Gender Differences in Death Obsession

Zarmeen Shakila*, Tahira Yousafa

*Institute of Professional Psychology, Bahria University, Karachi Campus, Pakistan

Abstract

The present study aimed to establish and explore the relationship between gender differences and death obsession to understand increasing suicide statistics, and discuss the impact of marital status, religion and political instability found in Pakistan on death obsession. A convenience sample of 125 participants was selected and Death Obsession Scale (DOS) was administered (Abdel-Khalek, 1998). The results found significant gender differences in death obsession, with males obtaining a higher mean score ($t$=-1.625, $p< 0.019$, $M=0.47290$) than females ($M=0.39734$). The study demonstrates reasons for such results, along with the significance of current findings and avenues for further research.

1. Introduction

One of the basic propositions of the death awareness movement (1969) was acceptance of an inevitable death to reduce conflict and anxiety (Kubler-Ross, 1969). There is a general consensus of accepting death as a reality to enhance life. Sigmund Freud’s theory proposed that a death instinct causes an unconscious desire to die whereas a life instinct pertains to survival, an internalized death instinct could cause aggression within self leading to self-destructive behaviors (Cherry, 2013). Therefore, a balance is again sought between these dual instincts to provide a better understanding of the human process. Ernest Becker suggested that death is one of the main causes of psychological concerns for human beings, and this could be lessened by a good maternal upbringing which would lead to a positive attitude towards death (Becker, 1973). This again suggests that a positive attitude about death is imperative for developing a healthy balance within self.

* Zarmeen Shakil Tel.: +0-263-812-5445.
  E-mail address: zarmeenshakil@hotmail.com
Positive Existentialists provide a comprehensive picture suggesting that death should be confronted and not avoided – and in doing so one would be able to make their life authentic and meaningful (Yalom, 2008). Wong’s meaning management theory (2008) proposed that by understanding and accepting death as inevitable – meaning in life would be enhanced (Wong, 2008). Therefore, it can be assumed that a psychological balance is needed and that can be done by bringing attention towards the concept of death which is usually shunned aside for being anxiety provoking. In bringing it to light, it could result in enhancing meaning in life.

The current study explored Death obsession, which was introduced by Abdel-Khalek (1998) (Salmanpour & Issazadegan, 2012). It is defined as repetitive thoughts or ruminations, persistent ideas, or intrusive images that are centered around death of the self or significant others (Abdel-Khalek, 1998). Death obsession was found to be the best predictor of suicidal ideation in both Kuwaiti and American samples (Abdel-Khalek & Lester, 2006). Another research found a significant positive relationship between neuroticism and death obsession (Salmanpour & Issazadegan, 2012).

In the current study, gender differences were studied. Prior research established the existence of gender differences in death obsession in non-clinical samples (Abdel-Khalek, Al-Arja & Abdalla, 2006; Rajabi, 2009). Another study found that females had a higher death obsession score than males in normal populations, anxiety disorder patients, and schizophrenic patients. These findings suggested that women are high in neuroticism than men (Abdel-Khalek, 2002). The general pattern of gender differences in death obsession have been females scoring significantly higher than males (Abdel-Khalek, 1998).

However, this is not the case in Pakistan. In Pakistan, 306 suicides were reported in two years where men outnumbered women in committing suicide due to predominantly domestic problems (Khan & Reza, 2002). Since there is a relationship between death obsession and suicidal ideation and attempts - this proposes a contradiction to earlier researches where females had higher death obsession scores, whereas in Pakistan – males seem to have higher death obsession.

Due to this contradiction, gender differences need to be explored in order to explain the dynamics of males and females in Pakistan where the predominant population are Muslims, for whom; religiously, suicide is considered to be forbidden.

Based on the quoted findings and researches one hypothesis was formulated:
1) There will be a significant difference in death obsession for males and females

2. Method

2.1 Participants

A sample of 125 young adults from ages 18 to 25 were selected from Karachi, Pakistan – the sample was then divided according to their gender with 64 females and 61 males.

2.2 Materials

The Death Obsession Scale (DOS) by Abdel-Khalek (1998) was administered. The scale contains a 15 item Likert scale which has Cronbach’s alpha reliabilities of .90, .91 and .91 and one week test-retest reliabilities were found to be .91, .92, .92. for males and females depicting high internal consistency and stability. DOS has good face, construct, discriminant validity (Abdel-Khalek, 1998).

2.3 Procedure

Participants were selected from various universities across Karachi. An informed consent form was used to obtain their permission concerning their participation in the research, it provided information about confidentiality, the purpose of the research and their right to withdraw without any penalty. Furthermore, after their consent, a semi-structured interview form was used to access information such as age, marital status, religion and gender along with their psychiatric history or any physical handicap. This was done to ensure that all participants were Muslim
from the ages 18 to 25, having no disability; mental or physical. Death obsession scale was then administered, and upon completion – participants were debriefed and their questions were addressed. Their responses were computed through t-test analysis.

3. Results

Table 1. Difference in Death Obsession between males and females

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>SEM</th>
<th>T</th>
<th>df</th>
<th>Sig (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Obsession</td>
<td>Males</td>
<td>61</td>
<td>0.47</td>
<td>0.17</td>
<td>-1.625</td>
<td>114.864</td>
<td>0.019</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>64</td>
<td>0.39</td>
<td>0.18</td>
<td>0.022513</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The independent t-test showed that a significant difference exists between males and females ($t=-1.625, p<0.019$) in death obsession.

4. Discussion

The hypothesis was supported as the result suggested a significant difference between males and females ($t=-1.625, p<0.019$) and females in death obsession. Males (M= 0.47) had a higher mean score than females (M= 0.39) – this suggests that men are higher in death obsession than females. This finding contradicts previous findings which suggest that females are higher in death obsession than males and supports findings found particularly in Pakistan (Khan & Reza, 2002).

However, considering the patriarchal nature of the Pakistani society which causes males to have more exposure with the outside world – it could be said that males could have higher death obsession because of their exposure to the constant terrorism found specifically in Karachi. Statistics show that there have been around 6072 fatalities in the year 2012 as a result of terrorism (South Asia Terrorism Portal, 2012). In Karachi around 740 people were killed from the starting of 2012 till June 2012 due to violence in the city (Daily Times, 2012).

Marital status could also explain the findings of the current study. A study in Pakistan showed that specifically single men and married women committed more suicide than married men and single women (Khan & Reza, 2002). In the current study the sample consisted of a majority of single males (85.24%) and single females (89.06%) as compared to other marital statuses.

Durkheim (1979) proposed that marriage has the ability to neutralize suicidal tendency especially in males (Holdredge, n.d.). A meta-analysis from 1983 to 2004 in England and Wales found that married men and married women had the lowest suicide rates, and rates for single and divorced men were three times higher than married men. For single women, suicide rates were three times higher than married women (Griffiths, Ladva, Brock & Baker, 2008). Another study found that in terms of reduction in suicide rates, males generally benefitted more than females upon marriage (Stack, 1998). Therefore, it can be said that there is a relationship between marital status, death obsession and suicide rates.

Hence, the sample being predominantly single men and women may have impacted in males scoring higher as evidenced by marriage being a reducing agent in suicidal rates in men, and for females - marriage is a predictor of increased suicide rates (Khan & Reza, 2002). This could explain why males scored higher in death obsession than females – due to both genders being single.

Factors surrounding suicide such as religion could also impact the results. A research found that patients of mood disorders who reported high fear of suicide were less likely to report suicidal ideation (Britton et al. 2008). This finding could be generalized in terms of religion where it could be assumed that Muslims would have a high fear of suicide as it is believed to be forbidden in Islam, causing lower scores. Religious orientation is therefore important...
when exploring death obsession. A study found that in both males and females – extrinsic orientation toward religion had a positive relationship with death obsession whereas intrinsic orientation toward religion had an inverse relationship with death obsession. Females with extrinsic religious orientations had a significant relationship with death obsession (Zadeh & Najafi, 2011). This suggests that having an internal spiritual connection with religion and its values is healthier than connecting to religion in a literal manner where it is imposed rather than a part of self.

One factor as explained before is the patriarchal society of Pakistan which may cause females to be more inclined to stay at home and being less associated with the external and environmental lack of safety that males may face on a daily basis. This could be explained by an earlier quoted research where Palestinian women scored higher in death obsession than males – this was attributed to being uncertain for their children in unstable environments (Abdel-Khalek, Al-Arja & Abdalla, 2006). However, it is imperative to note that in majority – the female participants were single and thus not having to fear for their children in unstable environments. Hence, this could have resulted in the heightened scored of males in death obsession – due to greater exposure to instability.

A supporting study showed that individuals working in high-risk environments have significantly higher levels of death-thought accessibility, and undergraduates who were primed with death-thought prime had higher accessibility to death-related thoughts. As a consequence of this, the individuals placed intimacy as their top priority (Etingen, 2011). This study can be generalized on to the current study where Karachi is at constant risk and death-thought primes are easily accessible in the environment in terms of bomb blasts, sudden violent strikes, and other crimes faced by people of Karachi on a daily basis. In terms of the majority of the sample being single – one could assume that an increase in companionship and intimacy could counter adverse effects of living in an unstable environment such as death-related thoughts.

In conclusion, the current study emphasizes the importance of Wong’s meaning management theory (2008) since it is based on utilizing one’s capacity for meaning in life and to accept the inevitability of death as a reality. Therefore, to have a holistic life it becomes imperative to accept ones mortality and by doing so achieving an authentic and self fulfilling life (Yalom, 2008). This death acceptance can be achieved by having healthier religious views, increasing companionship and intimacy – thus, providing meaning to life even in adverse conditions.

References

Abdel-Khalek, A. M. (2002). Death obsession in Egyptian samples: Differences among people with anxiety disorders, schizophrenia, addictions and normals. Death Studies, 26, 413-424