

Gender differences, life satisfaction, its correlate and death anxiety in retirement

Abstract

This two fold research was envisioned to explore life satisfaction, its correlates and death anxiety in retirees as well as gender difference in the levels of life satisfaction and death anxiety. The authors carried out correlational research of 111 retirees (56-70years). The Satisfaction with Life Scale¹ and Templar Death Anxiety Scale² were used to measure life satisfaction and death anxiety respectively whereas correlates of life satisfaction were explored through single stem in demographic form. The study fallouts indicated that life satisfaction was inversely related to death anxiety and significant gender differences were present only in the level of death anxiety. Furthermore, income/pension, age, religious orientation and type of retirement were found as significant correlates of life satisfaction. Implications for retirees, geriatric mental health professionals, non-governmental organizations and policy makers were put forward.

Keywords: retirees, gender differences, life satisfaction, death anxiety

Volume 5 Issue 2 - 2016

Fareeha Saeed,¹ Iram Zehra Bokhary²

¹Department of Clinical Psychology, University of the Punjab, Pakistan

²Senior Clinical Psychologist, Punjab Institute of Mental Health, Pakistan

Correspondence: Fareeha Saeed, Centre for Clinical Psychology, University of the Punjab, Pakistan, Tel 923000000000, Email bintaysaeed@yahoo.com

Received: December 07, 2015 | **Published:** February 08, 2016

Introduction

Pakistan is under the influence of fast mounting population all over the world. World Health Organization (1998) reported that six percent of the total population percentage is above the age of 60years and this number would be almost twice till the year 2025. Moreover, despite political and economic instability, the overall life expectancy has increased and the life span will be of 72years till 2023.³ Being significant part of population, attention has to be focused on the concerns of older adults. At the last stage of life, augmented awareness can evoke the question of one's existence which cannot be ignored by mortal human. At this stage, usually the elderly are afflicted by fate anxiety and death anxiety resulting in less life satisfaction. A less satisfied life can evoke guilt leading to depression. Hence, there was a need to study these mechanisms in old age. Moreover, retirees' work role identity and perspective towards life also tends to undergo modification and sometimes they experience a void within them in the last part of their lives. In addition, as quality of life is concomitant to different life aspects which vary from person to person, retirees also inclined to evaluate their lives on different basis. Consequently, the current study was planned to delineate the relationship of death anxiety and correlates of life satisfaction in retirees.

Retirement is the final phase of the occupational life cycle. It refers to the period, following a career of employment, in which occupational responsibilities and often opportunities are at a minimum and in which economic wherewithal (finances) comes at least in part by virtue of past occupational efforts.⁴ Retirement is a transitional stage in which retirees' employment and job skills become redundant, activity is replaced by leisure.⁵ Along with other complementary situations and circumstances the role a person adopts in a society also varies. A range of complications are faced by retirees and their families. For these challenges the solution requires continuous effort on the part of retirees themselves, society and establishment.⁶ A positive approach towards retirement helped people to live happy retirement life.⁷

Nowaday's retirement is considered as developing and emerging phenomena instead of being merely a stage. Six stages of retirement were highlighted as pre-retirement, retirement, disenchantment, retirement routine/stability and reorientation and termination of retirement in preparation for and celebration of retirement.⁸

Regarding types, three types of retirement were identified,

- i. Voluntary retirement (retirement by own choice).
- ii. Compulsory/forced retirement (retirement without one's consensus).
- iii. Mandatory retirement (retirement at the completion of job tenure)⁹.

In different countries, retirement age varies for different professions. In Pakistan, both men and women retire at the age of 60 years. Since retirement is viewed as loss of "courage to be as a part of" therefore, whether retirement is by choice or mandatory, the retirees can have negative feelings around it.^{10,11}

With reference to retirement following theories were given. Structured dependency theory (Townsend, 1979) focused on financial dependency, disengagement theory (Cumming & Henry, 1961) focused on relocation towards the social seclusion as well as positive relation of activity and life satisfaction. Role theory (Parsons, 1942) focused on work role loss and activity theory (Havighurst, 1963) focused on adoption of multi roles by retirees, while the theory of the third age (Laslett, 1989) focused on healthy approach towards retirement and calling this stage as crown of life (as cited in Mein, Higgs, Ferrie & Stansfeld, 1998).

The concept of satisfaction of life is defined as a difference of what one wants and actually has, i.e., comparing the reality with the ideal. Therefore how a person judges life satisfaction by his/her values and expectations for himself/herself and the degree to which life accomplishes it; is life satisfaction for that person.¹³

Regarding life satisfaction in retirement, one-third of retirees experienced a decrease in life satisfaction after retirement⁴ whereas it was concluded that retiree's felt more satisfied as compared to non-retirees (employees) and early retirees particularly had higher levels of life satisfaction¹⁴. On the other hand it was determined that being retired at mandatory age had stronger impact on life satisfaction as compared to early retirement.¹⁵

An operational definition of life satisfaction, being latent variable, was given in the following outline.¹⁶ According to them life satisfaction is derived from these five concepts.

Zest vs. apathy: It relays that response towards life is given with zeal and zest. It is not associated with any particular action, e.g., “communal” and “intellectual”. A higher score of life satisfaction is attributed to physical and intellectual energy.

Resolution and fortitude: Here person actively owns his personal accountability without passive acceptance, thus leading towards the “meaningfulness” of life and absence of death fear. This concept is similar to Erikson’s concept of integrity.

Congruence between desired and achieved goals: Comparative difference between desired and attained goals takes place and it causes satisfaction or dissatisfaction of one’s life.

Self-concept: Refers to how a person thinks about himself and is an important predictor of life satisfaction.

Mood tone: It is basically related to hopefulness and pleasure and other feelings of this kind, whereas negative affect like dejection, hopelessness attribute to low life satisfaction score. Life satisfaction is not merely happiness; in fact it is being happy with one’s present state.¹⁶

Life satisfaction of retirees is also contingent upon many factors like in a study findings were indicative of the fact that retiree’s life satisfaction was increased when they were given the chance to continue their work involvement. Other factors were appropriate healthiness and sufficient living standards.¹⁷

Researchers also explored other correlates of life satisfaction. The positive effect of leisure accomplishments on life satisfaction was highlighted.¹⁸ Moreover, social contacts and participation in leisure activities,¹⁹ physical health²⁰ and income were also documented as correlates of life satisfaction.

Old age is a stage of life which ends with “decrepitude, debility and death”.¹² Death anxiety is one of the foremost and prime concerns of older adults and retirees.

Death anxiety cannot be studied without the concept of death acceptance. Three-component model of death acceptance²¹ was postulated i.e., neutral acceptance, approach acceptance and escape acceptance. Neutral acceptance refers to considering death as an essential phase of life. In this form of acceptance there is neither fear nor welcoming of death and the person takes it as the ultimate truth of life. Approach acceptance refers to positive perspective of death acceptance and focuses on the idea of a pleasant life after death, while escape acceptance refers to accepting death as an alternative to intolerable conditions of life.

Regarding the effect of death anxiety on one’s matters, two views are important. “Healthy” view implies that death anxiety is not natural and children with appropriate parental care and security will not have fear of losing support or fear of their existence. On the other hand, “morbid” outlook of death refers to “fear of death is natural and it is present in everyone”.²²

Literature documents relationship between life satisfaction and death anxiety as negative.²³ Life satisfaction and death anxiety of older adults in two settings, i.e., public housing and nursing homes were inversely related with each other.²⁴ Similarly Rotter’s internal and external locus of control with regard to life satisfaction and death anxiety in 122 elderly (61-80years) was studied.²³ Pattern of life satisfaction, religiosity and death anxiety was seen in old age²⁵ and findings indicated negative relationship of life satisfaction and death anxiety.

Gender differences in the level of life satisfaction were also taken into account.²⁶ Researcher found that it was not the gender which predicted poor life satisfaction in retirement; factors that contributed to poor life satisfaction were poor self-esteem, lack of pre-retirement planning, health problems and poor socialization. On the other hand, gender differences were supported in death anxiety.²⁷

On the basis of previous researches, we hypothesized that there will be significant negative relationship between life satisfaction and death anxiety. Furthermore we also hypothesized that there will be significant gender differences in the levels of life satisfaction and death anxiety.

Material and methods

Research design

In this Correlational research purposive sampling with snowball strategy was used.

Participants/sampling

A total of 111 retirees (81 men and 30 women) participated in the study. Only those participants were included who were retired government employees from different professions, had retired in the past ten years, with an age range of 50-59years (early retirement) and 60-70years (regular retirement), had at least 14years of education and above and were without any psychiatric illness. After debriefing, researchers administered the measures by themselves and readily answered the queries of the participants. After conducting pilot study on 20 participants, a data of 111 retirees were completed in two and half months (April, 2012-June 2012).

Instruments

In this study life satisfaction was identified as global life satisfaction, that is, satisfaction with all areas of life and it was measured through “Satisfaction with life Scale”. In order to measure global life satisfaction this scale was designed.¹ It is a 5 item scale. The participants give their responses on 7 point likert scale; whereas 7=strongly agree and 1=strongly disagree. The score of the scale ranges between 5 and thirty five, whereas a high score is indicative of higher satisfaction.²⁸

Test retest reliability was 0.83-0.50 from 2weeks to 4years of interval.²⁹ Internal consistency for geriatric population was from 0.63 to 0.81. Cronbach alpha of the current study indicated a reliability coefficient of 0.70.¹

To study covariates, a 22 items based demographic form was administered to all participants. It included information on age, gender, education, occupation, income/pension, marital status, family system, no of offspring, duration of retirement, leisure activities, life satisfaction, fulfillment of duties etc. Furthermore, mental status examination of participants was also conducted by the researchers in order to rule out psychological illness.

In the current study death anxiety was defined as fear about death and was measured through Templer Death Anxiety Scale² it based on a two-factor model of death anxiety that includes psychological (internal) and life experience (external) factors related to death. Items are responded to as “true” or “false” where true is given score of 1 and false is given score of 0. Score ranges from 0 to 15, a higher score indicating higher death anxiety. The three weeks test re-test coefficient was .83 whereas internal consistency was .76 (Kuder Richardson Formula 20). Cronbach alpha of the current study indicated a reliability coefficient of .58.³⁰

Setting

After determining sample size from statistical formula (Field, 2009) and G-Power software, permission of the measures was sought through e-mails. Data was approached from National Bank of Pakistan (Moon Market Branch) Lahore, Pakistan. Permission and consent from relevant authorities and participants respectively were taken.

Ethical Consideration

All participants were briefed regarding the purpose and nature of study. Confidentiality was also assured to them. Although no monetary compensation was given but participants were given the option to have free counseling services in case measure of death anxiety could induce anxiety in them.

Statistical Analyses

The obtained data was analyzed on Statistical Package for Social Sciences SPSS (17 versions) at .01 alpha levels and both life satisfaction and death anxiety were treated as continuous variables. Initially descriptive statistics, frequencies and percentages of demographics were computed. For gender differences in study variables, t test was applied. Later, correlation of variables was given.

Results and Discussion

Frequencies and percentages of above demographics indicate that 80 (73%) of retirees were men and 31 (27 %) were women. Regarding education, 38 (34.2%) retirees had 14 years, 66 (59.5%) had 16years, 4(3.6%) had 18 years and 3 (2.7%) had 20years of education. Only one of the retirees indicated no religious orientation. 58 (52.3%) retirees belonged to nuclear system and 53 (47.7 %) belonged to joint family system. Spouses of 98 (88.3 %) were present, while spouses of 13 (11.7%) were absent (Table 1).

Table 1 Frequency and Percentage

	Frequency	Percentage
Gender		
Men	81	73
Women	30	27
Education		
14 years	38	34.2
16 years	66	59.5
18 years	4	3.6
20 years	3	2.7
Religious Orientation		
None	1	0.9
Average	51	45.9
High	59	53.2
Marital Status		
Spouse present	98	88.3
Spouse not present	13	11.7
Fulfillment of Duties		
Yes	33	29.7
No	20	18
To some extent	58	52.3
Satisfaction With Life		
Yes	71	64
No	5	4.5
To some extent	35	31.5
Leisure Activities		
Family/household activities	23	20.7
Religious activities (Recitation & prayer)	20	18
Social activities	13	11.7
Walk	4	3.6
Reading	38	34.2
T.V& media	9	8.1
No response	4	3.6

Regarding fulfillment of duties, 33 (29.7%) of retirees responded in "yes", i.e., they had fulfilled all of their duties. 20 (18%) responded in "no", 58 (52.3 %) responded "to some extent". For item "are you satisfied with your life" 71 (64 %) of retirees responded in "yes", 5 (4.5%) responded in "no", 35 (31.5%) responded "to some extent". Regarding participation in leisure activities 23 (20.7%) were involved in family/household activities, 20 (18%) were involved in religious activities, 13 (11.7%) were involved in social activities, 4 (3.6 %) were involved in walk as leisure activity, 38 (34.2%) were involved in reading, 9 (8.1 %) were involved in watching television and 4 (3.6 %) did not mention any type of participation in leisure activities.

A significant correlation emerged between life satisfaction and death anxiety ($r = -.344^{**}$, $n = 111$, $p = .000$, two tailed). Negative sign indicates inverse relationship, i.e., higher the life satisfaction, the less will be the death anxiety in retirees Table 2.

Table 2 Pearson Product moment correlations of scales ($n = 111$)

	SWLS	DAS
SWLS	-	
DAS	-.344**	-
M	26.16	6.76
SD	5.55	3.21

Note: SWLS = Satisfaction with Life Scale, DAS = Death Anxiety Scale. **, Correlation is significant at the 0.01 level (one tailed).

An independent t- test revealed that gender differences were significant only on the levels of death anxiety ($t = 2.84$, $df = 109$, $p = .005$, two tailed) with women receiving higher scores on death anxiety measure than men, indicating women were more death anxious. The mean difference was 1.88 and confidence interval for estimated population mean difference was between .56 and 3.20. On the other hand, gender differences on life satisfaction and religiosity were insignificant, indicating men and women have same level of life satisfaction and death anxiety in current sample (Figure 1, Table 3).

In the current research correlates of life satisfaction were age, religious orientation, type of retirement and income/pension. Age, income/pension and religious orientation have positive correlation with life satisfaction, i.e., with aging, higher religious orientation and income, life satisfaction increases Table 4.

Findings of study indicated significant gender differences only on the levels of life death anxiety; women had more death anxiety than men. Moreover, significant inverse relationship between life satisfaction and death anxiety was also found.

Findings supported previous literature, as insignificant gender differences in retirees on life satisfaction were reported.²⁶ The results of the current study are also in accordance with study³¹ in which no systematic gender difference in terms of life satisfaction were found and it was proposed that perhaps similar underlying mechanism works for both men women. Furthermore, our findings were also supported when life satisfaction of 5668 subjects was studied and it was found that men and women were not different in their levels of life satisfaction.³² Likewise, it was concluded that no significant gender differences were found in men and women's life satisfaction.³³ Another possible reason of insignificant gender differences could be retirees' educational level, as all of them had minimal 14years of education and education tends to be associated with life satisfaction.³⁴ Moreover, all participants were Muslims and had moderate to high religious orientation and religiosity also predicts life satisfaction.³⁵

Table 3 Descriptive Statistics and Results of Independent Samples t-Test for Mean Differences on Life Satisfaction, Religiosity and Death Anxiety (n=111)

Variables	Men		Women		T	P	95 % CI	
	M	SD	M	SD			LL	UL
Life satisfaction	26.6	5.52	24.96	5.51	-1.39	0.168	-3.97	0.7
Religiosity	74.67	8.69	76.1	3.4	0.87	0.38	-1.82	4.66
Death Anxiety	6.24	3.05	8.13	3.28	2.84	0.005	0.56	3.2

Note: CI = Confidence Interval; LL = lower Limit; UL = Upper Limit.

Table 4 Correlates of life satisfaction

	Age	Income/Pension	Religious Orientation	Type of Retirement
Life satisfaction	.249**	.195	.248**	-.203*

Significant gender difference on death anxiety are in line with Neimeyer and Fortner who, in 1995 stated that elder women were more death anxious than elderly men.³⁶ The same conclusion that on an average women were more religious and feared death more than did men was obtained.³⁷ Furthermore, there was sufficient evidence of women being more expressive about the fear of their death as compared to their men counterparts but this gender difference could not be explained clearly.³⁸ Elucidations can be expressive nature of women as they tend to generally express themselves more in comparison with men who either avoid or repress death related thoughts. Similarly, gender differences in death anxiety were also supported.³⁹ These findings can be supported by our socio cultural context, as women in Pakistani culture, are more expressive and emotional while men are supposed to be less expressive as it is considered a part of their manhood to hide emotions. This might be one reason why women tend to express higher death anxiety than men. This reason was also supported from literature.⁴⁰

**Figure 1** Gender differences in death anxiety.

Significant association of life satisfaction and death anxiety was hypothesized. This hypothesis was proved as a strong negative correlation ($r = -.344^{**}$) was found. These results are in accordance with study⁴¹ as they reported that high death anxiety was associated with less life satisfaction in comparison with people who had low death anxiety. The study findings are also in line with Fortner and Neimeyer²¹ meta-analysis of death anxiety and aging literature, which revealed that along with other factors, reduced religious beliefs and lower life satisfaction was associated with high death anxiety. Furthermore our study findings were also supported by^{23,24} who found an inverse relation of life satisfaction and death anxiety.

Regarding correlates of life satisfaction, religious orientation, age, income/pension and type of retirement were significant. Retirement type as correlate of life satisfaction was supported⁴² and it was explored that life satisfaction was independent of nature of the retirement choice.

Type of retirement as correlate was contradicted⁴³ and life satisfaction of early retirees (those who had taken retirement before completion of the job tenure) was found to be effected by loss of work role, retirement type and choice. Religiosity as correlate of life satisfaction was also supported.⁴⁴ Correlates of life satisfaction of retirees in Nigeria were determined and it was found that six independent variables, including religiosity had significant contribution in prediction of a retiree's life satisfaction. Income as correlate of life satisfaction was supported by Riddick⁴⁵ who studied three groups of homemakers (n= 403), retirees (n= 698), and workers (n= 119) and specified that all three groups were influenced by income and health problems.

Conclusion

To sum up, our study indicated an inverse relationship between life satisfaction and death anxiety. Gender differences were only significant for death anxiety and women were reported to be more death anxious than their men counterparts.

The findings can have implications for retirees, establishment, family, geriatric mental health professionals and upcoming researchers. To enhance their life quality and life satisfaction, establishment and geriatric mental health professionals should provide retirees appropriate retirement planning before retirement. In addition, income/pension was reported to be an important correlate of life satisfaction, hence establishment should take steps to enhance pension of retirees so that they can meet their expenditures adequately. Retirees reported participation in leisure activities, therefore non-government organizations (NGOs) and media should focus on crafting a platform where healthy leisure participation can be arranged for retirees. Their socialization and interaction with society can also be enhanced by devising community programs by their families. Lastly, media and nongovernmental organization should make an effort to unite retirees on a podium like union or organization of retirees where they can speak for their concerns and rights.

Declaration of Conflict of interest

The authors have not received any funding or benefits from industry or elsewhere to conduct this study. They declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

Funding

None.

References

1. Diener E, Emmons RA, Larsen RJ, et al. The Satisfaction with life scale. *Journal of Personality Assessment*. 1985;49(1):71–75.

2. Templer D. Death Anxiety Scale. 1970.
3. Sabzwari SR, Azhar G. Ageing in Pakistan: A new challenge. *Ageing International*. Advance open access. 2010.
4. Atchley RC. The sociology of retirement. Massachusetts: Schenkman, USA. 1976.
5. Victor C. Old age in modern society: A textbook of social gerontology. London: Chapman and Hall, USA. 1994.
6. Anderson CE, Weber JA. Preretirement planning and perceptions of satisfaction among retirees. *Educational Gerontology*. 1993;19(5):397–406.
7. Ritter MA, Austrom MG, Zhou H, et al. Current concepts review-Retirement from Orthopaedic surgery. *Journal of Bone and Joint Surgery*. 1999;81(3):414–418.
8. Atchley RC. Social forces and aging: An introduction to social gerontology. (7th edn), California: Wadsworth, USA. 1994.
9. Gesnide AM. Attitude of staff towards retirement life in a tertiary institute in Nigeria. *American Journal of Cross Cultural Psychology and Sport Facilitation*. 2008;10:182–192.
10. Osborne JW. Commentary on retirement, identity and Erikson's developmental stage model. *Canadian Journal on Aging*. 2009;28(4):295–301.
11. Osborne JW. Essential retirement psychological concern. 2009.
12. Laslett P.A fresh map of life: Emergence of the third age. London: MacMillan, USA. 1996.
13. Campbell A, Converse, PE, et al. The quality of American life. NewYork: Sage, USA. 1976.
14. Pollman AW. Early retirement: Relationship to variation in life satisfaction. *The Gerontologist*. 1971;1:43–47.
15. Palmore EB, Fillenbaum GG, George LK. Consequences of retirement (Abstract). *Journal of Gerontology*. 1984;39(1):109–116.
16. Neugarten BL, Havighurst RJ, Tobin SS. The measurement of life satisfaction. *Journal of Gerontology*. 1961;16(2):134–143.
17. Conner KA, Dorfman LT, Tompkins JB. Life satisfaction of retired professors: The contribution of work, health, income, and length of retirement. *Educational Gerontology*. 1985;11(4–6):337–347.
18. Tinsley HEA, Colbs SL, Teaf JD, et al. The relationship of age, gender, health and economic status to the psychological benefits of older persons report from participation in leisure activities (Abstract). *Leisure Science*. 1987;9:53–65.
19. Reeve JB, Darville RL. Social contacts pattern and satisfaction with retirement of women in dual-career/earner families. (Abstract). *International Journal of Aging and Human Development*. 1994;39(2):163–175.
20. Beck SH. Adjustment to and satisfaction with retirement (Abstract). *Journal of Gerontology*. 1982;37(5):616–624.
21. Wong PTP, Recker GT, Gesser T. Death attitude profile revisited: A multidimensional measure of attitudes toward death. In: RA Neimeyer (Ed.), *Death anxiety handbook*, DC: Taylor and Francis, Washington, USA. 1994. p.121–148.
22. Becker E. The denial of death. New York: Free Press, USA. 1973.
23. Hickson J, Housley WF, Boyle C. The relationship of locus of control, age and sex to life satisfaction and death anxiety in older persons. *The International Journal of Aging & Human Development*. 1988;26(3):191–199.
24. Given JE, Range LM. Life satisfaction and death anxiety in elderly nursing home and public housing residents. (Abstract). *Journal of Applied Gerontology*. 1990;9(2):224–229.
25. Roshani K. Relationship between religious beliefs and life satisfaction with death anxiety in the elderly. *Annals of Biological Research*. 2012;3(9):4400–4405.
26. Mayr PM. Retirement: Gender differences in life satisfaction in retirement. *Fordham University*, P. AAI9205000. 1991.
27. Naderi F, Esmaili E. Collet-Lester fear of death scale validation and gender-based comparison of death anxiety, suicide ideation and life satisfaction in university students. (Abstract). *Journal of Applied Sciences*. 2009;9(18):3308–3316.
28. Diener E. Understanding scores on the satisfaction with life scale. 2006.
29. Pavot W, Diener E. Review of the satisfaction with life scale. *Psychological Assessment*. 1993;5(2):164–172.
30. Templer D, Ruff CF, Franks CM. Death anxiety: age, sex, and parental resemblance in diverse populations. *Developmental Psychology*. 1970;4:108.
31. Laing J. Sex differences in life satisfaction among the elderly. *Journal of Gerontology*. 1982;37(1):100–108.
32. Stubbe JH, Posthuma D, Boomsma DI, et al. Heritability of life satisfaction in adults: A twin-family study. *Psychological Medicine*. 2005;35(11):1581–1588.
33. Joshi U. Subjective well-being by gender. *Journal of Economics and Behavioral Studies*. 2010;1(1):20–26.
34. Sousa L, Lyubomirsky S. Life satisfaction. In: J Worell (Ed.), *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender*. 2001. p.667–676.
35. Lim C, Putnam RD. Religion, social networks, and life satisfaction. *American Sociological Review*. 2010;75(6):914–933.
36. Kim HH. Impact of spirituality and religion on attitudes toward death and dying (Doctoral Dissertation). Loyola University, Chicago, USA. 2008;215:3332353.
37. Ellis L, Wahab EA, Ratnasingan M. Religiosity and fear of death: A three-nation comparison. *Mental Health, Religion & Culture*. 2012;16(2):179–199.
38. Taylor J. Searching for meaning: Moving toward an understanding of death and spirituality. St. Ambrose University, USA. 2003.
39. Pierce JD, Cohen AD, Chambers JA, et al. Gender differences in death anxiety and religious orientation about US high school and college students. *Mental Health, Religion & Culture*. 2007;10:143–150.
40. Abdel-Khalek AM. Death anxiety in clinical and non-clinical groups. *Death Stud*. 2005;29(3):251–259.
41. White W, Handal PK. The relationship between death anxiety and mental health/distress. *Omega Journal of Death and Dying*. 1991;22(1):13–24.
42. Carrillo J. Recognition in retirement: Life satisfaction of retired African-American middle class women. 2002.
43. Guerriero AM, Perkins AJ, Damush TM, et al. Predictors of life satisfaction in retired physicians and spouses. *Social Psychiatry Psychiatric Epidemiology*. 2003;38(3):134–141.
44. Adeyemo DA. Correlates of life satisfaction among retired public servants in Oyo state, Nigeria. *Personality Studies and Group Behavior*. 2004;24:77–87.
45. Riddick CC. Life satisfaction for older female homemakers, retirees, and workers. *Research on Aging*. 1985;7(3):383–393.