

Conquering Death: A Study on Death Anxiety and its Effects

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Abstract

Death Anxiety, more commonly known as Thanatophobia, is a growing form of anxiety that is affecting millions of people worldwide. Everyone fears death, but after a certain extent, this fear can play a harmful impact on individuals' lives as they go to extreme extents to prevent any harm from coming to them. There are many subsets of fears that play a large role in death anxiety, such as the fear of losing loved ones or the fear of the unknown. One particular form of behavioral therapy, known as exposure therapy, has been proven effective in treating individuals with severe forms of death anxiety. This is done through the process of becoming more familiar with death, which may be beneficial in improving one's mental state and perspective on death. Finding methods to help reduce death anxiety and the fears surrounding it, as well as educating the general public on death anxiety may be beneficial in preventing death anxiety in the long run.

Introduction

A forty-five-year-old airplane pilot was told he had lung cancer. After his diagnosis, he fell into a state of depression. He cut off all ties with his loved ones and died a lonely, regretful death. In comparison, a sixty-three-year-old biology professor was diagnosed with colon cancer. Even after a failed chemotherapy treatment, he focused on appreciating the life he has lived and what he is yet to live. He was surrounded by all of those he loved at the time of his death and passed away peacefully (TEDx Talks, 2017). What made the pilot's death so different from that of the professor? Death anxiety is an intense fear of death and/or the dying process (Thanatophobia (Fear of Death): Symptoms & Treatments, n.d.). This form of anxiety is experienced by the majority of the human population and can become so intense that it prevents people from living their lives as usual due to the constant fear of when they will die. Finding ways to familiarize anyone suffering from death anxiety with the concept of death can help reduce anxieties relating to death. The purpose of this paper is to look into what attributes of death anxiety, explore how the onset of anxiety can affect individuals, and identify the most effective way to reduce death anxiety in people suffering from severe forms of it.

Review of Literature

Death anxiety affects everyone in various manners. Some people may be afraid of particular subsets of death, others may be afraid of death as a whole. Some common subsets of death include a fear of the unknown, fear of pain, fear of losing control, fear of being alone, fear of leaving loved ones behind, fear of sickness, fear of being buried or cremated, fear of ghosts, and fear of tombstones/graveyards (Iverach et al., 2014). People who struggle with severe death anxiety typically experience one or more of these subsets, however the subsets each particular person faces varies, making this anxiety much more complex. This condition has many different layers to it, including the particular fears, the person experiencing it, if the person experiencing this anxiety had any past trauma/deaths in their life, the age of the person, and much more. Death also happens to be a relatively unknown phenomenon, no one knows for sure what happens after one dies (Menzies, 2023). All of these many factors add to the immense complexity of this condition.

Certain behaviors and symptoms can indicate whether a person may have severe death anxiety or not. In terms of behaviors, the individual experiencing death anxiety may experience discomfort in talking about death-related topics, or they might avoid doing any sort of activity that could even mildly indicate danger, such as driving a car or walking a dog (Kheibari, 2023). Common physical symptoms of death anxiety include frequent panic attacks, dizziness, sweating, heart palpitations, nausea, stomach pain, sensitivity to extreme hot/cold temperatures, and increased anxiety overall. Common emotional symptoms include social avoidance, avoidance of activities considered “dangerous”, and persistent anger, sadness, agitation, guilt, and worry (Holland, 2019). These indicators of death anxiety can become severe enough that an individual cannot function regularly without receiving external assistance.

Death anxiety is found in everyone capable of thinking higher-level, abstract thoughts. If there has been any sort of damage to the brain that prevents it from going past a certain stage, it is likely that the individual will experience little to no death anxiety (Kheibari, 2023). Most people capable of higher-order thinking (typically age 10-12 and above), are going to experience some form of death anxiety. By the time a child turns 10, they have developed a growing and fairly complete understanding of death. They know that death is irreversible, that it happens to all natural living things, and that the dead can't think, feel, or speak. As a child starts to understand death more and more, as they reach the age of 10-12, we also know that their fears of death tend to increase (Menzies, 2023). Individuals at this point in their lives become aware that death is a real and natural phenomenon that occurs to everyone. This can sometimes instill a fear of death in the individual, but in most cases, severe death anxiety is caused by a traumatic death-related experience at this age. As the individual starts to get older, this condition gradually increases in complexity. In some cases, a near-death experience in most adults will increase the severity of their death anxiety, but in other cases, a near-death experience may help the individual reduce their overall anxieties. This is due to the fact that they might feel like they have already faced death before, so it might not be as frightening as before.

Older adults tend to be not as afraid of death as they age, but many are intrigued by the possibility of a potential “cure” for death. Aging is not always a positive thing, so many older adults may be looking to reverse those side effects, to somehow stay young forever. Although they have accepted that they are going to die, they still feel the need to live, leading to a lessened onset of death anxiety itself but other factors related to it instead (Ray & Najman, 1975). Overall, most older adults tend to be more indifferent or have a more positive outlook on death as death is very evident at this point to them, and they feel the need to accept the fact that it will occur, whether they happen to agree or disagree.

Death anxiety becomes detrimental to the ways one lives when it interferes with one's ability to perform “normal” activities without constantly fearing death. When it gets in the way of an individual's relationships, their work, their ability to do hobbies, their sense of purpose in life, and overall begins to negatively impact someone's functioning, that may be a sign that the anxiety is getting worse (Menzies, 2023). When death anxiety has a significant negative impact on an individual's life, it may be a sign of severe death anxiety. That being said, even mild death anxiety can prevent individuals from carrying out certain activities. A healthy dose of death anxiety is alright, as it can prevent people from doing dangerous things, but when it gets in the way of performing “less-dangerous”, routine activities, that is a sign that the anxiety may be worsening. Death anxiety can be detrimental and dangerous to the way one lives. Finding and targeting the root of this anxiety, which varies from person to person based on their specific anxiety, may help improve the condition.

Death acceptance — or when an individual accepts that death will eventually happen to everyone — is the ideal result of treatment for death anxiety, along with little to no traces of the actual anxiety itself. This form of anxiety can be extremely persistent, and many times it occurs unconsciously to the individual experiencing this form of anxiety. The Terror Management Theory supports this idea, and states that humans feel so afraid of their own death that they adopt two distinct buffers in order to reduce this fear: worldviews and self-esteem (Menzies & Menzies, 2020). Cultural worldviews help lessen this anxiety by believing in shared symbolic concepts, such as that of the afterlife, in order to give the individual with the anxiety a sense of identity and meaning. Self-esteem is gained when these worldviews are fulfilled because the individual feels more like a part of their community and is given a sense of belonging, which can also help reduce anxieties relating to death. Altering an individual's mindset to make it seem more positive has had correlations with lower death anxiety (Cut, 2022), but anecdotal evidence suggests that this is easier said than done.

Many individuals struggling with death anxiety blindly go looking for medical treatments like those used to treat regular anxiety, but in reality, those medications do little to nothing when faced with the fear of death (Eyssell, 2023). Death anxiety may be a subset of anxiety overall, but the differences between the two are distinct. Death anxiety tends to harbor more physical pain in the individual, and while most triggers for regular anxiety can be avoided, death is inevitable, which is hard for most individuals struggling with death anxiety to digest (The Guardian, 2019a). This anxiety can cause individuals to be restless, thinking about their (and possibly others') hypothetical deaths, and the concept of death itself, multiple times in a day. Most people struggling with death anxiety have their anxieties stem from the death of a near-death experience of a loved one, or a near-death experience they witnessed in person (The Guardian, 2019c). Society does not tend to bring up the subject of death very often because most people are, in fact, scared of death, and it is something that no one knows much about, so they are hesitant to talk about it overall. It's also very hard to talk to people about death if they have seen or heard about a close one dying because it becomes more personal for them. There is no "cure" or effective tangible treatment for this anxiety, which does nothing more than increase the anxiety of those who struggle with the condition. However, one particular type of therapy may be effective in reducing the negative effects of death anxiety.

One form of a treatment used to reduce death anxiety is known as exposure therapy. Through this form of therapy, individuals are exposed to the stimulus that they tend to have an aversive response to, in order to familiarize themselves with the aversive stimulus and reduce the aversive reaction they feel. For example, if someone is scared of dogs, going to dog parks, patting dogs, and watching movies about dogs would be considered exposure therapy (Menzies, 2023). This same method applies to death anxiety. Some forms of exposure therapy relating to death could be writing a will, having a conversation about death with close family/friends, visualizing particular details about an individual's funeral, and/or imagining the way one will die. Exposure therapy is targeted at the specific anxiety one faces and tailoring the therapy to fit their needs. For example, if an individual is afraid of graveyards, the exposure therapy might relate to visiting a graveyard, and planning where the individual's grave will be, or what it will look like. One of the main fears in death anxiety is the fear of the unknown, which stems from a lack of control over how an individual's life may play out. Death is very much an uncontrollable phenomenon, which is why many people tend to experience high levels of death anxiety even though they may have only had the anxiety itself for a short period of time (Gasser, 2023). Exposure therapy helps reduce some of this helplessness and lack of control that

individuals may face when battling with the condition, as it can help give them control over things relating to their death, like where they will be buried, or who their money will go to. Although they will not be in control of their death itself, giving people this control over their death and understanding the concept of death better can help lower death anxiety overall.

Many people who report having high rates of death anxiety say that a change in their mindset is what helped them through overcoming their anxiety, but the process through which this was accomplished was much more tedious. In one case, it took a doctor hundreds of patients to eventually feel more optimistic about his outlook on life (*What Dying Patients Taught This Doctor About the Fear of Death* | Fahad Saeed | TEDxRochester, 2019). Two patients of his taught him that, even though they may have been struggling on their deathbeds, they were satisfied with the way they lived their lives, in contrast to his other patients, who felt like they still wanted to live more and accomplish the things they had not set out to do. From this aspect, death anxiety becomes more about life than about death. Individuals may not just be worried about how or when they will die, but also about the way they have lived. This relates to Erikson's eighth stage of psychosocial development: Ego Integrity vs. Despair. It is during this stage that an individual gets closer to dying. This stage states that, while looking back at life, if an individual feels satisfied with the way they have lived their life, their ego is strengthened and they can die peacefully. However, if the individual does not feel satisfied with the way they have lived, they feel despair and tend to be more death anxious while dying (Kheibari, 2023). Mindset plays a key role in the onset of death anxiety. People who tend to be less insecure are unlikely to experience death anxiety to a severe extent because they are confident in their abilities. Even when they are on their deathbed, they know they lived a good life and that they have people to support them even in their final moments. However, those who have low self-esteem and low self-confidence may constantly feel worried that they did not get a chance to accomplish what they wanted to accomplish before they die, which could lead to increased death anxiety.

Death anxiety is a common form of anxiety characterized by an intense fear of death. Death anxiety has many layers to it; there are multiple root causes, as well as many subsets of fears related to this form of anxiety. If a person tends to be more insecure and has a naturally anxious and overthinking personality, they are more likely to experience severe forms of death anxiety (Kheibari, 2023). Symptoms ranging from extreme temperature sensitivity to social avoidance can be attributed to death anxiety. Ever since incidents like the COVID pandemic and the Ukraine-Russia War, death anxiety has increased in the human population overall (Menzies & Menzies, 2020). Many findings from past theories, such as Erikson's Theory of Psychosocial Development and the Terror Management Theory, have helped find out-of-the-box methods to help relieve this anxiety by taking on a new perspective of life. Treatments like exposure therapy may also prove to be effective in reducing death anxiety, through constant contact with death-related objects and ideas. Developing a more healthy, self-confident mindset may also help with the reduction of this anxiety as it can affect the outlook that individuals have on life, which plays a key role in the onset of death anxiety. Spreading more awareness for this form of anxiety and seeking healthy treatment options to reduce it will help the overall population grow to be able to face death head-on, no matter how uncontrollable of a phenomenon it is.

Methods and Data Collection

The research question being answered through this research is how one's life experiences determine their outlook on death, how this mentally affects them, and what methods can be taken to improve this perspective. It was hypothesized that any death-related

experience one undergoes (whether it be them or someone they know) could trigger death anxiety, and familiarizing them with the concept of death can help lower negative thoughts relating to it. The research question and hypothesis were addressed in this study through the data collection method of survey distribution and interviews. The survey was constructed to deduce which subsets of death were most common in individuals experiencing death anxiety, and the events that may have triggered the death anxiety to exist.

Similarly, the interviews also reflect the research question and hypothesis. Interview questions were designed to invoke specific responses from interviewees related to what is being researched. In this case, questions were related to what may cause death anxiety to appear, what mental processes are associated with death anxiety, and what can be used to reduce death anxiety in individuals.

The specific type of research design being conducted was that of descriptive survey distribution. The survey started off by asking basic demographic questions related to gender and age and transitioned into asking questions related to the individual's specific experience with death anxiety. Questions asked the respondents about the severity of their death anxiety, on a scale of one to ten, with one being not severe and ten being extremely severe. Respondents were then asked to check off any specific subsets of death anxiety (ex. fear of being buried, fear of being alone, etc.) that may have influenced their particular anxiety, as well as add any subsets not mentioned in the "Other" category. Additionally, respondents were asked to respond to questions taken from a death anxiety questionnaire used to measure death anxiety that correlated with the subsets listed in the previous question. Finally, respondents were asked to elaborate on their experience relating to death and how it may have affected them and their anxiety. The study looks at both the quantitative and qualitative aspects of the research question. The quantitative aspects are looked at through the statistics of the demographic data, while the qualitative aspects are looked at through the subsets of death anxiety listed and how they may have originated.

For the data collection method, 60 people were selected to complete the survey. Respondents were entirely composed of only those who experienced some level of death anxiety, which was also clearly stated in the description of the survey to ensure full accuracy. These respondents were mainly of older age, between 20-60, however there were some teenage respondents as well. The respondent demographic had a significantly higher number of women compared to men, approximately 66% of respondents were female.

The software Google Forms was used to create the survey used in Data Collection, as well as collect responses from the respondents who completed the survey. The data from the survey was used to create graphs and charts relating to the responses collected. The information from the survey was analyzed through the technique of variable-crossing. The result of the analysis was the formation of multiple visuals to help compare certain variables relating to the survey. This analysis technique is effective in the sense that it helps correlate the data related to the research question and hypothesis, specifically since the research design can be categorized as descriptive. The survey was distributed through the use of multiple social platforms, as well as assistance from respondents in spreading information about the survey.

The questions listed in the survey were created with respect to the research question and hypothesis. It was hypothesized that any death-related experience could trigger death anxiety, and being familiarized with the concept of death can help lower any negative emotions relating to death. The survey was developed in a way to reflect this hypothesis and accurately answers the research question. The survey was distributed to 60 different people from varying

demographics. These respondents then completed the survey to the best of their ability. The responses were then compiled into a Google Sheet to help organize the data more efficiently. The data was then analyzed and examined to find appropriate correlations between variables previously mentioned in the research question and hypothesis. The survey was created and distributed in early February, and closed at the end of March.

The interviews were all conducted in similar manners. Four different professionals with experience in the field of death anxiety were able to get on an approximately 30-minute call to answer previously written questions related to death anxiety. The responses from all the interviews were compared with each other in order to find trends in the information they shared. This information was put together to come to an overall consensus about their opinions on death anxiety. This information was then compared to the data collected in the surveys to once again confirm that the information matched up overall. The information from the interviews was used to help support the information from the survey and to help get a better background from it.

The first interview was with Dr. Rachel Menzies, a professional who specializes in clinical psychology. She is one of the most prominent researchers in the field of death anxiety, and is well-known for her doctoral thesis on the topic. She has also established an anxiety center to help aid others with death anxiety treatment. This professional believed that death anxiety originates in people themselves, and emerges when they are of a young age. By the time a child understands the concept of the dead, they also tend to develop fears of death. This could be in the form of things like separation anxiety, or a fear of the dark, etc. It isn't exactly a phenomenon that has one specific trigger, it is a combination of many cognitive processes. This professional also said that there is a negative correlation between age and the severity of death anxiety experienced. As an individual gets older, they tend to become less death anxious. This is primarily due to the fact that they get more exposed to the idea that they're going to die eventually, and tend to be more accepting of the fact. This professional also believes that near death experiences can shape death anxiety positively or negatively. They can help an individual grow, or they can make an individual more death anxious. It mainly depends on the type of near-death experience. For example, if the experience was sudden, like almost getting hit by a car, they would most likely become more death-anxious as it was a more unexplained, sudden event that would lead to an adverse negative reaction. However, if the near-death experience was similar to a terminal diagnosis, they may have more time to process the experience before they die, and most likely experience post-traumatic growth. This professional also mentioned that the Terror Management Theory (a theory that suggests that death anxiety can generate many different subsets of phobias, and that humans are aware of this anxiety and try to pursue other "coping mechanisms" through unconscious behaviors, such as believing in a religion) provided evidence towards the mental processes that take place in individuals who experience this form of anxiety.

The next interview was done with Dr. Courtney Gasser, a professional that specializes in the field of applied behavioral sciences. This professional believes that death anxiety originates from a more prolonged reaction that leads to a more intense form of anxiety. This reaction could simply be from their thought processes after hearing a word related to the anxiety (ex. "death"), or it could also be from a more traumatic experience. She believed that a large part of death anxiety played into social and developmental psychology. For example, someone who is intrinsically motivated may experience a milder degree of death anxiety compared to someone who is extrinsically motivated. This professional believed that as one ages, the more they think about death increases, and therefore the more death anxious they may become. This

professional said that near death experiences don't necessarily have to be the cause of death anxiety, and that they can trigger a very severe level of the anxiety, regardless of the intensity of the event. This professional also mentioned that the Mortality Salience Theory (a theory that states that as an individual becomes more aware of death, the more they will try to suppress it) and Erikson's final stage of Psychosocial Theory, which states that if an individual feels more content with the way they have lived, they will become more death-acceptant, provided evidence towards the mental processes that may occur in individuals experiencing death anxiety.

The third interview was done with Dr. Athena Kheibari, a professional who specializes in suicide and mental health stigma. This professional believes that death anxiety is present in every single individual capable of higher-order, abstract thinking. Death anxiety is something that is ingrained in the consciousness of the human mind, and it is a natural phenomenon that can help protect individuals from pursuing dangerous activities. This professional believes that death anxiety could increase or decrease with age, depending on other variables, such as the individual's mindset, or the form of death that they may experience (age, terminal illness, etc.). She also believes that a near death experience may affect one's death anxiety, but there are still many variables that need to be considered, such as the event that occurred, or the individual's original experience with death. She explained that death anxiety is not one set process, rather it is different in every single person that experiences it, and that no one conclusion can be drawn. This professional believes that the Meaning Management Theory (a theory that states that human reactions to death are complex and dynamic) as evidence for the cognitive processes an individual experiences when experiencing death anxiety.

The final interview was done with Dr. Kristen Eysell, a professional that specializes in social and applied psychology. This professional believes that there is no one answer to the way death anxiety originates, some will say that humans are born with it, and others will say that it's more of a temperamental situation. This professional also believes that death anxiety tends to increase with age as the individual gets closer to approaching death, which may make them more fearful of death itself. She also believes that near death experiences resonate with individuals in different ways. Some may be encouraged to live their life to the fullest after the experience, and others may feel more afraid of death after, it depends on the person. This professional also believes in the Terror Management Theory as evidence for the cognitive processes an individual goes through when experiencing death anxiety.

Results and Data Analysis

The research question attempted to answer in this study was "How do one's life experiences determine their outlook on death, how does this mentally affect them, and what methods can be taken to improve this perspective?". The hypothesis that was created in terms of the research question was "Any death-related experience one undergoes (whether it be them or someone they know) can trigger death anxiety, and familiarizing them with the concept of death can help lower negative thoughts relating to it.". Through the results of the survey and the information from the interviews, the research question was answered, and the hypothesis was partially affirmed. The survey was able to give out information pertaining to what a real demographic might experience in terms of death anxiety, what subsets of death anxiety were most common, and what coping mechanisms have been used to ease the anxiety. From the survey, it was easier to get a more generalized understanding of the demographic as a whole, and what their current needs may be. The interviews assisted in providing more background information

needed to properly analyze the data given in the survey. Additionally, it helped further clarify the original hypothesis, and reinforced the results from the survey.

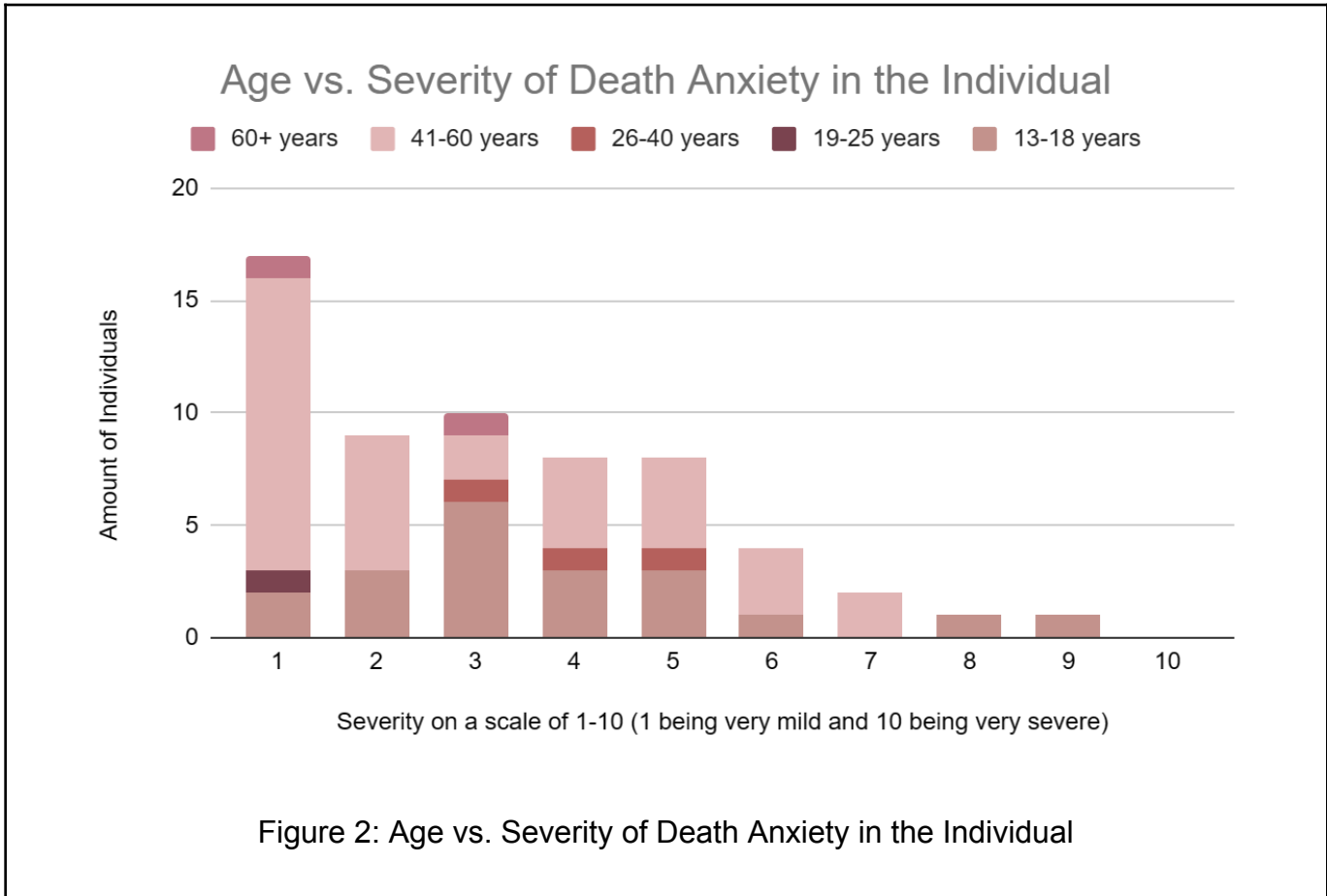
The results of the survey were able to fully answer the research question and prove most points of the hypothesis. It also proved the thesis associated with this research. The survey results were from a total of 60 respondents from varying demographics. These demographic statistics were recorded in a table (Figure 1).

Figure 1

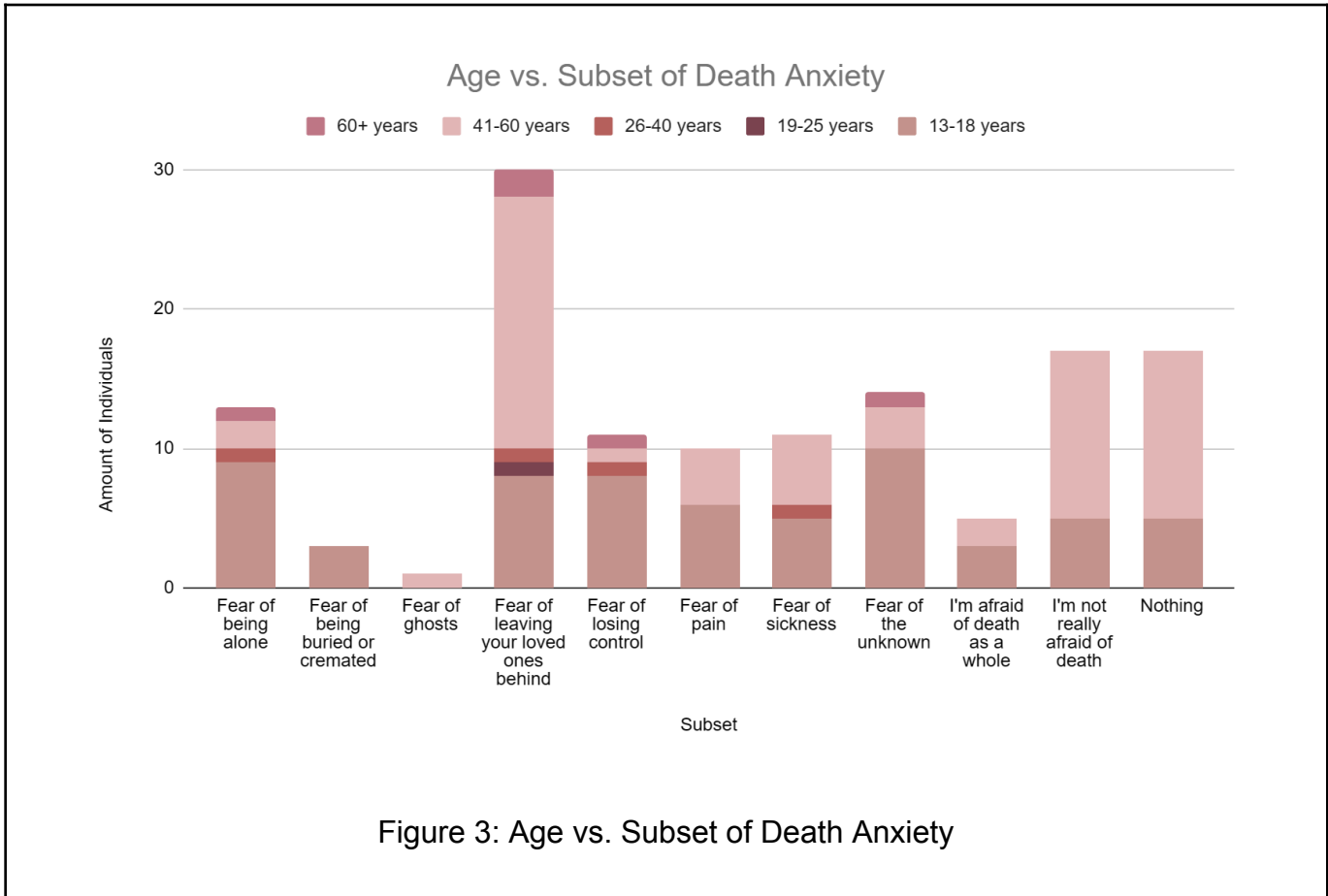
Age (years)	Number of Respondents
13-18	20
19-25	1
26-40	3
41-60	34
60+	2

Gender	Number of Respondents
Female	40
Male	20

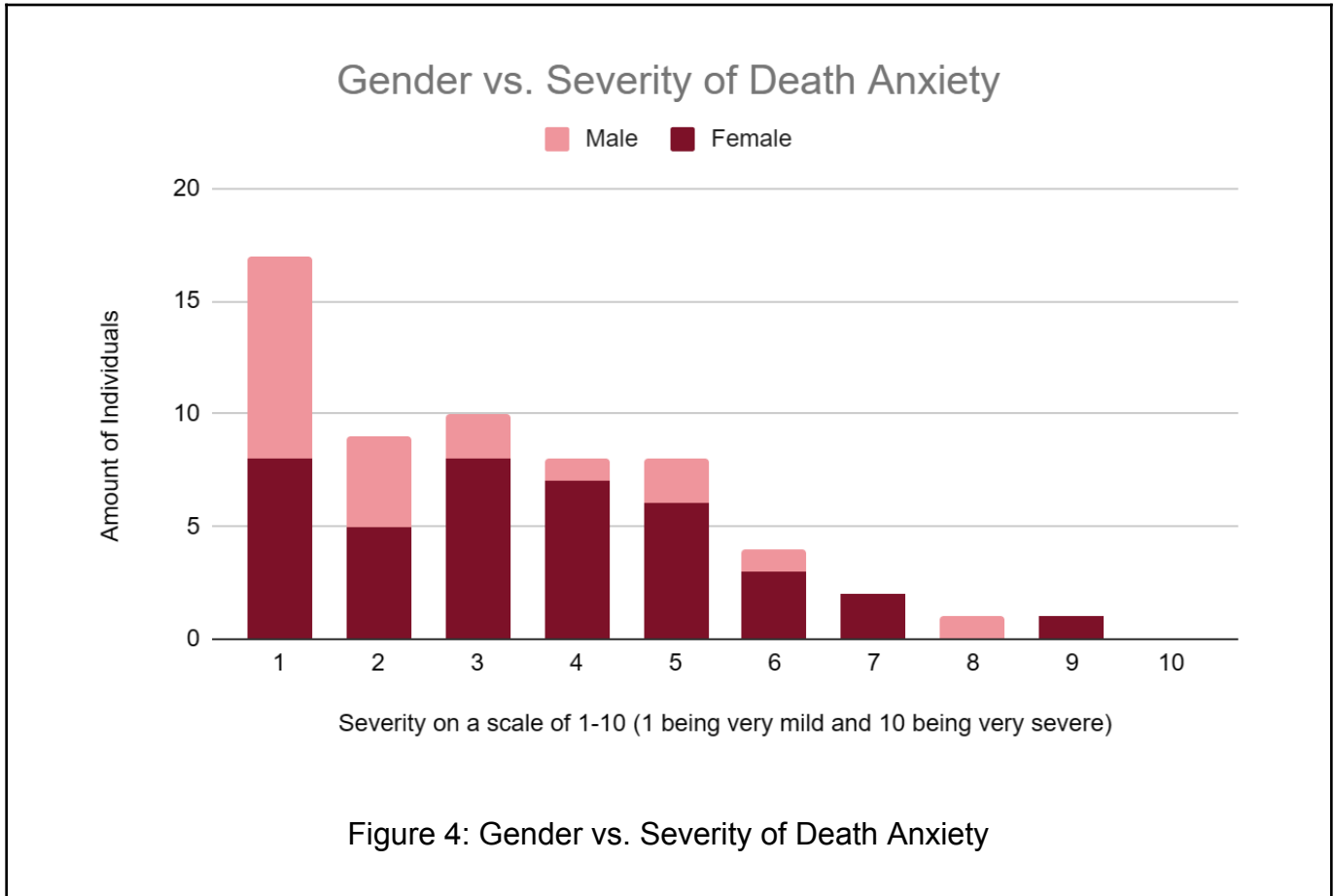
There were responses from a variety of age ranges, but most respondents were from the 41-60 age group, with 56.7% of respondents identifying with that age group. The next most prevalent age group was 13-18 years old, with 33.3% of respondents choosing that option. The final 10% was split among respondents within the 19-25, 26-40, and 60+ age ranges. In a chart created based off of the survey comparing age and the severity of death anxiety in the individual (Figure 2), it can be inferred that death anxiety tends to decrease as an individual gets older, therefore the two variables have a negative correlation.



The most severe cases of death anxiety recorded from the survey were seen in the 13-18 age group, and the highest severity of death anxiety experienced (on a scale of one to ten, with one being mild and ten being severe) was a nine out of ten. From a graph addressing the correlation between age and the specific subset of death anxiety experienced (Figure 3), it was concluded that most older respondents that took the survey were primarily afraid of leaving their loved ones behind.

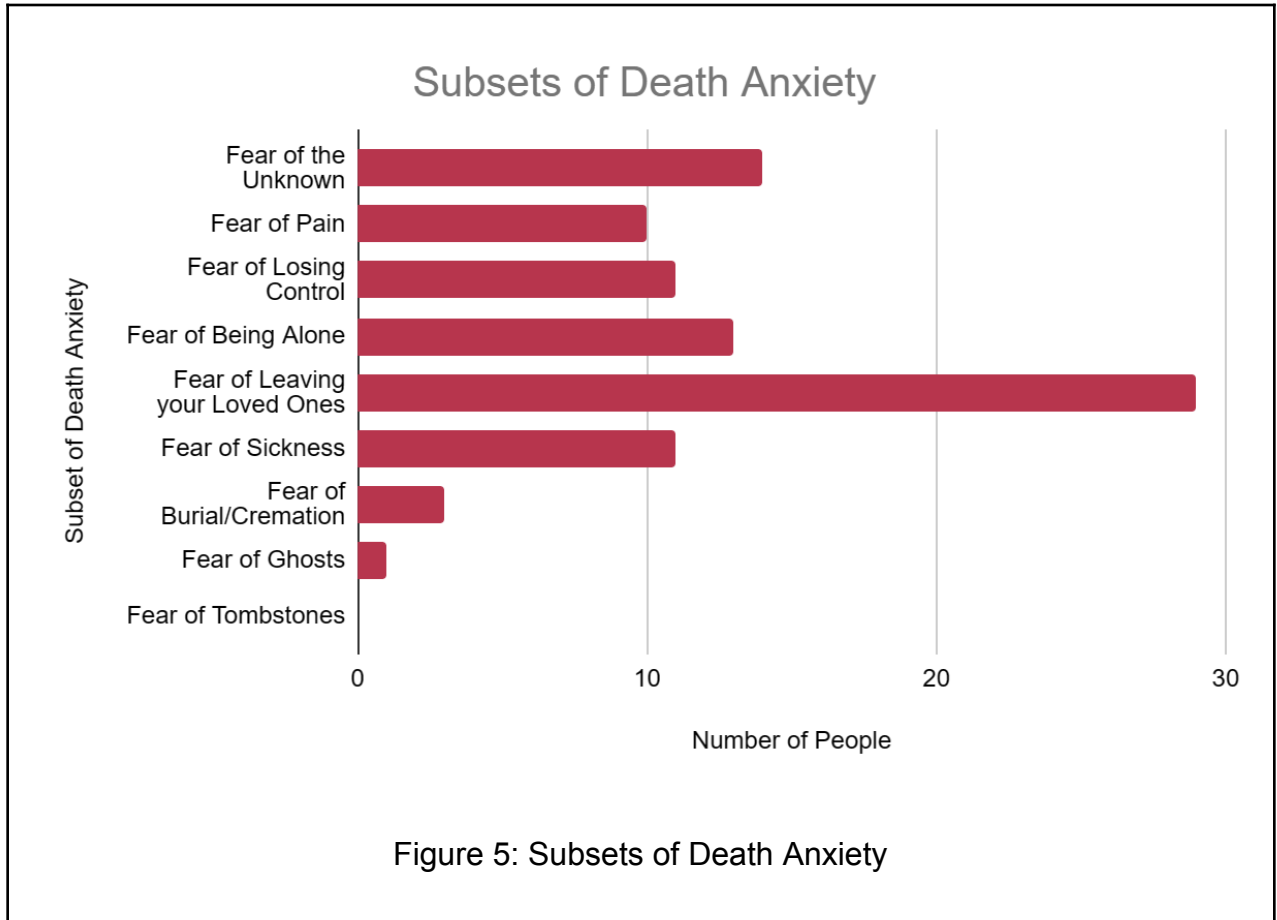


Younger respondents, however, were more afraid of the unknown aspect of death anxiety, as the primary subset listed for the age group 13-18 was “fear of the unknown”, while the primary subset listed for age ranges 19-25, 26-40, 41-60, and 60+ were “fear of leaving loved ones behind”. In terms of gender, 66.6% of respondents were female, and 33.3% of respondents were male, therefore there was a ratio of one male for every two females in terms of the gender of the respondents. In a chart that correlates gender and the severity of death anxiety experienced (Figure 4), females had a tendency to experience higher levels of death anxiety compared to males.



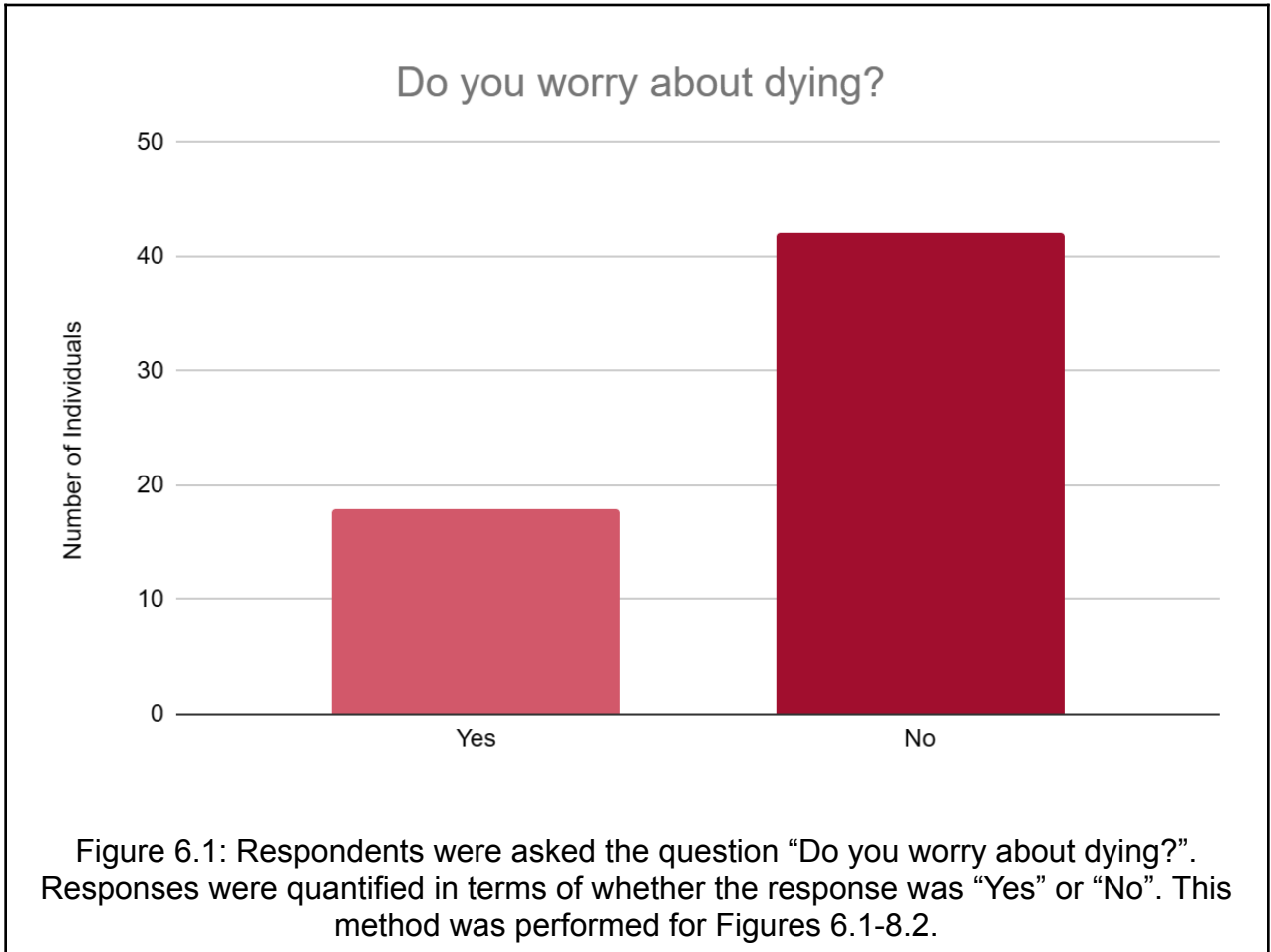
Overall, females had an average severity of death anxiety of approximately four on the one to ten scale, while males had an average of around 3. It cannot be concluded that the demographic that more frequently experiences severe death anxiety is women, however, since the gender ratio was skewed.

A chart detailing the most prevalent subsets of death anxiety (Figure 5), it was shown that the “fear of leaving loved ones behind” was the most chosen option.

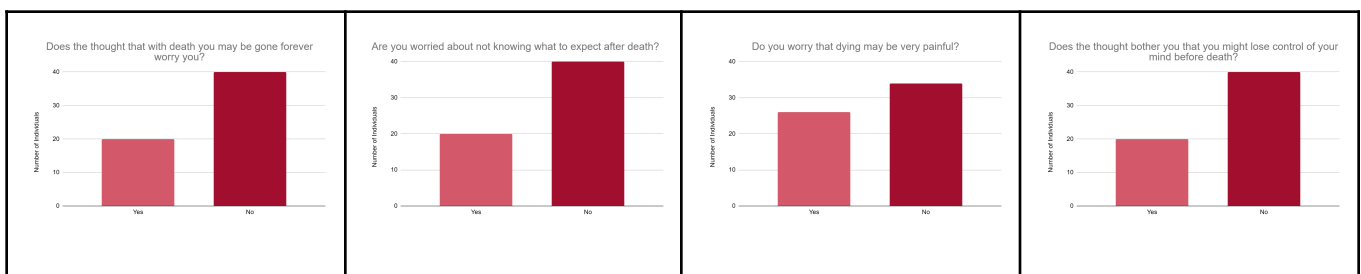


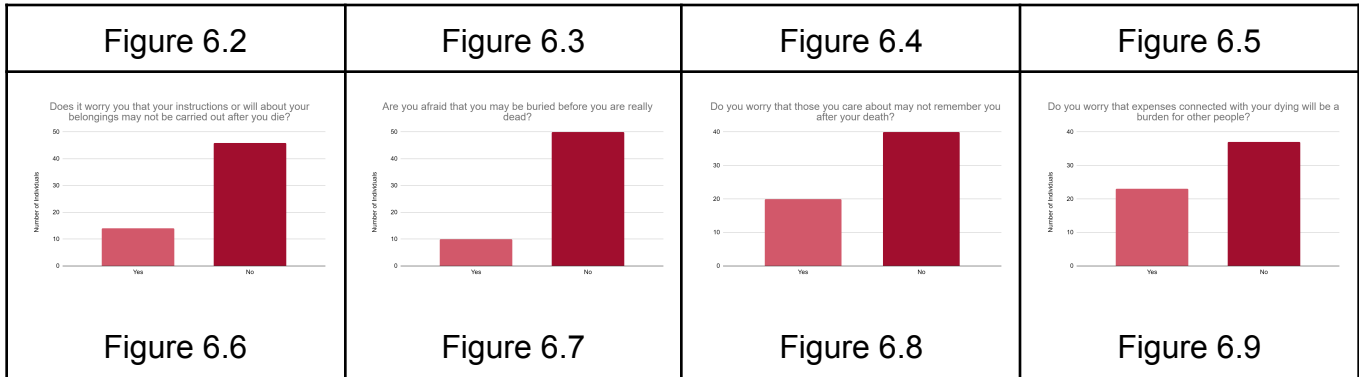
The next most commonly chosen option was “fear of the unknown”. The other more common option choices were “fear of being alone”, “fear of losing control”, and “fear of sickness”. This goes against the hypothesis, as death anxiety can be triggered by multiple different subsets, and it doesn’t necessarily have to be triggered by a near-death experience. This is also affirmed by the final portion of the survey, which asked participants to elaborate on their experience with death anxiety. Almost every single respondent mentioned that they never had a particular near-death experience, the thought just happened to cross their mind casually and led to the onset of a more severe anxiety. Specific subsets like the fear of ghosts were not as prevalent, which is logical as the majority of the participants did not believe in the supernatural.

The survey included 14 questions from a journal article with a scale used to measure death anxiety (Jong et al., 2019). The first question asked “Do you worry about dying?” (Figure 6.1).



Eighteen respondents said “Yes”, while 42 responded with “No”. Similar responses were seen for the following questions: “Does the thought that with death you may be gone forever worry you?” (Figure 6.2), “Are you worried about not knowing what to expect after death?” (Figure 6.3), “Do you worry that dying may be very painful?” (Figure 6.4), “Does it bother you that you might lose control of your mind before death?” (Figure 6.5), “Does it worry you that your instructions or will about your belongings may not be carried out after you die?” (Figure 6.6), “Are you afraid that you may be buried before you are really dead?” (Figure 6.7), “Do you worry that those you care about may not remember you after your death?” (Figure 6.8), and “Do you worry that expenses connected with your dying will be a burden for other people?” (Figure 6.9).

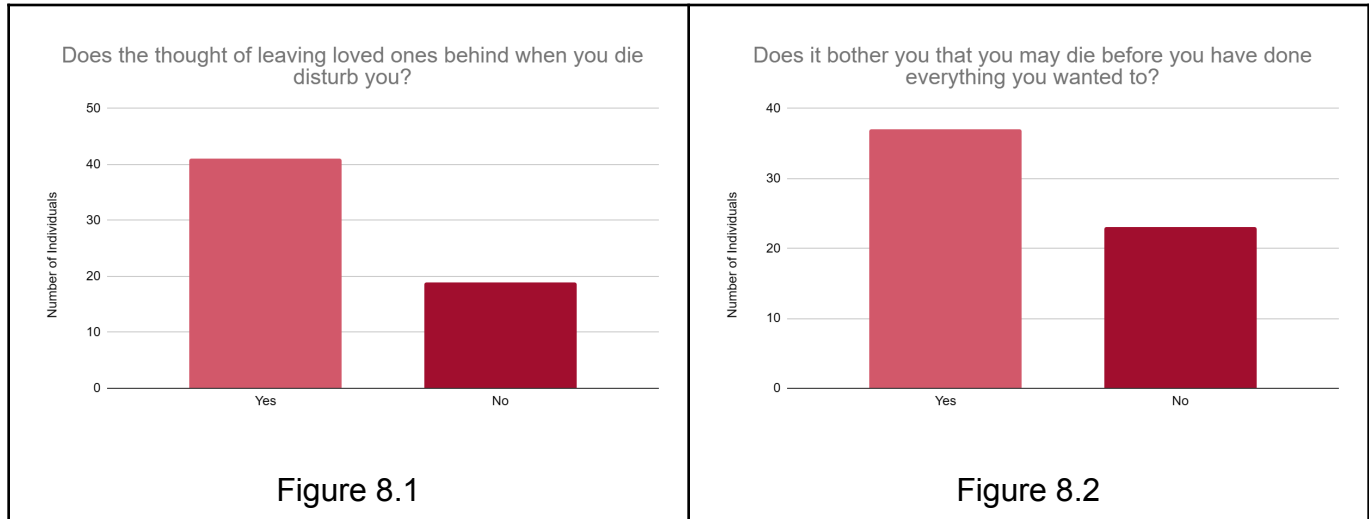




These results contradict with what was seen in Figure 5 as most people were afraid of losing loved ones and the unknown, however only around 33% of respondents answered “Yes” to questions asking about the fear of losing loved ones or the unknown. Some questions had approximately an equal number of responses. For example, one question asked “Do you worry that you may be very ill for a long time before you die?” (Figure 7.1). This question had a 50/50 split, with 30 respondents saying “Yes”, and 30 respondents saying “No”. Similar responses were seen in the following questions: “Do you worry that you may be alone when you are dying?” (Figure 7.2), and “Does it upset you to think that others may see you suffering when you die?” (Figure 7.3).



A few questions did have “Yes” as the most prevalent answer choice. For example, the question “Does the thought of leaving loved ones behind when you die disturb you?” had 41 respondents reply with “Yes”, while only 19 replied with “No” (Figure 8.1). Similarly, with the question “Does it bother you that you may die before you have done everything you wanted to?” (Figure 8.2) had 37 respondents reply with “Yes”, while 23 replied with “No”.



The results collected from the data analysis were somewhat surprising. Information collected from the surveys and interviews went along with some of the primary and secondary research information. Some of the information contradicted, for example in terms of the correlation between age and severity of death anxiety, or in terms of the most common subsets of death anxiety. Some sources said that death anxiety increased with age, while others said it decreased. From the survey, it can be concluded that death anxiety decreases with age. Similarly, most secondary research articles noted that the most common subset of death anxiety is the fear of the unknown, but in the survey, the fear of losing loved ones greatly surpassed the fear of the unknown in terms of the most prevalent subset. The goal of this survey was to identify what subsets were the most common in the onset of death anxiety, how the death anxiety itself originated, and if the information can be used to clarify information about how death anxiety may emerge in an individual. It was shown that the most common subset was the fear of losing a loved one, and that every single person has a different experience relating to death anxiety, so there is no set way to determine the onset of death anxiety in an individual as it varies for everyone.

Discussion and Conclusion

Based on the entirety of the data collected, and the information included in the review of literature, the hypothesis has been partially supported. The secondary research associated shows similar connections to what was presented in the data analysis. From the previous studies and sources (included in the review of literature), the four interviews, as well as the survey data, it was concluded that there were multiple aspects to death anxiety and each individual's experience with death anxiety is different. However, in the hypothesis, it was stated that near-death experiences were the main source of the onset of death anxiety. This is not true, while near-death experiences can cause death anxiety, they can also reduce it, and death anxiety can be caused even by the simple thought of death as well. The secondary research and interviews put an emphasis on the human nature of wanting to live a fulfilled life, which contributed to the answers seen in Figures 6.1-8.2. Many individuals believed in a sense of belonging over materialistic items, and this is supported by the many theories relating to death anxiety, such as the final stage of Erikson's Psychosocial Theory: Ego Integrity vs. Despair.



Certain limitations may have contributed to changes in the results of the data. For example, certain respondents who took the survey also mentioned that they don't experience death anxiety, and simply took the survey because it was made available to them. Unfortunately, these responses had to be deleted to ensure the most accurate data possible. Another error that led to confusion in data analysis was the fact that some respondents did not make use of the free response sections and only answered the multiple-choice questions in the survey. This made it difficult to interpret why they may have chosen certain answer choices. A specific free-response question asked participants to explain their experience with death anxiety and how it originated. Most participants responded with a "prefer not to say". For those who put down multiple subsets in their answer choices, it just had to be assumed that they all equally played a role in their death anxiety, because that was all of the information that was provided by them. Other limitations of this study may include the validity and reliability of the survey responses and conflicting information. Since respondents of the survey were asked to fill out the survey in their own leisure time and most likely without any guidance, responses were self-assessed and may not have been as "professional" or as accurate. There is also the fact that respondents could have been dishonest with their responses. Although there wasn't any reason to do so, this could impact the results and prevent the data from being accurate. Throughout the primary and secondary research, it became apparent that the "cause(s)" of death anxiety varied from person to person. The sources, interviews, and survey respondents' personal opinions of the origin point of death anxiety conflicted at a high rate, so the data presented here may not see exactly eye-to-eye with any of the sources, rather, it is a compilation of them all.

To effectively replicate this study, it may be of value to alter the wording of particular questions provided in the survey. This can improve the survey so that participants know how to specifically answer each question. It also helps avoid confusion and guarantees more efficient responses. Respondents, from this method, will be able to get a good idea of what the question is asking and what kind of answers the researcher is looking for, so they will be able to tailor their responses in that manner. It may also be beneficial to educate respondents on the survey and specific information about what is being researched in order to give them more information and context while responding to the survey. Many respondents may not know a lot of information about their condition, so it is important to give them context on it if they don't already know. Providing respondents with background knowledge can also make them aware of what the research being conducted is about, and what kind of questions they can expect in advance. This should be done briefly and simply as many respondents may be unsure of more complicated vocabulary and topics. The goal of the study is to be able to accurately present the findings of a research question, and that is usually done through some form of data collection. Because of this, data collection should be formatted and improved upon in a way that will evoke a specific response from the respondents.

For future research, it may be beneficial to extend the data collection survey into "treatment" options for death anxiety as well. That way, the researcher can find new ways to help reduce these anxieties with input from the demographic that experiences them. If needed, researchers can conduct experiments with individuals who experience a high level of death anxiety, and have each individual try a different method of reducing the anxiety. This way, an appropriate method to reduce anxiety can be studied and concluded from this variant of the study. An alternative is to use articles from previous studies related to this topic and compare the results with one another. The only drawback of this type of research is that many of the



sources are extremely outdated and may not provide relevant information. Another option for further research would be to look specifically into a specific “treatment” and see how effective it is in reducing death anxiety of varying levels of severity, caused by a variety of subsets. This method can help determine the effectiveness of certain preventive methods while building off of topics discussed in this study.

This research study was created in order to advance awareness for individuals who experience death anxiety. Although everyone has death anxiety to some degree, when it becomes severe it can prevent individuals from living their lives normally, due to the constant fear of death. Particularly after the COVID pandemic and the Russia-Ukraine War, people have become more death-anxious now than ever. This study has concluded that there are many different aspects to death anxiety, so finding ways to reduce it starts first with understanding one’s specific experience(s) with death. Individuals can take action through preventive measures such as exposure therapy, which can reduce death anxiety due to prolonged exposure to items and activities that are death-related. The goal of this study is to spread more awareness for this cause as the majority of people aren’t familiar with death anxiety and the long-term effects it can have on an individual. If simple steps can be taken to educate the general public on this form of anxiety, then people experiencing it, as well as their peers around them, will be able to identify factors associated with death anxiety and get individuals struggling with death anxiety the help that they need.

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