, reportedly, moved from the stage of denial of death to having ambiguous or mixed opinions about it and then mental (cognitive + affective) acceptance and finally readiness is expressed in death-preparedness behaviours (see Schema 1).



Schema 1: Importance of Death Preparedness, its stages and Social Work Response

Using casework and group work methods, social work professionals may initiate discussions on death and dying issues with the elderly so that transformative changes may be made in the end of life care, which [45] has rightly put it as, "there are a growing number of scholars and clinicians in palliative care who support a new vision of death and dying from a boldly different perspective: death as a passage in life with an inherent potential for emotional healing and spiritual growth" (p.367).

Scope of Further Research

The present study may be seen as formative research, which though may not be generalized has provided areas of further research in terms of communication in death education, elements in death preparedness, involvement of family members and community in death preparedness, perceptions related to making will, advance directives, current and potential role of human service professionals in death education, palliative care modalities, to suggest a few.

Conclusion

In several societies like India death is a taboo topic. However, among the elderly, due to higher likelihood of its near occurrence, anxiety and fear tend to overpower. Coming to terms with it, is a developmental task in old age. Acceptance and preparedness of death go a long way in holistic health and well-being among the older persons, and for which openly talking about it significantly helps. Scope of social work revolves around addressing the death denying and death-defying attitudes prevalent in the socio-cultural setting so that the inevitability of death is accepted in its naturalness paving way for transformative and empowering process of living till its end.

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