

# **An overview of Death Anxiety**

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## **Abstract**

This paper represents an overview of previous researches of death anxiety. The purpose of this article was to review the related literature on death anxiety to identify the defining attributes, antecedents, and consequences of the concept. Results from this concept analysis demonstrate that important attributes of death anxiety include emotion, cognitive, experiential, developmental, and socio cultural shaping and source of motivation. Antecedents of death anxiety include stressful environments and the experience of unpredictable circumstances, diagnosis of a life-threatening illness or the experience of a life-threatening event, and experiences with death and dying. Consequences of death anxiety include both adaptive and maladaptive presentations. The results of the concept analyses are important because while a broad literature on death anxiety exists, little integration and synthesis of the construct has occurred.

## **Introduction**

Death is the experience which is common for human lives of different cultures in all around the world and it is one of the most compelling and anxiety provoking parts of life. No amount of wealth and power can help someone to escape it. It can be considered as a great equalizer among humans. According to the Sigmund Freud, that people express a fear of death is thanatophobia (Allen, 2000). Freud believed this was merely a disguise for a deeper source of concern. Carl Jung argued that all major religions in the world represent complicated systems of preparation of death (Duff & Hong, 1995). However the dying process is the most stressful condition, which someone goes through in his life.

Death and dying were principally the concerns of poets, clergymen, and mystics. Death was viewed as a subject to be avoided as much as possible by physicians. The research and writings of Robert Fulton, Geoffrey Gorer, Richard

Kalish, Robert Kastenbaum, Elisabeth Kubler-Ross, and Edwin Shneidman, among others, have helped to make thanatology a legitimate area of scientific discussion and research. Based on their causes and effects death anxiety has been classified into three main categories, as predatory death anxiety, predation death anxiety and existential death anxiety (Belsky, 1999).

Predatory death anxiety occurs when receptors act against external threats. The psychoanalytic comparison of flight or fight creates reflex psychological decisions about self protection and the events able to lead away from danger. Often, when predatory anxiety occurs subconscious reasoning takes over. An example of death anxiety can be seen when certain individuals, who hold great concern about snakes, are confronted and forced to fight or flight. It is a common occurrence for some individuals to run as far as possible subconsciously, and then only realize what has happened minutes later after adrenaline has stopped being introduced into their system (Belsky, 1999).

Predation death anxiety arises when an individual harms others physically or mentally. The arousal of this type of anxiety often involves unconscious rather than conscious realizations and processing. The primary reaction to this type of anxiety is that of conscious and unconscious guilt, which, in turn, motivates a variety of self-punitive decisions and actions by the perpetrator of harm to others whose deeper sources go unappreciated (Belsky, 1999).

Existential death anxiety is the most powerful form of death anxiety. This class of the condition is based in the fact that the person knows they will die. They are aware and anticipate their own death. Planning for death becomes a overwhelming activity (Belsky, 1999).

This article couldn't incorporate every significant study of death. Numerous works that are important and scholarly have been omitted. The studies that are cited in this article have been included because they are pioneering, essential, innovative, or contribute something unique to the diverse array of death anxiety researches.

## **Method**

Method of concept analyses and an extensive online literature have been used for this study. Journal articles were the main source of information for this concept analysis. In addition, several foundational books were examined.

## **Discussion**

Death has been a concern of human beings for many eras. Many philosophers for centuries are concerned about the existence itself and the existence of death. Definitions about death vary. The biological explanation would be that death is the end of life. However a philosophical explanation would be different. It proposes that life and death are dependent on each other. They exist simultaneously, not following each other, but death is showing great effect on life and behavior. A religious explanation for death would be that, it is the beginning of a new life as the world we live in is temporary and the afterlife is permanent (Powell &Thorson, 1994).

Death is the one of most debated issues in philosophy. As well as during the past four decades, a large number of researches, articles and books dealing with the results of medical, psychological, philosophical, anthropological, and sociological studies of death and dying have been published. This paper tries to integrate these various theories to construct an idea about death anxiety.

In earlier, when a dying person found out, everyone around him not sensitized to the emotional needs of him. They focused only on the cure. Elisabeth Kubler Ross was the psychiatrist who changed this perspective of death from curing to a caring. Kubler Ross, whose book on *Death and Dying* revolutionized the care of dying people. She wrote that society and doctors should aware and more sensitive to the emotional needs of dying people. In interviews with terminally ill patients, Kubler Ross detected a common set of emotional responses to the knowledge that one has a serious and probably fatal, illness. She identified emotional responses which resulted in five stages. Those are denial and isolation, anger, bargaining, depression and acceptance (Kubler-Ross, 1969).

In the first stage of denial and isolation, people refuse their situation. According to Kubler Ross, denial is a defense mechanism in which anxiety provoking thoughts are kept out of, or 'isolated' from conscious awareness (Kubler-Ross, 1969). The second stage is anger. When the dying person accepts his or her situation he or she may become very angry. And the anger may be directed at others. As well as Kubler Ross advises those close to the dying person to be sensitive to this reaction and will not try to avoid and respond to the anger of the dying person (Kubler-Ross, 1969). During the third stage of bargaining the dying person may try to bargain with doctors and loved ones. The dying person begs for some concession from God, the medical staff or family members for cure, time or less pain. At the fourth stage of depression, dying person realizes his death is imminent. Then he or she may become depressed and grieve the separation from loved ones. The final stage is acceptance, according to Kubler Ross this is a period of calm and peace. Dying person may prepare to face to the death at this last stage. Kubler Ross the acceptance stage this way "It is almost void of feeling. It is as if the pain had gone, the struggle is over, and there comes a time for 'the final rest before the long journey', as one patient phrased it" (Kubler-Ross, 1969). In addition to these five stages of dying, Kubler Ross emphasized a sixth Response that runs throughout the stages and that is hope. She believed that is essential for terminally ill patients to retain some sense of hope, even if it is just the hope of dying with dignity.

The major problem with Kubler Ross's stages is that the dying process is not stages like. The nature and course of an illness affects reactions to it. And individuals differ widely in their emotional responses to dying.

Individuals are continuously suffering varying degrees of anxiety about death (Belsky, 1999). Psychologists have been identified that there are wide amount of factors that could influence for death anxiety. The majority of studies conducted have used healthy adults with attention given to their level of anxiety, gender, age, and other demographic variables. There have been other studies that focused on the effects of death anxiety in adults, women as well as in children.

## **Death anxiety and age**

Early studies focused on age as a probable factor in death anxiety. Because the initial theories held a notion that people got older and closer to death, they would have more anxiety about death. Numbers of studies have been conducted based on the above notion.

Robert W. Duff and Lawrence K. Hong (1995) had done a study on Age density, religiosity and death anxiety in retirement communities. Two different images of death anxiety among residents of retirement communities are examined. One suggesting retirement community residents face special problems regarding Death Anxiety because they are surrounded by many older people who are vulnerable to illness and death. And the others symbolize them as having low death anxiety because of their high religiosity. Results were found as that the attendance at religious services is associated with low Death Anxiety. The findings on the importance of religion support regarding the importance of participation in shared religious rituals.

R.J. Russac, Colleen Gatlife, Mimireece and Diahann Spottswood examined the death anxiety across the adult years. The chosen sample included, 304 men and women between 18 and 87 years completed the Collett-Lester Fear of Death scale. According to the results Death anxiety peaked in both men and women during their twenty's and declined significantly thereafter. However, women displayed a secondary spike during their fifty's not seen in men. The results suggest that more emphasis should be placed on the cause of increased death anxiety among 20 year olds and on why women, but not men, experience a second anxiety spike during their 50s.

In another study examination the relationship between death anxiety and age, Rasmussen (1996) suggested that the differences in death anxiety might be due to a third variable, psychosocial maturity. Rasmussen hypothesized that a person with high psychosocial maturity would have less death anxiety. Her results suggested that both age and psychosocial maturity were inversely related to death anxiety. Rasmussen concluded that psychosocial maturity was a stronger predictor of death anxiety than age alone.

## **Death anxiety and religiosity**

Duff and Hong (1995) examined the effects of religiosity on death anxiety. They proposed that death anxiety is lower in communities with a higher rate of attendance to religious services. They conclude this hypothesis was supported by their data. The retirement community with the highest frequency of attendance of religious services scored significantly lower in death anxiety when compared to the other communities. When all of the retirement communities were taken into account, attendance of religious services was again supported and found to be the strongest predictor of death anxiety. It is probably worth noting that simply attending religious services was more predictive of death anxiety than the importance of religion to the individual (Duff & Hong, 1995).

Another study, done by Powell and Thorson (1991), examined death and religion found that death anxiety was much lower in participants with high intrinsic religious motivation. This study examined intrinsic religious motivation, a genuine religious conviction, in contrast to religious practices alone, or going through the motions (Powell & Thorson, 1991). The findings from Powell and Thorson's (1991) study contradict Duff and Hong's (1995) research. That is, people with genuine religious convictions were found to have lower death anxiety than those simply going through the motions (Powell & Thorson, 1991).

Richman's (1980) belief that different religious ideologies lead to varying degrees of death anxiety. Also supported are the findings of Alvarado (1995) and Martin and Wrightsman (1965) who found that Christians with a strong religious conviction scored lower for death anxiety than non-religious participants.

Gareth J. Morris and Tina Mc Adie found belief in the afterlife is associated with death anxiety. As a result Christians scored low for death anxiety, Muslims scored high in comparison. Christians scored lower for death anxiety than the non-religious participants. However, as Muslims scored significantly higher than the non-religious. It appears as though for Muslims, belief in the afterlife does not serve to reduce anxiety about death. Themes of heaven and eternal life are prevalent, whereas

for Muslims the afterlife may be something to fear. Finding is that a belief in the afterlife does not necessarily act as a coping strategy for death anxiety.

### **Differential Dimensions of Death Anxiety**

Fear of death is multidimensional rather than one unitary entity. In western culture, socialization brings about the values and concerns that death is unnatural and should be feared. Often, when people are approaching death they become secluded and isolated. The need to accept and also acknowledge that death is inevitable is a reality many in today's culture do not want to accept. Franklin D. Roosevelt in his inaugural speech demonstrated the power of fear and the acceptance that can unite a nation, "The only thing we have to fear is fear itself", and this may be one of the most memorable quotations about death anxiety and fear. A study in 1982, suggested four dimensions of death anxiety, being; fear of the unknown; fear of suffering; fear of loneliness and fear of personal extinction (Pers, 1982). All of these entities can be demonstrated as being stronger in women with expressed fear of pain and bodily decomposition common (Thorson, 1988).

### **Measuring death anxiety**

A complicating aspect of studying death anxiety is measuring anxiety as it relate to variables has been difficult.

There are many ways to measure death anxiety and fear of death. Katenbaum and Aeinsberg (1972) devised three propositions for this measurement. From this start, the ideologies about death anxiety have been able to be recorded and their attributes listed. Methods such as imagery tasks (Feifel, 1955) to simple questionnaires and apperception tests such as the Stroop test (Stroop, 1935), enable psychologists to adequately determine if a person is under stress due to death anxiety or suffering from Post Traumatic Stress Disorder (PTSD).

The Lester attitude death scale was developed in 1966 but not published until 1991 until its validity was proven (Mooney, 1999). By measuring the general attitude towards death and also the inconsistencies with death attitudes, participants are scaled to their favorable value towards death.

Using the Multidimensional Fear of Death Scale (MFODS) a recent study in 2003 determined older women have a higher fear of the dead. Similarly, Caucasian participants displayed a higher fear of dying than older African American participants (Depaola, 2003). From this, it can be clearly seen that women have a higher prevalence of death anxiety compared to men.

Death anxiety can be measured using largely self-report measures. Templer's (1970) 15-item Death Anxiety Scale (DAS) has been used most frequently to measure death anxiety. The DAS is shown to be based on a two-factor model of death anxiety that includes psychological (internal) and life experience (external) factors related to death. Other scales include the Collett-Lester Fear of Death of Self Scale, which measures fear of death at the conscious level

## **Conclusion**

In various ways, and from different perspectives, all these essays might be thought to answer one or both of the following questions what is death, and why does death matter? These are the questions that define the growing inter sub disciplinary field of philosophy of death. Overall data provided evidence that anxiety about death is rife within western culture. Its prevalence, particularly with women and significant number of cases elderly people experience less death anxiety than young people.

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