

DESCRIPTIVE PHENOMENOLOGICAL ANALYSIS OF  
INFLUENCES TO DEATH ANXIETY

A Dissertation

Presented to the Faculty of  
Antioch University Seattle  
Seattle, WA

In Partial Fulfillment  
Of the Requirements of the Degree  
Doctor of Psychology

By

Michelle M. Ehle

ORCID Scholar No. 0000-0003-0447-1873

November 2019

DESCRIPTIVE PHENOMENOLOGICAL ANALYSIS OF  
INFLUENCES TO DEATH ANXIETY

This dissertation, by Michelle M. Ehle, has  
been approved by the Committee Members signed below who  
recommend that it be accepted by the faculty of the Antioch University  
Seattle at Seattle, WA, in partial fulfillment of the requirements for the  
degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

---

Dana Waters, PsyD, ABPP  
Chairperson

---

Mary Wieneke, PhD

---

Steen Halling, PhD

---

Date

**© Copyright by Michelle M. Ehle, 2019**

**All Rights Reserved**

## **ABSTRACT**

### **DESCRIPTIVE PHENOMENOLOGICAL ANALYSIS OF INFLUENCES**

#### **TO DEATH ANXIETY**

Michelle M. Ehle

Antioch University Seattle

Seattle, WA

There are two certainties in life: we are born, and we will die. Everything in between birth and death is our life. This truth leads many individuals to existential questions: What is the meaning of life? How do we become satisfied with life, knowing that death is impending? Does awareness of death motivate how we live? Death anxiety is a well-studied subject; well over 500 studies provide information on who is the most fearful of death among a variety of groups (women versus men, religious versus secular, youth versus elderly, et cetera). These studies also use presuppositions to explain fear of death, such as, elder individuals have less fear of death due to life experience, a practical reason that makes sense and is likely true. My study looks beyond practical reasoning. I used descriptive phenomenological research to explore the subjective experiences of six individuals, to look beyond presuppositions and examine personal reasoning, and explore whether there were commonalities among their experiences. This study found ten (10) commonalities within the subjective experience of each participant that influenced each person's fear of death. In the whole these commonalities describe the structure of a phenomenon, experiences that alter the fear of death and influences actions taken in life. The commonalities are loss, selfishness, worry about the process of dying, helplessness over what cannot be controlled, common daily fears, meaning-making that is embedded in general reasoning, reports of self-protection, pleasure-seeking drives, struggles with internal and external values, and a

feeling of relief that is found in those who have lost a loved one to chronic illness. This study provides an enhanced understanding of how individuals process death anxiety. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and Ohio Link ETD Center, <https://etd.ohiolink.edu/etd>.

*Keywords:* Death Anxiety, Life Satisfaction, Qualitative, Descriptive Research,  
Phenomenology

## **Dedication**

This study is dedicated to my uncle, Michael Joseph Ehle. In life he brought me to understand hedonism. He exemplified how to enjoy pleasures in life, the values of art, music, friendships, philosophical thinking, food, laughter, and love. In his death he taught me how long friendships and honor last and how present someone can be in one's life even in death. Most importantly, for this piece of work, as I witnessed the long process of dying of a chronic illness questions about the end-of-life rose quietly in my mind. These questions rose to a level of inquiry in my consciousness during my academic pursuit and led to this dissertation. Fortunately, the subjects surrounding death are exceedingly important to study in psychology and my interest in the subject has made the work a fulfilling task. This dissertation is in honor of my uncle.

## **Acknowledgements**

I would like to acknowledge Antioch University Seattle, which is made up of a group of passionate individuals who have worked endlessly to enable the doctoral psychology program to mature. Special thanks to Jude Bergkamp, who whom I've only had a few interactions and with few interactions probably does not understand how amazingly supportive to me he has been, and Cheryl Azlin, who championed me throughout clinical training.

I also want to honor my dissertation committee. To each of you, thank for your patience and dedication for staying on my committee. I stumbled, tumbled, and fell flat on my face, and took a lot of time to complete this work. I am exceedingly grateful and honored that you remained supportive. Mary Wieneke, your emotional support has been immeasurable and the health psychology track that you designed brought me to Antioch, so thank you. Steen Halling, your philosophical thinking and phenomenological approach to research helped guide me through this process and inspired my interest in studying subjective experiences. Dana Waters, thank you for supporting this project. Thank you for your willingness to guide me through the editing of this dissertation; academic writing is a weakness of mine and your good-natured agreeableness to walk me through the process was amazing. Also, you have been holding a light for me to guide me through not only the dissertation, but through completion of the program. Thank you for being my lightkeeper.

A gigantic thank you to the participants of this study. Your willingness to talk with me and share intimate details of your life with graciousness is honored. I kneel in reverence to you and thank you.

I also want to thank Mom a million times over for her support. I could not have gotten through this without you, so thank you! To family and friends, knowing that you people trusted in me to do this work, to conquer a doctoral program, immeasurably helped me to get up and move on during a difficult time through this process. There are too many of you to name personally, I thank all of you and send you my love.



## Table of Contents

ABSTRACT.....	iv
Dedication .....	vi
Acknowledgements.....	vii
List of Tables .....	xiii
CHAPTER I: INTRODUCTION.....	1
Inspiration for Study .....	6
CHAPTER II: LITERATURE REVIEW .....	8
Theories of Defenses of Death Anxiety .....	10
Ancient Considerations .....	10
Plato .....	11
Sigmund Freud.....	11
Irvin D. Yalom .....	13
Ernest Becker .....	15
Rollo May .....	17
Robert W. Firestone .....	17
Steven Heine and Travis Proulx .....	20
Research on Death Anxiety .....	23
Age and Death Anxiety.....	23
Religiosity and Death Anxiety.....	25
Physiology and Death-Related Stress .....	27
Clinical Psychology and Death Anxiety .....	28

End-of-Life and Death Anxiety .....	29
Common Traits Across Studies .....	31
Common Methodology Across Studies .....	32
Life Satisfaction .....	34
Defining Life Satisfaction.....	36
Life Satisfaction and Research.....	37
Death Anxiety and Life Satisfaction.....	39
CHAPTER III: METHODOLOGY .....	42
Phenomenology.....	42
The Perception of Research and Procedures.....	47
The Participants .....	51
Consent .....	53
The Interview .....	53
Data Analysis .....	54
Read for the Sense of the Whole.....	54
CHAPTER IV: FINDINGS .....	60
CHAPTER V: DISCUSSION.....	64
Constituents.....	64
Summary .....	94
Limitations .....	95
Proposed Direction for Future Research.....	96
References .....	98
Appendix A: Demographic Questions .....	103

Appendix B: Internet Forum .....	106
Appendix C: Flyer.....	107
Appendix D: IRB Application .....	110
Appendix E: Consent Form .....	115

## List of Tables

1. Demographics of Participants .....	51
2. Events(s) of Loss, and the Expressed Emotional Charge Related .....	68
3. Rational Self Interest.....	71
4. Process of Dying .....	73
5. Lack of Control .....	76
6. Fear .....	79
7. Meaning Making.....	84
8. Self-Care .....	87
9. Pleasure in Life .....	90
10. Struggle With Values .....	92

## CHAPTER I: INTRODUCTION

*ACHILLES: "I'll tell you a secret. Something they don't teach you in your temple. The gods envy us. They envy us because we're mortal, because any moment might be our last. Everything is more beautiful because we're doomed. You will never be lovelier than you are now. We will never be here again (Motion Picture, Troy, 2004)*

Our lives run from birth to earth, womb to tomb, cradle to grave. Within us we possess an overt awareness that we were born, and we will die. Everything between these two demarcations comprises our life experience. As Achilles notes in the film *Troy*, "Everything is more beautiful because we're doomed." If we were to live forever, would our lives mean as much?

Death is not a popular subject in our contemporary culture. Even aging itself is viewed with aversion. We are to stay fit, young, and perky to obtain maximum satisfaction from life. These observations invite many questions: What constitutes a satisfying life? How do we attain this? Is death our inspiration? Is death an anxiety that motivates our actions? To address these and related questions, this study examines death anxiety and how it creates meaning in life.

Effects of death anxiety have garnered great interest in the field of psychology. Therapists encounter patients with myriad troubles such as addiction, unhealthy relationships, repression of feelings, and attraction to suicidal ideation or dangerous, high risk behavior. Each of these states has been established as a defense against death anxiety by icons in psychology (Firestone, 1993; Freud, 1922; Yalom, 1980). More specifically, these states can arise alongside pathologies that develop when death anxiety is poorly handled (Firestone, 1993; Freud, 1922; Greenberg & Arndt, 2012; May, 1981; Yalom, 1980). Understanding the process of how and why death anxiety manifests in these ways is of interest to me. Therefore, this study explores what experiences in life influence an individual to harbor a fear of death, a fear that could

potentially lead to a psychological defense system. In what ways do individuals arrive at these feelings towards death?

Death anxiety is also an existential subject that has been thoroughly explored in both philosophy and psychology. The literature review presented in Chapter II will detail a variety of theories regarding psychological defenses toward death anxiety. A paradox between life and death is explored philosophically within these theories, illuminating the ways and degree to which a sense of meaning is produced through a fear of death and at the same time framing what is valuable and important in life. Understanding why people take particular actions, including unhealthy ones, based on an unconscious fear of death has long intrigued the psychological community. There are psychological theories that focus on topics ranging from repression related to the knowledge of death (Firestone & Catlett, 2009; Freud, 1922; Yalom, 1980) to existentialist concerns (Yalom, 1980) to details of psychological defenses (Firestone, 1993; Yalom, 1980).

Research regarding death anxiety has been complicated by the fact that anxiety about death is, by its nature, an existential concept. A scientific approach developed following the work of Ernest Becker (Greenberg & Arndt, 2012). Becker's (1973) hypothesis on death anxiety maintained that a human is unable to accept the briefness of life. This inability induces an effort to escape the burden of death, within which the rules of a given cultural influence reasoning and behavior become, not only of an individual, but of whole communities. Exploring cultural influences led researchers to develop a scientific approach to measuring responses to a reminder of death; the term for this response became known as *death salience*. Such research has provided information comparing and contrasting responses in various groups, including death anxiety rates in men versus women, in young people versus the elderly, and in religious versus secular individuals. This approach has also enabled researchers to assess levels of death anxiety in

relation to other beliefs. For example, one study showed individuals with high self-esteem having lower death anxiety than those with low self-esteem (Harmon-Jones et al, 1997; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). Despite the benefits of exploring differences among particular groups regarding how beliefs influence death anxiety, shortcomings persist within these comparative approaches (Englander, 2012; Firestone, 2008). Qualitative questions of what precisely happened and how that was cognitively processed by the participants of research are missing from most of these studies. For example, what events in life influence levels of death anxiety, and how is meaning constructed from these events? The shortcomings inherent in these studies invite the research presented in this dissertation.

Scientific measurement, also referred to as quantitative inquiry, has thus far been the predominate methodology used in researching death anxiety. Data are collected, often via survey format, with people answering through self-report (Heppner, Wampold, & Kivlighan, 2008). Moreover, these studies tend to be predicated on presuppositions regarding death anxiety and are highly focused with narrow exploration (i.e., measuring only specific, pre-determined constructs comprising questions the researchers find relevant). Furthermore, these studies do not assess where, why, how, or for whom death anxiety occurs. In simple terms, quantitative research requires predefined hypotheses that are either accepted or rejected based on quantitative statistical analysis. In essence, a confirming or rejecting to a null hypothesis cannot encompass the subtleties of the topic at hand. This is not to deny there are advanced statistical procedures of quantitative research that gather detailed information. One example, research in health psychology has had the ability to reason that perceptions influence the physiology of the body (Epel et al., 2004). The *perceptions* being divided between this life event is burdensome and difficult for me to manage, versus, this life event is meaningful and has granted something

positive to my life. My curiosity is to look beyond the general positive and negative perceptions and seek details of the subjective experience. What is the phenomenon that creates a positive or negative experience that literally changes the physiology of the body? Objectivity of quantitative research presents a roadblock that disallows examining the subjective experiences. Giorgi (2009) states:

Phenomenology as a philosophy seeks to understand anything at all that can be experienced through the consciousness one has of whatever is “given” – whether it be an object, a person, or a complex state of affairs – from the perspective of the conscious person undergoing the experience. Thus, is not interested in an objectivistic analysis of the *given*, that is, an analysis that could exclude the experiencer, but rather in a precise analysis of how the “given” is experienced by the experiencer.

The given experience of the positive and negative perceptions that influence the physiology of the human body is, as Giorgi stated, a complex state of affairs. The experience that either provokes or decreases a fear of death is also a complex state of affairs. Quantitative approaches do not allow for an individual narrative, which is essential in exploring an existential construct.

On the other hand, open-ended qualitative questions about death anxiety and an exploration of how it makes sense to the participant would seem the more logical choice in the investigation of the phenomenon of death anxiety (Creswell, 2013; Giorgi, 2009). In reviewing the available literature, such studies simply do not exist. In this research I explored the subjective experience of participants to gain insight on how death anxiety is processed and took interest in historical and contextual factors influencing a person’s perception of death anxiety. To accomplish I used Giorgi’s (2009) Descriptive Phenomenological Method. Details are presented in Chapter III.



Creswell (2013) states that qualitative phenomenological studies explore people's lived experiences, and it is the lived experience that I want to explore in this study. Broadly speaking, in opposition to quantitative methodology, a qualitative phenomenological approach sheds light on the subjective experience of an individual, by researchers gathering qualitative data of their lived experience. The descriptive phenomenological method follows this practice allowing researchers to collect the lived experiences of several people and, through analysis of the phenomenon (in this case, death anxiety), generalizes similarities across the data gathered.

The phenomenon this study proposes to explore are feelings about and associations with death anxiety, by collecting the lived experience of six participants to see if there are commonalities. Psychological analysis of the content provides information to the psychological community to better understand the characteristics within the structure of death anxiety. The phenomenon of death anxiety needed to be parsed out in order that I, as the researcher, might clarify exactly what I was exploring: what personal reasoning does a person have that explains their level of fear of death? Following Descriptive Phenomenological Method, two questions were asked of participants: (a) Can you please describe in as much detail as possible a situation in which you experienced an event or a series of events that have influenced your fear of death? (b) How has this life event affected you and the life you are living? The first question aims to explore further meaning-making of an individual's mental and emotional processes, and to identify and characterize the origins of death anxiety as manifested by personal experiences. Furthermore, it explores how a lived experience influences emotion felt by individuals as they process and reflect on the event that leads to the level of death anxiety. The second question also uncovers if the life event leads to actions taken in response to the event. Psychologically, does the event lead to behavioral change?

### **Inspiration for Study**

The motivations for this study are personal and evolved from the experience of losing a close and beloved friend to a long-term illness. Throughout this experience dialog regarding the dying and death were minimal within my family as well as with friends and healthcare providers. This led me to ask why we are not talking about death, especially in a medical environment with someone who was dying. The experience enhanced my personal understanding of what I believe, what I fear, what I do not fear, what I know, and, more importantly, what I do not know about death. This event also further encouraged my interest in studying end-of-life topics and existential philosophy.

Ideas surrounding death anxiety and life satisfaction came alive while reading Freud's 1922 *Beyond the Pleasure Principles*. Freud asserts that we operate on instincts, predominately the instinct for life via Eros, which leads us to seek pleasure. Freud also introduces the concept of the death instinct, or Thanatos. In opposition to life, he posited, stands death, and the death instinct, too, is carried from birth toward death. In Freud's theory, Eros is stronger than Thanatos, and humans generally repress the constant movement toward death.

For existential psychology, death anxiety is a core topic (Yalom, 1980). As investigation in this field continued—explored in Chapter II of this dissertation—theories on psychological pathologies and defenses emerged, both of which constitute the material with which clinicians often work in therapy sessions. The findings of this study provide additional insight for clinicians who are working with patients suffering from grief, or any great loss, as the research outlines components of the lived experience that establishes the current level of fear of death and behaviors towards life.

The intention of this study is fourfold: to examine phenomenon that influences the fear of death; to explore how individuals process this information; to analyze the individual, subjective reflections of each participant; and to understand the psychology of the meaning-making process around the fear of death. Additionally, the study seeks to explore whether commonalities of this phenomenon emerged across the span of participants.

## CHAPTER II: LITERATURE REVIEW

The fields of death anxiety and life satisfaction psychology have generated a great deal of peer-reviewed research using predominantly quantitative methods. Scholars generally recognize the results of such research with appreciation for having produced valuable quantitative findings pertaining to a existential subjects (Firestone, 1993). A review of these studies follows.

The goal of quantitative research is to use numerical data to test whether a hypothesis is true. Such support is generally gathered through measurable observations. However, given the complexity of the psyche, humans and their internal experiences may not lend themselves to such limited measures. Existentialism focuses on abstract subjects such as the absurdity of life or the isolation experienced by an individual immersed in a densely populated society. It examines the authenticity of the self—the subjective freedom we have to make choices in our minds and our anxieties (Yalom, 1980).

Unfortunately, many quantitative studies have been based on presuppositions and unproven beliefs about our existence (Giorgi, 2008). For example, quantitative research has replicated in many studies the finding that elder individuals experience less death anxiety than younger individuals (Bath, 2010; Cirirelli, 2006; DeRaedt, Koster, & Ryckewaert, 2013; Given, & Range, 1990). The presupposition has attributed this reported difference to life experience (DeRaedt et al., 2013).

This assertion offers a good start that I believe is true, but exactly what comprises “life experience” has yet to be identified. How did the meaning of this experience translate to a lower fear of death? Complex and manifold beliefs tend to be abbreviated or overstepped by the quantitative approach, which relies on forced choice statements about life and death on Likert type questionnaires, paired with responses such as *strongly agree* to *strongly disagree*. In

addition, participant pools for the present research have tended to be youthful, often first-year students from researching universities (Abdel-Khalek, 2007; Medonald & Hilgendorf, 1986; Routledge, 2012). College-based participant pools are common as much research takes place on university campuses where the student body provides a convenient sample (Abdel-Khalek, 2002; Florian & Snowden, 1989; Juhl & Routledge, 2014; Lund & Raden, 1998; Medonald & Hilgendorf, 1968).

Quantitative research is also commonly used because it provides objective data. Such research is used to produce quantifiable information and to generalize findings to a larger population (Creswell, 2013). Unfortunately, the limitations of this methodology can be profound (Giorgi, 2009). Quantitative studies omit precisely what the current study seeks to explore and flesh out. As Giorgi (2009) stated, “analysis of how the ‘given’ is experienced by the experiencer” (p. 4). Seeking individualized, subjective answers through a qualitative phenomenology of individual lives requires that a participant’s voice be heard, recorded, and analyzed, which is not typically accomplished via quantitative research.

The reasoning for using qualitative inquiry, particularly a descriptive phenomenological methodology, rather than quantitative methods rests on the belief that this study may provide deeper insight into the development of death anxiety and how it relates to actions taken towards life satisfaction. Furthermore, the study provides a rich, subjective, picture as to how and why psychological defenses occur. The study’s descriptive phenomenological methodology will be thoroughly outlined in Chapter III: Methodology. A history of theoretical perspectives highlighting psychological defenses related to death anxiety is presented below. A summary review of research of death anxiety will follow, offering insight into my own study’s foundation. Lastly, this chapter recaps research on life satisfaction - which manifests in the wake of death

anxiety, allowing the paradox between the two to become clearer. Theories and defenses of death anxiety are presented below.

### **Theories of Defenses of Death Anxiety**

#### **Ancient Considerations**

In considering the development of conceptual framing of death, the question arises as to when humans first became concerned with conceptualizing death. Anthropologists cite burial methods as providing clues (Anderson & Boyle, 1996; Frazer 1968; Hovers, Bar-Yosef, & Vandermeersch, 2003). For example, burial sites from 50,000 years ago present evidence of red ochre dye, seashells, and flower pollen present at the burial sites within caves of Israel (Bar-Yosef, Vandermeersch, & Bar-Yosef, 2009). Even more elaborate and commonly known to most of us are the Egyptian pyramids, tombs of pharaohs arrayed with personal effects clearly indicating a burial ritual. Mankind has paid attention to burial and the afterlife with great ceremony from prehistoric days to present.

More relevant to this study with an articulation of human reasoning, Greenberg and Arndt (2011) provide history, citing a protagonist of 3000 BC as the first character in global written literature concerned with immortality versus death. Following this introduction Greenberg and Arndt (2011) speak about Thucydides. Thucydides (400BC) was an ancient Greek historian who wrote of the Peloponnesian War. A philosophical and psychological interest in Thucydides work is that he described that a fear of death drove individuals to certain actions. Thucydides indicates that distinction was derived "...through heroic, noble actions restoring justice, which qualified them for a divinely awarded afterlife; through memories of their heroic deeds; and through identification with death transcending group identifications" (p. 401; Becker, 1973). Humans have a long history of assigning meaning to death in order to alleviate death anxiety. In addition,

heroism and transcending group identifications are later considered as defenses against death anxiety in work which will be described below.

### **Plato**

In *Phaedo*, Plato wrote of Socrates' (399 B. C.) last dialogue before his death, expressing the idea that humans are physical and psychical, hedonistic in the physical state, and tend to seek pleasures to escape fears. Plato's Socrates also holds, that our bodies are temporal, but our souls are not. In *Phaedo's* discussion, the soul is said to have existed prior to the body and to continue beyond termination of the corporeal state. Plato's Socrates states that living in a well-behaved, philosophical manner, will lead to a heavenly afterlife, while mediocre living to will end in a penitent state, and poorly behaved bodied souls will wander endlessly in a terrible realm (Plato, translated copy, 1954). During Plato's era, mythology maintained the existence of many gods, not a solo God that is currently believed in by many. Setting that difference aside there is a similarity to current notions that heaven is a reward for following religious beliefs throughout life, purgatory may be paid for those who have been unclear, and hell respectively is the destination for sinners, as designated by the Roman Catholic Church. Stated otherwise, both ancient and current belief systems hold that life's final outcome depends on human choice, that healthy choices and behavior lead to a favorable afterlife for the soul. Thus, historical and philosophical context indicate that ancient forms of death anxiety are similar to the modern structure of personal beliefs about death and transitioning after life.

### **Sigmund Freud**

Pioneering psychoanalyst Sigmund Freud lived from 1856 to 1939 and believed "The goal of all life is death", and, casting back, "The inanimate was there before the animate" (Freud, 1922, p. 47). In Freud's early work (1910–1915), ego-instincts were related to self-preservation,

sexual pleasure, and means of guarding the self from conflict. Later in life (1920 and onward), Freud shifted his view, identifying not only Eros, the life instinct oriented toward sexual pleasure, but also Thanatos, the death-instinct oriented toward destructive pursuits. In his *Beyond the Pleasure Principle*, these innate instincts are shown to create a conceptual dialog between the inevitability of death and the preservation of life. For Freud, the life-instinct is stronger than the death instinct, and suppression occurs to keep concerns about death beneath the awareness of consciousness reasoning (Freud, 1922). This is congruent with today's reasoning that there is a repression surrounding death anxiety (Greenberg & Arndt, 2011). Current beliefs will be covered in fuller detail in Chapter II.

Pathologies linked to death anxiety are also considered by Freud. He stated if these instincts become overwhelming to a person's ego, a "split" occurs; the pleasure instinct is repressed and, without any feeling of pleasure, only pain remains. Repression of happiness manifests as a failure to feel happiness, which could then lead to diversions from the lack of happiness, substituting temporary and inauthentic pleasurable feelings via various forms of intoxication (Freud, 1922). Freud's concept of repression as a defense system is used commonly today to explain thoughts and reactions that individuals fail to experience. A defense mechanism is an unconscious strategy that reduces anxiety, anxiety that may lead to pathology.

As stated in the introduction, Freud's posing of the paradox between the instinct towards life and the certainty of death provided the inspiration for this study. My goal in this study is to examine humans leaning towards pleasure, life satisfaction, and investigate if death instinct is in a sense an existential terms of death anxiety, and to explore how these forces influence psychology and behavior in everyday life.



## Irvin D. Yalom

Irvine Yalom (1980) is an existential psychotherapist, writer, and professor emeritus at Stanford University who identified death as a source of anxiety leading to defense mechanisms; although consciously aware of the life cycle, individuals nonetheless carry an unconscious anxiety related to the fear of death. Yalom has identified various forms of defense developed to cope with death anxiety. *Conventional defenses* are adaptive and serve the individual in an ordinary life. However, if these defenses are overtaxed by stressful life events, they may become *overwrought defenses*, which in turn may lead to psychopathology. Yalom's ideas are consistent with Freud's belief that while repression is a natural defense, if it is not functional, a pathology may present itself (Yalom, 1980).

Yalom further developed this idea, identifying two particular defenses, *specialness* and *ultimate rescuer*. Specialness refers to overcompensating in various areas in ways that gratify the self, placing the self in a superior position. For example, an aging person may cling to youth in order to feel superior to someone else who is aging, and unconsciously in opposition to death. Seeking monetary advancement is another example offered by Yalom and common in contemporary culture: If I have an ample supply of money, I can feel superior to those with less. Additionally, money allows for better medical care, more costly organic foods, health spas and so-forth which may be a repressed response to death anxiety. Many beliefs considered normal by a group could be represented here, religious principles and restrictive eating among them. Many religious sects posit an afterlife in heaven accessible solely to their "special" denomination. Currently there is a dietary fad of avoiding gluten, even for those without the autoimmune disorder Celiac disease, this behavior is valued as a means of feeling healthier than peers and likely live a longer life. These may be defenses against death anxiety. These and others are

beliefs that enable a person to position themselves somewhat above others as a means of defense against death anxiety (Yalom, 1980).

Furthermore, Yalom's subfields of specialness in relation to *Heroism* is exemplified by a workaholic climbing the ladder of success to feel "better than" others, while *narcissism* can be seen in those who present themselves as knowledgeable and eager to give out advice but who cannot tolerate any form of criticism from others. They may also resort to aggression and control in order to block personal weaknesses, giving them a sense of having the power to ward off death (Yalom, 1980).

Another form of defense presented by Yalom is belief in the *ultimate rescuer* who will appear to solve the individual's problems, relieving a person of the responsibility for taking action. For example, religions and some secular philosophies provide a savior, along with the belief that life does not end but continues post-death. The ultimate rescuer defense can also lead to "remain[ing] embedded in another" (Yalom, 1980, p. 131). This refers to an individual demanding attention and reporting terrible, repetitive events in their life with a hope of being rescued by one who will take care of them.

In regard to psychological treatment of defenses, Yalom stated that those with the ultimate rescuer defense mechanism who realize they have not been saved will often search for clinical therapeutic help, in part because their defense involves external agitator, maintaining that their problems are not their fault. Those adopting specialness have an internal defense, a propensity to be independent and frequently narcissistic, and are less likely to seek therapy (Yalom, 1980).

All the above are defenses to death anxiety. Yalom also links life satisfaction and death anxiety, asserting that “death anxiety is inversely proportional to life satisfaction” (p. 207). In other words, higher life satisfaction equates to lower death anxiety.

### **Ernest Becker**

As is outlined in his book *The Denial of Death*, Ernest Becker (1974), a passionate philosophical anthropologist, argued that fear of death leads people to carry out evil. Reminiscent of and yet divergent from Freud’s theory, Becker’s asserted that humans are dualistic in nature—part corporeal, and part symbolic. While corporeal refers to the physical body, symbolic refers to customs, traditions, and morals set in culture or established by laws or religions for group behavior. For Becker symbols and traditions embedded in culture are directly related to death anxiety.

Heroism is also embedded in Becker’s theory, a key point of which is narcissism—a concern with the self before others. Heroic acts rise above the realm of death and the symbolic self; the one performing heroic acts outlives the corporeal body. Philosophically, the survival of the symbolic meaning avoids meaninglessness in life. Significance, purpose, and meaning have been constructed by, and are symbolically represented in, culture. Becker stated: “...this is what society is and always has been: a symbolic action system, a structure of status and roles, customs and rules of behavior, designed to serve as a vehicle for earthly heroism” (p. 4). In addition, this concept is global: maintaining fear of death has created tribal symbolic systems as defenses against mortality not only in our own culture but in all cultures (Becker, 1974).

Becker also addressed the imperfections of this system. The first downfall is narcissism, as humans hold an interest in the self within their acts of heroism. The second is a cultural tendency not only to share group values, but to carry those values to a level of a madness as they

become increasingly extreme, amounting to an “agreed madness, shared madness” (p. 27). This madness provides the impetus for wars, political extremism, racism, and all forms of cultural bigotry. Becker's theory holds that an awareness of mortality compels people to cling to integrated symbolic beliefs, whether right or wrong. These beliefs protect the self—the narcissistic, heroic self. According to Becker, a form of repression lurks in the self-protective belief, which blinds us to alternative thoughts. This is what keeps groups bound to each other. Rather than branching out to explore and develop new concepts, group members trust in the old patterns which have been deemed appropriate by cultural constructs (Becker, 1974).

Psychologically, this heroic system proves too burdensome for some who, as a result, develop mental illnesses. Becker suggests depression amounts to a lack of courage, an inability to be heroic that cycles into an inability to act. Schizophrenia manifests as a more severe, complete separation of the self, resulting in creation of one's own reality. Due to an inability to place the self within the cultural symbolic system, schizophrenics create a new reality (Becker, 1974).

Becker's (1974) work has won notable accolades (Greenberg & Arndt, 2011). His theory, based on great thinkers such as Sigmund Freud, Otto Rank, Søren Kierkegaard, and Carl Jung, among others, has in turn inspired subsequent researchers. Jeff Greenberg, Sheldon Solomon, and Tom Pyszczynski took Becker's existential concepts and began scientifically based research named Terror Management Theory (TMT), which has produced much of the research on death anxiety (Pyszczynski et al., 2004). TMT will be outlined below.

## **Rollo May**

Existential psychologist Rollo May (1981) posited a paradox between life and death as necessary to make life meaningful. Replicating Abraham Maslow's belief, May held that the sweetness in life is created by the awareness of death. May also reflected on Williams James' argument that in life we can change our destiny by how we make sense of events. A given event may be identified as an all-defeating blow or bad events may be a source of positive awareness and locus of control that may occur afterwards. The loss of a family member serves as an example. The loss experienced is a sad event; however, the results may motivate an individual and provide a fulfilling direction in life. A metamorphosis initiated by the loss of a perceived foundation of who you were, with that foundation absent a new structure may be built to fortify self-conceptualization. Death as a destiny can be similarly affected; we cognitively select the nature of our destiny. Regarding psychology, May (1981) also expressed a concern that a "blindness about death seems more or less universal in orthodox psychoanalysis" (p. 108). While a school of individuals concentrating on end-of-life and other existential issues can be found, it is a small school, while little to no such training has transpired in my academic experience.

## **Robert W. Firestone**

The work of clinical psychologist Robert Firestone (1993) has most substantially influenced my conceptualization of how death anxiety and defenses are related to clinical care. Firestone focuses on defenses that are healthy initially, but may also become self-destructive, and can limit possibilities in life. He proposes that early trauma leads to defenses that expand as we become aware of how finite our lives are. Defenses related to death anxiety are linked to self-actualization and becoming independent. In what I consider a relevant piece of work Firestone

first justified his argument by citing authorities in the field, then presented his ideas on *secondary defenses* (Firestone, 1993).

Firestone began by citing Stern's contention that neurosis is caused by death anxiety, and that such anxiety must be addressed during therapeutic sessions. Firestone follows this line of thinking with reference to Viktor Frankl's (1947) book on life in a Nazi concentration camp. Frankl maintained that humans can surmount even the worst trauma and suffering to reach great achievements. His own survival lay in his capacity to imagine and to plan for the future in a life not destroyed. Even in the most restricted life, humans have a choice as to their thoughts, feelings, and may be responsible for their reactions. Existentially, this choice is considered freedom—the ability to act and to take responsibility for one's actions (Firestone, 1993).

Firestone's next reference was to Otto Rank, who maintained that individuals who claim that they have a fear of living actually have a fear of dying. Firestone also noted that Rank's theory is supported by Abraham Maslow, who further posited that concerns of being alone and isolated from others fall within the realm of fear. Isolation is also an existential notion, viewed as a separation of the self from others and, further, a separation of the self from the world (Yalom, 1980). The existential concerns mentioned above are, according to Yalom, all related to death anxiety. Firestone's theory also references defenses, as detailed below.

Moving from the previous insights, Firestone discussed with natural defenses that develop before a child has an awareness of death (Firestone, 1993). Attachment theory serves as an example. A natural attachment develops for the mother figure; however, attachment to the mother is not permanent. As children we witness another person, judge the person, then realize that they see and judge us as well. From that moment on we are isolated. We are not a part of the mother, for we can judge her, and she can judge us. We are also not free, for the actions that we

take for we now will always live under the eye of another, we are no longer free in our actions because we are witnessed and judged by others. (Merleau-Ponty, translated copy 1964). While separation from the mother is a common fear, under adverse conditions such defenses may morph into pathologies. Firestone (1993) describes the following six secondary defenses in his article “Individual Defenses Against Death Anxiety,” paraphrased below:

- **Self-nourishing habits.** Children experience a strong sense that the world is wrapped around them. As this sense abates with time, self-nourishing habits develop to decrease emotional pain—habits that may become pathological in forms such as drug abuse and self-injury. Firestone expressed that we are immersed in a culture in which mania, overt depression, or overwhelming sadness are not well-tolerated. We are expected to manage emotionally to moderate the good and bad, while this culture blinds us to “existential concerns” (Firestone, 1993, p. 507). When we are unable to cope with these concerns, we may resort to self-nourishing in unhealthy ways, such self-medication with inappropriate medicine.
- **Preoccupation with pseudo-problems.** Pseudo-problems are events blown out of proportion over which an individual claims to have no control, since these problems foisted upon them from the outside (Firestone, 1993). Clinically, the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), maintains that a preoccupation with such issues may qualify the individual as a histrionic personality. Yalom (1980) would state, existentially, this issue is related avoidance of freedom—a willingness to act and to take responsibility.
- **Vanity - specialness.** Most individuals entertain this death anxiety defense to a degree, maintaining a feeling that they will not get ill, will not have a car accident,

etc., that such misfortunes happen to other people but not to them. Pathologically, vanity and specialness constitute a repression of vulnerability.

- **Addictive couples.** A fear of isolation causes individuals to develop and remain in unhealthy and/or hazardous relationships. The problem with this defense is that the relationships never resolves their existential isolation.
- **Gene survival.** This term refers not only to perpetuation of family genetics, but to a parent's living through the child's life. To the parent, the child is seen as a miniature self, often as one obliged to sort out the parent's unresolved issues or to achieve goals the parent never attained.
- **Progressive self-denial.** This defense is embodied by the daredevil who pursues a thrill from engaging in precarious or dangerous situations that make him or her feel alive, or by one who enacts micro-aggressions to threaten his or her own life. Suicidal actions, successful or not, according to Firestone (1972) also included in this category. This defense is an action taken against death anxiety.

The main premise for Firestone was that death anxiety naturally assists in individual development, allowing for self-actualization, yet also leads to defenses that may become of therapeutic concern.

### **Steven Heine and Travis Proulx**

In contrast to Becker's (1974) hypothesis and pursuant research connected to Terror Management Theory (TMT), Steven Heine and Travis Proulx (2006) established the Meaning Maintenance Model (MMM). According to this model, the *maintenance* in MMM restructures meaning that has been invaded or upset by unfitting material. An explanation of *unfitting material* has been presented by Bruner and Postman (1949) in a study that involved participants



playing with a deck of cards. The researchers assumed that most individuals within our culture have familiarity with a deck of cards; that is, most people know there are 52 cards in a deck featuring red and black symbols that pertain to the general rules of card playing. In this project, a deck was presented to participants and had a diamond suit that was black rather than red. This variation introduced a disturbance (unfitting material) to the participants, to which participants reacted in different ways. Some kept to the established rules, treating black diamonds as red diamonds. Others reframed the rules to allow for black diamonds. Still other participants exhibited great distress. One stated, “I can't make the suit out, whatever it is. It didn't even look like a card that time. I don't know what color it is now or whether it's a spade or heart. I'm not even sure what a spade looks like. My God!” (Bruner & Postman, 1949, p. 181 as cited in Proulx & Heine, 2006, p. 309). The point of this example is to suggest that if individuals experience such distress about the oddity of black diamonds in a deck of playing cards, far greater turmoil may occur when events interfere with larger meaning structures (Heine & Proulx, 2006).

In Becker's theory, described above, the anxiety that death provokes has been established as the cause of individuals clinging to particular cultural views. However, in MMM, death is framed as one of *many* disruptive factors causing anxiety and wreaking havoc with the cultural views that help maintain “symbolic immortality” (Proulx & Heine, 2006, p. 310).

MMM rests upon two major premises. The first of these is that memories build a reasonable structure—a schema that renders social, spiritual, and daily habits normal. Second is the idea that we are a relational species and thus do not separate ourselves from the environment. We desire a unity with people and culture, within which we prefer structure and consistency supporting our schema. “Schema” in this scenario bears a resemblance to “community rules” in Becker's theory. Meaning maintenance is what we do to maintain the “symbolic unity.” When

the schema is disturbed, we become unsettled and try to restore that unity, which is completed by a “fluid compensation process” (Proulx & Heine, 2006, p. 312) as a response to anxiety. In other words, due to fluidity within our meaning-making system, we are able to adjust our conceptualizations.

Proulx and Heine extend credit to TMT regarding the wealth of research produced and similarities between the two models, at least in terms of the response to reminders of death, death salience, which is used in research studying death anxiety. Each theory predicts the same outcomes within respective research projects. The differences between the two, as claimed by Proulx and Heine, lie in “their motivational ontologies, and in the range of findings that they can satisfactorily explain” (p. 314).

Another difference is that motivational ontology in Becker's theory maintains—because death causes anxiety—that there arises a desire to find a sense of immortality. This reassuring sense is established by latching onto pre-established beliefs, particularly those connected to cultural unity (Becker, 1974). In contrast, MMM defined by Proulx and Heine (2006) suggests schemas are operating and present for people because they provide meaning. When meaning is disrupted, fluidity enables people to either conform to established rules, as in Becker's theory (1974), or construct entirely new ones. MMM maintains that the anxiety established in death anxiety research also draws on many garden-variety fears, not only on fear of death. Supporting the contention that death anxiety does not lie at the core of all anxiety research that tested “non-death-related meaning threats” such as “life is low in meaning,” “temporal discontinuity,” “theft salience,” and “social isolation”, when set in comparison to death salience, the alternate threats presented the same results as death salience, indicating other anxieties operate similarly to death anxiety (Proulx & Heine, 2006).

### **Research on Death Anxiety**

The research studies presented below are separated into categories, the first regarding age and death anxiety, the second regarding religiosity, the third stress and physiological aging. Additionally, a description of the methodology commonly used across these studies, as well as a summary of aspects common to many of the studies, follows below.

#### **Age and Death Anxiety**

Research focused on looking across a span of life, has established that elder individuals experience less death anxiety than do their younger counterparts (Bath, 2010; Cirirelli, 2006; DeRaedt et al., 2013; Given & Range, 1990). The reasons given for this vary from study to study, depending on the focus. Common causes for anxiety levels in older populations are identified as change and loss. Loss of physical control in one's life, a fear of losing things and loved ones, and natural changes that occur across the lifespan become normalized perceptions, and all play roles. Some results of these studies are summarized below.

One study looked at elder and middle-aged populations, concluding that elders regulate emotions better than do younger cohorts (DeRaedt et al., 2013). A general sense of greater life experience was the presupposition as grounds for this difference. Another study by Krause (2014) stated that elders undergo a loss of control in life, and that a God-mediated sense of control, in contrast to independent control, leads to better life experience and decreasing death anxiety. In this study, those professing religious beliefs—specifically belief in a savior—reported lower death anxiety than those without such a belief. This study also examined the factor of race, querying 748 Caucasian participants and 752 African Americans. Researchers concluded African Americans reported higher God-mediation compared to Caucasians, and that African Americans'

affiliation with church was stronger than that of Caucasians'. The study explored solely Christianity and non-practicing individuals, thus may be biased in nature.

Benton, Christopher, and Walter (2007) looked at tangible and existential death anxiety in an aging population and found within U.S. culture, which stigmatizes aging, an aging body inspired a definite fear of loss related to existential death anxiety. This study comments on two forms of awareness—one of aging, and one regarding the eventual end of life. These two elements are both pragmatic and existential, suggesting they may entail many facets of meaning-making. However, underlying factors were not explored.

Another study focused on age found death anxiety peaks for women initially during their 20s, then peaks again in their 50s as a result of diminishing control in life (Neimeyer, 2001) as physiological changes in a woman's body highlight the aging process (Russac, Colleen, Reece, & Spottswood, 2007).

Expanding on this line of thinking, Cicirelli (2006) found that while aging brings a physical loss in terms of fading beauty and physical strength, a loss of mind or spirituality need do not coincide. He maintained overall higher death anxiety appears in old age. However, breaking up old age, as is advisable now that life spans are longer, he demarcated periods of the late stages of the human life cycle as young old, middle old, and the oldest. In this research, the middle old group experienced a peak of death anxiety comparatively. Cicirelli made a bold claim, almost in opposition to his data, stating that "...if older individuals feel that they have accomplished their major life goals, their sense of purpose in life may also begin the decline" (p. 76). Inconsistent with this assertion is Cicirelli's finding the middle old group experienced more death anxiety than the oldest. Another substantial criticism of this study worth noting pertains to

the abundance of presumptions made about how elders think, with no data provided to back up these claims. The majority of these studies exclude commentary from participants themselves.

In closing, aside from those noted above, most studies focus on the demographics of participants, including age with a definition that varies across studies, and many make the broad statement that elders experience less death anxiety than younger people.

### **Religiosity and Death Anxiety**

Research exploring death anxiety and religious beliefs found people with religious beliefs experience lower death anxiety than those without. An explanation for this pattern is the belief there is an afterlife, and therefore, death is not the end of life (Cohen et al., 2005; Ellis, Wahab, & Ratnasingan, 2013; Florian & Snowden, 1989; Krause, 2014; Lundh & Raden, 1998; Wink & Scott, 2005).

Further research has fine-tuned this broad association. Wink and Scott (2005) examined varying levels of religiosity of an elder population and found those with the highest religious activity scored lowest in death anxiety. Those with mediocre activity, who tended to hold more inconstant beliefs about an afterlife that often did not match their religion's tenets, experienced much higher levels of death anxiety. However, inversely to the trend of these results, the study found people with no belief in an afterlife experienced lower death anxiety than the religious population with mediocre levels of activity.

In addition to varying levels of religiosity, many people hold forms of spirituality unrelated to organized religion. Moberg (2016) compared spirituality and religiosity. Since the definition of spirituality varies from person to person, some difficulty arises in creating such a construct for research. However, Moberg concluded those who claimed spirituality versus religiosity reported the same lowered levels of death anxiety: no difference was found between

the two groups. This finding may be comforting to secular segments of our country. While different regions of our country maintain differing cultural norms, a majority of the research reviewed for this study took place in Midwest, where bias may have resulted as rates of religious practices are higher than those of the Northwest, which tends to be more spiritualist and/or secular.

In addition, the participants for studies generated in the Midwest were predominantly Caucasians and Christians (Cohen, 2005; Lundh & Raden, 1998), creating a greater bias. Fortunately, some researchers have worked outside this model. Florian and Snowden (1989) studied six ethnic groups (as noted in the study: Vietnamese, Chinese, Mexican, Blacks, Whites, and Jews) and four religious leanings (Catholic, Protestant, Jewish, and Buddhist). Their research replicated previous findings suggesting that Blacks and Caucasians holding Christian beliefs experience lower death anxiety. However, this study also detected outliers. For instance, Vietnamese individuals showed higher scores on death anxiety. However, no reasoning was provided, no explanatory factors were explored. Asian-Americans practicing Buddhism expressed a higher concern for the afterlife since it involved reincarnation as opposed to heaven. These findings on Buddhism were confirmed in a later study by Hui and Coleman (2012), who produced the same results. Looking at a shift in cultural structures leads to very different findings which pend on the beliefs within each philosophy. Cross-cultural studies have been rare. However, Ellis et al. (2013) conducted a three-nation comparison of Malaysia, Turkey, and the United States. Outcomes indicated parallel results with similar levels of death anxiety. Similarities across national comparisons support Becker's theory that death anxiety is global and not found only in our culture.

Overall, most studies suggested higher religiosity (and belief in an afterlife) results in lower death anxiety.

### **Physiology and Death-Related Stress**

Although death anxiety is an existential subject spoken of primarily by philosophers and psychologists, it carries links to health psychology. Four different topics defining these links will be covered. First, anxiety changes the physiology of the body and influences physical aging. Second, individuals living with a mental illness may perceive life differently than a comparative normal group. Third, living through a chronic illness seems to impact levels of death anxiety. The close of this section addresses the education of healthcare employees about death anxiety.

**Anxiety and physiology.** Research has produced evidence that anxiety is linked to physiological changes in the body, and to premature aging (Epel et al., 2004). Telomeres are a part of cellular DNA and are used by geneticists as markers for physiological aging. A common explanation of how telomeres show aging characterizes these markers as resembling an aglet, or the small plastic covering at the end of a shoelace. As time passes, the threads at the end of the lace begin to fray as the aglet wears away. The same is true for telomeres: shortening and fraying indicate aging. When blood is drawn to collect telomeres, physiological age may be compared and contrasted to chronological age by looking at the state of the telomeres.

Research by Epel et al. (2004) investigated whether stress modifies the physiological aging process by comparing chronological and physiological aging in groups of women who were mothers of either ill or healthy children. The mothers of ill children showed physiological aging far greater than those of healthy children—approximately 15 years' worth. In other words, these parents' telomeres indicated they were physiologically 15 years older than their chronological age. More interesting, for clinical psychology, were subjective differences in the

mothers of ill children, some of whom had physically aged less than others. Those who had suffered a toll tending to their children felt that life had been unfair; their telomeres were further aged. Mothers who found deeper meaning embedded in the process and who had embraced the care of their children did not age prematurely. The study clearly illustrated that anxiety literally ages the body. Moreover, this work has been successfully duplicated. The researchers Jergović et al. (2014) found evidence of increased telomere aging among those with chronic stress as compared to those who did not experience that stress. This study implied that post-traumatic stress disorder (PTSD) caused war veterans to prematurely age in contrast to those with low stress.

Interestingly, existential issues that create anxiety bring not only psychological effects in the form of defenses, but physical effects in the form of aging and health concerns. As such, death anxiety may influence the process of aging.

**Clinical psychology and death anxiety.** Only a few studies explored death anxiety in relation to mental illness. The most notable of these was produced by Abdel-Khalek (2005), assessing a group of 765 participants from clinical in comparison to non-clinical participants. The clinical group included patients with anxiety disorder, schizophrenia, and addiction issues. Measurements were made from personality scales and a death anxiety scale. Results indicated anxiety disorder patients scored higher levels of death anxiety, which is to be expected given the base of anxiety. Addicts received the lowest scores, which supports Firestone's (1993) secondary defense self-nourishing, utilization of chemicals to lower anxiety in response to high death anxiety. Male schizophrenic patients also showed lower death anxiety; perhaps, as Freud suggested, the person has "split" and created their own reality.



**End-of-life and death anxiety.** Death anxiety and end-of-life are the focus of few research studies. A focus on elderly people's attitudes towards death described less death anxiety than younger individuals (Bath, 2010; Cirelli, 2006; DeRaedt et al., 2013; Given & Range, 1990). A few studies mentioned that those who are chronically ill often carry existential worries and would like to talk about these concerns; however, many are not able to, typically due to social discomfort with the subject of death and dying (Adelbratt & Strang, 2000; Lagerdahl & Moynihan, 2014).

As cited above, research has indicated the elders have less death anxiety than younger individuals, due to life experience, it seems feasible that those working with death and dying would also have less death anxiety. Caregivers from hospice facilities were recruited for a research project by Bluck, Dirk, Mackay, and Hux (2008) which explored this topic. Researchers split the participants into two groups—those with experience (with at least one month of experience) and novices (less than a month of experience) who were working in a hospice facility. The study created written narratives on a variety of questions, then researchers sent a follow-up questionnaire asking how participants felt about the narratives, as well as measuring their death anxiety. Results indicated that those with more experience had lower death anxiety.

A critique of this study that should be noted, participants were asked several questions and they provided detailed narrative answers, yet no information was drawn from the written narratives. Only quantitative data were analyzed. Narratives that may have provided insight into personal reasoning were not processed as data. Only the questionnaire that followed the narratives held significance for the researchers. An additional critique pertains to the definition of *experienced* being one month of service which is not that much experience.

Another study by Tassell-Matamua and Lindsay (2016) examined death anxiety in light of Near Death Experiences (NDE). They found NDEs virtually ended death anxiety for a majority of those who have had them (Greyson, 1992; Ring, 1984). They continued by saying death anxiety remains absent, never returning to the post-NDE individual (Sabom, 1982; Sutherland, 1990; van Lommel et al., 2001 as cited by Tassell-Matamua, Lindsay, 2016). This is a debatable conclusion, as Tassell-Matamua and Lindsay (2016) cited others research studies for confirmation rather than drawing such a finding from their own data.

In a more concrete study, chronically ill patients with malignant brain tumors were interviewed for a phenomenological, qualitative study by Adelbratt and Strang (2000). In their article, Adelbratt and Strang acknowledged that cultural views have shifted drastically over the last 100 years. In the past, people died at home; death was a normal occurrence. In today's culture, our avoidance of death now sequesters the dying behind hospital doors. Adelbratt and Strang also concluded communication about end-of-life issues in medical facilities is poor—from the patient, to the staff, to all levels of the hierarchy medical facility. They suggested a great number of people believe talking about death with those who are dying is inappropriate. There is opposition to this belief. Adelbratt and Strang cited Yalom (1980) and maintained that speaking about death to the dying is not harmful and may lead to the benefit of authentic living at the end of life.

The methodology used was descriptive phenomenological via Giorgi (2009)—the same methodology selected for this study. Details are provided in Chapter III: Methodology. However, I do want to present a few points about the findings of the study here.

Descriptive phenomenological works with narrative derived from participants. Through analysis of the narratives, the researcher is able to identify patterns and to engage in meaning-

making that will yield generalizable findings. In Adelbratt and Strang's case, they noted that "emotional reactions...[of] shock, general anxiety, despair, anger, fear, and sadness" (Adelbratt & Strang, 2000, p. 502) were reported by many patients. A fear of loss was also displayed in the presence of an existential anxiety. Contradictions were exhibited in patients' dialogs, such as positive conversation about the future being followed by statements about the upcoming death. Another commonality for these participants was a desire to talk about death with staff members along with the fear staff would not be comfortable with the subject. A wealth of information was present by Adelbratt and Strang's (2000) a descriptive phenomenological study.

An alleviation of the anxiety and/or inability to talk about death would require that healthcare professionals receive some education about the dying process, which is recognized to be highly absent within health care facilities. McClatchy and King (2015) conducted research with human service students measuring death anxiety prior to and following a 10-week course on the subject. Results indicated death anxiety lowered significantly as a result of the class. Healthcare professionals, including psychologists, need improved education about living, death, and dying to increase knowledge and the ability to dialog about relevant psychological concerns.

### **Common Traits Across Studies**

For this literature review, a search for qualitative work on death anxiety and life satisfaction, as well as death anxiety solo to itself was performed. Few qualitative studies were found exploring *meaning in life* and *quality of life* along with death anxiety. Rather, most articles were related to particular illnesses, hospice work, and terminal illness. Articles for *death anxiety* focused on similar findings. Overall, a notable dearth of qualitative work exploring these subjects was found, while the vast majority of the death anxiety research was conducted using quantitative measures. Most studies collect demographic information which helped analysis of

basic demographic groups. An example, is many studies can support that women experience higher death anxiety than men (Abdel-Khalek, 2007; Eshbaugh & Henninger, 2013).

In addition, while there are studies with special concentration on exploring death anxiety in elders, scores of death anxiety studies have relied on college-age student participants likely drawn for the sheer convenience (Abdel-Khalek, 2002; Florian & Snowden, 1989; Juhl & Routledge, 2014; Lund & Raden, 1998; Medonald & Hilgendorf, 1968). The typical mean age across these studies ranged from 18 to 22 years (Abdel-Khalek, 2007; Medonald & Hilgendorf, 1986; Routledge, 2012;).

Lastly, a typical methodological order has been observed in many studies. Briefly described, participants enter a study, fill out demographics forms, are prompted to experience death salience, then answer questions on a Likert scale (Lyke, 2013; Routledge, 2012; Routledge & Juhl, 2010). A fuller description of this methodology follows.

### **Common Methodology Across Studies**

Rooted in Earnest Becker's (1974) theory, Terror Management Theory (TMT) was proposed by Jeff Greenberg, Sheldon Solomon, and Tom Pyszczynski (1980). Consistent in theory, findings showed that threats to the symbolic life create a defense in which one turns to one's own culturally held beliefs for relief. These cultural beliefs often encompass bias, perceived privilege, and prejudices that are held by groups within the community, in agreement with Becker's theory of shared madness (Greenberg & Arndt, 2011).

Terror Management Theory was poorly accepted at first due to the fact that death anxiety was considered an existential and philosophical subject (Greenberg & Arndt, 2011). In order to advance the theory scientifically, sound research was required. Consequently, a tight quantitative process was developed, allowing TMT research to gain credibility.

The general process for TMT is to select participants who are randomly split into two groups: those who experience death salience and those who do not. Demographic information is collected by researchers and a death salience exercise are then undertaken. The death salience exercise may vary study to study, a common approach is reading a narrative related to death, such as an account of a car accident, another approach is having participants write their conception of how their death will take place. The death salience activity is then followed by a set of questionnaires. The questionnaires, in Likert format, introduce a specific research question (political party, religiosity, life satisfaction, et cetera) along with a death anxiety questionnaire often pared down to only the questions relevant to the researchers. A caveat to this method is that “...terror management defenses do not occur when death is prominent in consciousness, but rather when death is highly accessible but no longer in focal attention” (Greenberg & Arndt, 2011, p. 405). Therefore, the studies’ sequence runs as above except there is a neutral, distracting questionnaire, allowing the death salience story to recede from focus, followed in turn by the death anxiety questionnaire. This caveat relies on the assumption that we are not able to communicate openly about our own perceptions about self and feelings regarding death anxiety in the moment.

Common to many TMT projects are precise questions based on assumed expectations. “[T]heories are based on presuppositions rather than descriptions of actual experience...” and “...existential theories are too imprecise to test by way of the standard quantitative research paradigm” (Denne & Thompson, 1991, p. 114). The studies above are based on these presuppositions; the questionnaires delineate precise responses, often begging the question, and encouraging the participant to provide exactly that which is being sought. While interesting and useful results have been obtained from this research, the narrow focus dominating this

methodology supplies the inspiration to proceed with a qualitative research project. Several of the questionnaire scales measuring death anxiety are listed below. These are presented to offer a clear explanation of how death anxiety is measured. Description of death anxiety scales are listed below.

- The Death Anxiety Scale (DAS) designed by Templer (1970) is widely used in research. This scale, which has been translated into many languages, contains 15 statements to be answered on a true or false basis. Often only a select number of the questions will be used in a research project to keep the research focused in one domain.
- The Revised Death Anxiety Scale (RDAS) by Thorson and Powell (1992) contains 25 statements set on a 5-point Likert-type scale. Answers range from *strongly agree* to *strongly disagree*. Again, studies may only include a select number of these questions rather than all.
- Collet-Lester Fear of Death Scale is a multidimensional scale that was first revised into 32 questions divided into 4 subscales, each subscale containing 8 questions on a 5-point Likert scale. This measuring tool was revised again by Lester and Abdel (2003) to 28 questions that assess fear of death and a fear of dying.
- Single item measures are also used, featuring a solo statement such as “I’m afraid of death” with responses set on a 7-point Likert-type scale ranging from *strongly agree* to *strongly disagree* (Abdel-Khalek, 1997).

### **Life Satisfaction**

Less complicated to explain is the concept of life satisfaction, as it is well set forth within the theories and research presented above. Life satisfaction is thought to exist in opposition to death anxiety. Understanding these dynamics in the psychology of an individual would constitute

an advantage in the world of therapy. A brief summary of theoretical perspectives will follow, followed by a definition of life satisfaction and examples of research produced.

### **Theories of Life Satisfaction in Opposition to Death Anxiety**

Each of the theorists cited above for death anxiety includes aspects of life satisfaction within their commentary. A long narration is not required, each will be mentioned briefly to simply outline the point. Plato held that people were hedonistic and pleasure-seeking by nature, whereas a well-lived philosophical life would lead to a positive end (Plato, translated copy, 1954). Freud (1922) wavered between Eros, a life instinct towards sexual pleasures, and Thanatos, an instinct of destruction and death. Becker (1974) posited purpose and meaning are constructed in people's lives to guard against group madness. Yalom (1980) asserted that life satisfaction and death anxiety are polar, opposite to one another, and embedded in existential concerns. Life satisfaction acts in opposition to inertia; it is the ability to recognize isolation and interpersonal relationships and to construct meaning from meaninglessness (Yalom, 1980). May (1981) found that meaning in life stands in contrast to death anxiety. Firestone (1993) wrote of challenging defenses and learning to love. "If death anxiety is the poison, then love is the antidote" (p. 285). He also noted that finding meaning in life does not necessarily eliminate death anxiety, but helps greatly in controlling the anxiety henceforth (Firestone, 1993). Heins and Proulx (2006) presented a Meaning Maintenance Model (MMM) which posits there is fluidity to our reasoning, and that crystalized beliefs shift throughout life.

Two other theorists often referenced in the literature should be mentioned here as well. The first is Erik Erikson (1963), whose theory developed Heidegger's perception that individuals must recognize the shortness of a life span in order to create meaning in life, construct future goals, and act upon them (Denne & Thompson, 1991). In other words, life might be less crucially

important to people if it were not finite. The assuredness of life's end creates the potential for meaning, and those with a strengthened sense of self and of the other will be more satisfied with life. Parallel to Becker, Erikson's belief that those with ego integrity will be less anxious about death, and more satisfied with their lived life (Denne & Thompson, 1991).

The second person often referenced is Viktor Frankl (Denne & Thompson, 1991; Firestone, 1993; Given & Range, 1990; Lyke, 2013; Proulx & Heine, 2006; Yalom, 1980). Through his experience in a Nazi concentration camp, he developed faith in an ability to preserve free will even under the most constraining circumstances, and an ability to produce a subjective meaning in life (Denne & Thompson, 1991; Given & Range, 1990; Lyke, 2013). The poignancy in this statement is that even in a life saturated with existential anxiety and allowing very little room for liberty, people still exercise freedom of thought and possess an ability to create meaning in their lives. Frankl's (1946) book, *Man's Search for Meaning*, beautifully expresses these existential concerns and his meaning-making process.

### **Defining Life Satisfaction**

Life satisfaction is defined differently across research, which uses interchangeably phrases such as "life satisfaction," "meaning in life," "quality of life," "happiness," "positive mental health," and "well-being" (Anderson, Llopis, & Cooper, 2011). Life satisfaction has been selected for this study the terms ruled out are elucidated below.

- The term "meaning in life" brings to mind the great question Monte Python presented in the movie *The Meaning of Life*, which explored many philosophical explanations and came to the conclusion, "Try and be nice to people, avoid eating fat, read a good book every now and then, get some walking in, and try and live together in peace and harmony with people of all creeds and nations" (Goldstone & Jones, 1983). My



interpretation is that meaning in life is a phrase too broad and grand for this study.

“Quality of life” is a phrase often used in regard to health care, particularly treatment and end-of-life, which is too specific for this study.

- “Happiness” is bandied about in opposition to sadness—which is not opposition under investigation in this research that centers on a different dialog.
- “Positive mental health” often refers to an absence of mental disorders, whereas this is not a clinical disorder study.
- “Well-being” has been well explained by Huppert and So (2013) as a fuller developed construct designed to cover multidimensional information rather than that pinpoint life satisfaction in questionnaires. However, well-being is too broad of a term for the purposes of this study. It seems to incorporate the wellbeing of others, and while other people may be discussed, this study is focusing on the experience of the self.

“Life satisfaction” is a broad expression. The term is open to interpretation, and this study seeks the subjective experience of each participant.

### **Life Satisfaction and Research**

A search for “life satisfaction” in a psychology research database yielded thousands of results. PsychInfo, for example, returned 12,092 results in February 2016. The span of this research was too broad in range of interest to outline in this dissertation. Additionally, the phrases used were often the same interchangeable phases listed above. Results from four research pertinent studies with themes in common with this study are described below.

First, TMT has produced several studies that indicate that participants assessed with high self-esteem measured lower on death anxiety (Abeyta, Jones et al, 1997; Juhl, & Routledge, 2014; Routledge, 2012).

Second, a research project completed by Huppert and So (2013) identified life satisfaction as the opposite of symptoms of common mental disorders as described by *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and *International Classification Disorders* (ICD). Huppert and So would consider a term such as *depressed mood* and word it positively as *positive mood* to serve as or transmute *reduced energy* to *feeling energetic*. In this way, they sectioned well-being into 10 multidimensional components: “Competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem, and vitality” (Huppert & So, 2013, p. 837). They used this assembly of measures to assess wellbeing for 43,000 Europeans. Though this measure is rich and well developed, it is too broad of a conceptualization for the present study.

Third, research by Epel et al. (2004) based on health psychology measuring telomeres as a marker of aging suggested that the meaning-making process of the participants influenced the extent of physiological aging. If positive meaning was made, subjects showed no advanced aging. In a void of meaning, childcare was perceived as a struggle and associated with advanced aging. A conclusion that may be drawn is that meaning-making in this project was related to a particular event in life, not the entire life.

Fourth, a qualitative study by Le and Doukas (2013) took narratives from elder individuals about turning points in their lives. Participants were then asked what their perspectives had been at the time of the event and at present. Results implied that those who had thought the event was a positive but now assessed it as negative had lower life satisfaction. Those whose perceptions had not changed also had lower life satisfaction. But those who first thought the event had been negative but now assessed it as a positive meaning-making event had higher life satisfaction (Le & Doukas, 2013). This study is included because it involves

perceptions and how they shift with time and life events. That is one reason the current study will work with an older rather than younger population base.

### **Death Anxiety and Life Satisfaction**

Few studies specific to life satisfaction and death anxiety were located. A study conducted by Routledge and Juhl (2010) carried a hypothesis that meaning in life would buffer death anxiety. In this study the researchers assessed Meaning In Life (MIL) by posing four statements to be responded to on a 5-point Likert scale. The statements were as follows:

- “My personal existence is purposeful and meaningful”;
- “In life, I have clear goals and aims”;
- “I have clear goals and a satisfying purpose in life”; and
- “I regard my ability to find a meaning, purpose, and mission in life as being great” (p. 849).

They inserted an affect item between death salience and the Death Anxiety (DA) scale via the TMT research protocol mentioned earlier. The Death anxiety scale consisted of an eight-item measure, a revised Collet-Lester Fear of Death Scale shortened to seek only information pertinent to this research, also on a 5-point scale.

Their results confirmed that those with higher life satisfaction showed less death anxiety post death salience exposure. Interestingly, the death salience consisted of two open-ended questions presented to the participants asking about their emotions when they thought of their own death and what they thought happened to the body post-death. Answers to these questions were written in detail and length. However, as in a study reported earlier, the responses to these questions were not used as data. Again, only the Likert-type scales mentioned above were used. Routledge and Juhl (2010) assert that the “...study provides the first direct evidence that subtle

mortality primes lead to death anxiety for individuals not inoculated by existential reasoning” (p. 851).

It is interesting and questionable that meaning in life is explored or explained by four questions on a 5-point scale, and death anxiety by eight questions. In addition, does the querying of 60 entry-level college students provide generalizable data? It is plausible that meaning in life, or higher life satisfaction, will lead to lower death anxiety. However, this study collected superficial information and produced a sweeping generalization.

The second study entitled was conducted by Lyke (2013). Unfortunately, this article poorly articulated its hypothesis. Nevertheless, the study did report interesting results. The study took a multidimensional stance, dividing meaning in life into meaning that is present and meaning being searched for. Death anxiety was also divided into a fear of death versus a fear of dying. The study employed a snowball sample, which began with college students and resulted in a median age of 21. The measures for meaning in life used were Meaning in Life Question for Present (MLQ-P) and Meaning in Life Question for searching (MLQ-S). Features of these measures were minimally explained. For example, “...statements such as *I understand my life's meaning*” (p. 475) were put forth without specifying the number of questions presented for MLQ-P or MLR-S or information as to whether they were answered true or false, or on a Likert scale. For Death Anxiety (DA), the researchers used a revised model of the Collett-Lester Fear of Death Scale, assessing only fear of death or fear of dying as pertinent to their search and excluding the other questions. Results indicated that searching for meaning was associated to higher scores on death anxiety, and that fear of dying was higher than the fear of death.

Faults of this study include that no collection of participants' history, assessment of previous experiences related to death and/or dying, or investigation as to why these young

individuals leaned towards their answers took place. These concerns are related to the paradox between life satisfaction and death anxiety that has failed, until now, to be explored.

## **CHAPTER III: METHODOLOGY**

### **Phenomenology**

There are ethical critiques of qualitative research within the domain of psychology.

Qualitative research is sometimes viewed as more ethical than quantitative (Brinkmann & Kvale, 2005). The idea is that qualitative is a more personal process and that participants are treated gently. This perception is inaccurate, as moral and ethical issues are embedded equally in qualitative research as in quantitative as pointed out by Brinkmann and Kvale (2005). One goal of research in psychology is to provide information to the psychological community with a hope of helping others and contributing to clinical knowledge. Qualitative studies generally make use of interviews, creating a person-to-person relationship of researcher and interviewee; however, the goal of gathering data remains just as pragmatic and is thus equally subject to ethical dilemmas.

Inherent in any hierarchical relationship is the risk of power struggle (Brinkmann & Kvale, 2005; Englander, 2012). Brinkmann and Kvale (2005) present four concerns, the first of these is the level of competency the researcher holds. Generally, higher education and specialty training have earned the researcher credentials, creating grounds for a hierarchy or unequal partnership in the relationship with the participant. Second, the researcher determines the structure of the interview, since the purpose the interview is to serve the researcher's needs, which creates grounds for unequal control. Third, there is the contingency that a relationship of trust may develop during the interviewing process, engendering vulnerability in participants. Fourth, the interviewer has full power over the interpretation of the participant's narrative, presenting, again, an imbalance of control. All of the above illustrate how unequal this relationship is (Brinkmann & Kvale, 2005). Researchers need to be fully aware of this inequality

and appreciative of the fact that no information would be gathered without the participant. The participant's cooperation constitutes a great value to the work and must not be undermined.

A pragmatic ethical concern is that one must be culturally sensitive. Each participant holds a cultural value system that may differ from that of the researcher. Therefore, understanding the perspective of "the other" is essential. Sources of these differences can range from macro- to micro-environments, from intimate relationships of family and friends, to our working environments or local communities, conceptions of what a country represents, or global dialogs. Since all individuals, including researchers, hold biases, the perception of "the other" needs to be acknowledged and accepted in psychotherapy and within research (Cushman, 1995). Researchers cannot place their own values above those of the participant.

An additional goal is to be guided by the principles set forth by the American Psychology Association (APA), these being: to harm no participants, to be responsible for actions, to maintain integrity, to work for justice, and to have respect for the rights and dignity of others. Balancing the inequality of the interview and data review processes involves respect for the participant's perspective. Bias must be properly handled in research as investigators avoid creating a theorized "other." As stated by Merleau-Ponty (1945), "The real has to be described, not constructed or formed" (p. xi).

To conduct research ethically and on par with the practice, researchers "bracket" their own assumptions. Previous knowledge of the subject is set aside as one refrains from predicting outcomes (Giorgi, 2009). The participant is to lead; working from his or her experience is essential because otherwise the researcher would gravitate toward personally influenced data. Bracketing must be practiced throughout the project as a means of setting aside the researcher's

bias during the interview process and throughout data analysis so as to avoid infringing on the data.

### **Phenomenological Research**

Quantitative research has broken ground and produced a great deal of information about death anxiety in the form of statistics analysis. However, the quantitative approach presents significant limitations (Giorgi, 2009). To extract meaning from an existential phenomenon via quantitative research has proven difficult, if not impossible. The full meaning of existential questions and subjective experiences of phenomena exceeds the scope afforded by quantitative methodology (Giorgi, 2009).

While the value of preferences expressed by people following a death salience exercise and the usefulness of findings so produced cannot be denied, it is also apparent that much knowledge is missing pertaining to how individuals arrive at various levels of anxiety. What causes some individuals to arrive at a high level of death anxiety while others arrive at a low one? What kinds of phenomena are relevant and how have people made meaning of them? What inferences might occur that lead to development of psychological defenses? And how might understanding these processes contribute to clinical practice?

My intent in conducting this study is to contribute to current understandings of the phenomenon of death anxiety by exploring the subjective experiences of participants interviewed. Lived experiences of phenomena described by several individuals will provide data from which we can derive meaning through qualitative analysis (Creswell, 2013; Giorgi, 2009).

Of course, qualitative research is by no means composed of one exclusive methodology (Englander, 2012; Giorgi, 2008). A wide spectrum of models has been posited, each designed to answer specific types of questions. For the purposes of this study, a descriptive



phenomenological method will be used to capture participants' lived experiences of life satisfaction and death anxiety. The resulting data will be parsed and processed in order to investigate the meaning-making process. The process to be discovered includes not only the participant's understanding of the phenomena of interest, but the subjective progression by which they arrive at this understanding and how they develop meaning (Giorgi, 2008).

A beneficial outcome of this inquiry will be to provide clear information to the field of psychology and general information pertaining to the meaning-making process surrounding death anxiety particularly as it relates to life satisfaction. This information may help clinicians better understand client defenses in therapy and provide insight into the meaning-making process held by those struggling with a similar phenomenon. In addition, understanding the meaning-making process may help researchers untangle the “-isms” to which death salience can lead people, as described by Becker (1973).

### **Descriptive Phenomenological Methodology**

The history of qualitative research is extensive, stretching from Aristotle's inquiries through Darwin's observations and into the present day. Specific to psychology were Freud's theories, which he often based on observations of his clients (Wertz, 2014).

In the middle of the 19th century, a positive approach began, also referred to as natural science. From that time forward, researchers have debated the advantages of the quantitative approach of natural science, that is, objective, numerical, scientific study, versus human science, such as, application of a qualitative approach to explore subjective experience (Bryman, 2001). Substantial differences exist between the two methods. Natural science, the quantitative approach, focuses on objective and replicable methods, such that a similar study conducted in the same manner will produce similar results. The method holds an objective, neutral stance and is

suited to exploring universal laws (Brymar, 2001). Human science, by contrast, maintains that employing this approach when working with humans raises problems, particularly in exploring subjective experiences (Brymar, 2001; Giorgi, 2009). Another difference consists in the fact that quantitative research answers questions such as “How much?” and “How many?” (Giorgi, 2009, p. 62). A qualitative method is better suited for those asking questions such as “how are certain phenomena experienced?” or “how are these experiences attributed meaning?” (Giorgi, 2009). Subjects such as dreams and hallucinations are used as lived experiences that would be difficult to understand when researched by the quantitative approach (Giorgi, 2009). This study explores a philosophical concern; what composes a fear of death or a reported lack thereof? How is that personal experience built?

The descriptive phenomenological method is rooted in philosophy. Merleau-Ponty (1962, 1963), Gurwitch (1974), and Husserl (1970b, 1983) are often cited for their contributions to phenomenological research (Creswell, 2013; Giorgi, 2009; Wertz, 2014). In the late 1960s, Amedeo Giorgi modified Edmund Husserl’s approach and developed the Duquesne Phenomenological Research Method (DPRM), which “...generated hundreds of empirical psychological investigations...” (Wertz, 2014, p. 10). Consequently, DPRM has been deemed the methodology best suited to psychological research, particularly for the investigation of experiential phenomena. Giorgi’s (2009) work, *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach*, outlines applications of the phenomenological method to the field of psychology.

The descriptive phenomenological method focuses on the lived experience of an individual as, related by that individual via a narration of their story. It is a process of abstracting meaning-making from within that transcribed text by drawing out its salient features. Details are

provided below. In this research, I explore a paradox interfacing death anxiety with life satisfaction by examining the relationship between death anxiety and life satisfaction within participant narratives.

Descriptive phenomenological research entails use of a semi-structured interview, also described below, in which the researcher attempts to access rich descriptive material. A longer interviewing process allows time for trust to develop between the researcher and interviewee, a connection which can elicit richer data and benefit the research (Englander, 2012).

Following the interviews and transcription of the participants' responses, a researcher employing this methodology explores the given narrative, identifies feelings and changes that took place, then methodologically gains a psychological understanding of the meaning-making process that occurred. This study focuses on the phenomenon of death anxiety to gain an understanding of the meaning-making process by which individuals connect certain experiences in their lives to their conception of death, and it is intended to provide insight into psychological defenses formed to counter the fear of death.

### **The Perception of Research and Procedures**

Eligibility to complete this study was obtained by submitting an application to the Institutional Review Board (IRB) of Antioch Seattle University for approval of the proposed research. The proposal was accepted, and approval granted for this study.

### **Defining Death Anxiety and Life Satisfaction**

Customarily, terms central to a given study are defined for participants in order to clarify the topic being researched. However, no definitions of death anxiety and life satisfaction were provided to the participants of this study. Since *death anxiety* may seem an odd term for someone unfamiliar with the subject, the term *fear of death* was used in the interview questions

with the participants. The very intent of this research is to seek out participant's personal understandings of death anxiety, grounded not in a definition offered by the researcher, but from the participants' lived experience (Giorgi, 2009). However, for the reader working definitions of key terms are provided below.

- *Death anxiety* refers to a fear of death. This fear centers on the fact that we live a finite life and often relates to questions regarding life's purpose or value.
- *Life satisfaction*, according to theorists and researchers noted above, represents pleasures that produce happiness. These enjoyments are self-determined and may range widely, from enjoying family and loved ones to the pleasures of travel, education, being altruistic, holding love and compassion and, in our capitalist culture, acquiring luxury items such as cars, shoes and purses. The study explored the degree to which a person's conception of life satisfaction balances their fear of death. Does the difference between a material life versus a social one impact the level of life satisfaction and/or death anxiety?

### **Decisions for Inclusion and Exclusion Criteria**

Death anxiety comprises the central interest of this study, which will explore how fear of death develops, how individuals process emotions from this phenomenon, and how individuals create personal meaning. Therefore, the participants selected confirmed that they could report a story from their life that has influenced their fear of death.

In addition, much of the research currently available, presented above, has been conducted with college-based samples, resulting in a participant mean age of 18 to 22 years. From my perspective, the fact that participants in this age bracket have less lived experience and are at a relatively early stage in the development of feelings towards death anxiety and life

satisfaction may curtail the depth of their responses. The current research seeks a textured examination of experiences and reflections among individuals with a longer life history. For this reason, I sought out participants aged 40 and above.

### **Number of Participants**

Quantitative research is grounded in the principle that the greater the number of participants, the more significant the findings (Englander, 2012; Giorgi, 2008, 2009). However, interviews for descriptive phenomenology are lengthy and the process required for descriptive phenomenological procedures both detailed and time consuming. For this project to engage a large participant sample would have required resources far exceeding those available. At the same time, a single case study would likewise have proven ineffective, yielding potentially idiosyncratic information that would yield findings difficult to generalize. Giorgi (2008) states:

[The drawback of including] only one participant with the phenomenological method is that a tremendous burden is placed on the imagination when it tries to distinguish the single individual's particular way of living the phenomenon from a more general way that belongs to a type rather than an individual. (p. 36)

Descriptive phenomenological research requires at least three participants to diminish these concerns (Giorgi, 2009). This study engaged six participants, doubling the minimum number.

### **Recruitment**

Snowball sampling was used recruit participants. The recruitment process was launched via word of mouth, posting on Internet forums such as Facebook, and distribution of flyers. Three individuals were recruited by word of mouth and three responded to notices posted on Facebook.

**Screening for Eligibility to Participate**

Initial screening took place via phone conversations with all potential participants. Criteria were twofold: Applicants reported that they could describe an event or series of events in their life that influences their fear of death and applicants reported that they were 40 or more years of age. Reasoning for these requirements are aforementioned.

**Meeting Location**

For the sake of ease, comfort, and privacy of participants, proposed locations for the interviews were quiet and secluded and included public library study rooms, the participant's home, the interviewer's home, or on campus locations at Antioch University Seattle. Participants accepted for the study selected from among these alternatives. Two participants were interviewed at a local public library, three participants invited me into their homes, and one participant was interviewed at my residence.

**Diversity of the Population Interviewed**

Research benefits from diversity in the sample group. Unfortunately, a study with few participants such as the current one generally fall short of engaging a wide variety of ethnicities and age ranges. All the participants who engaged with this study were of European descent, from the west coast of Northern America, and specifically from the Pacific Northwest region. Age diversity was limited by one of the conditions for eligibility. As mentioned earlier, given that much of the established research utilized a college-based population of predominantly youthful participants, my research seeks to explore a rich narrative from participants of 40 years and above with life experience acquired over a lifetime. Participants for this study ranged between the age of 51 and 80. More details about the interviews appears below.

## The Participants

A set of demographic questions (Appendix A) was administered before the start of each interview in order to provide an overview of the participants, and with a hope that data obtained could be contrasted to previous research. Some of the clearest outcomes of established research were based on age, sex, and religious beliefs; therefore, those demographics were collected, as well as education levels indicated by years in school, and income levels self-ranked as low, medium, or high. Demographics of participants are presented in Table 1.

Table 1

### *Demographics of Participants*

<u>Participants</u>	<u>Age</u>	<u>Sex</u>	<u>Ethnicity</u>	<u>Education</u>	<u>Income</u>	<u>Religiosity Spirituality</u>
P1	62	M	European/Caucasian	16 years	High	Lapsed Catholic
P2	52	F	European/Caucasian	16 years	Medium	Buddhist
P3	68	F	European/Caucasian	14 years	Low	Secular/Agnostic
P4	79	F	European/Caucasian	16 years	Medium	Lapsed Protestant
P5	54	M	European/Caucasian	14 years	Low/Medium	Secular
P6	54	F	European/Caucasian	16 years	Low/Medium	Secular/Karma

*Note.* Income is self-defined as low/medium/high.

## Risk and Benefits for Participants

The researcher of the current study asked individuals to share personal information regarding emotional events. Being reminded of life events and undergoing self-exploration may surface sensitive content which could revive emotions related to the event, meaning that the interviewing process may affect a person's emotional state and could potentially cause lingering effects. Regarding these concerns, participants were furnished with the researcher's contact

information and informed that they could call with any questions or concerns. In addition, information on the Crisis Clinic 24-Hour Crisis Line was furnished. While the interviewing process proved emotional for most of the participants, each participant reported that they felt emotionally fine following the interview, and none of the participants followed up after the interview for further assistance.

### **Maintaining Confidentiality**

Confidentiality, also a risk, was reviewed with the participants during the signing of the consent form. The interview was recorded with a Sony IC Recorder which was handled only by me, then the audio narrations were transferred to files on my personal computer. The files were password protected, and the computer can be opened only with the researcher's fingerprint. Additionally, the computer was either with me or locked in my home office. The recordings were deleted from the audio recorder immediately after the transfer. During transcription, identifying information was omitted or replaced with pseudonyms. I was the only individual who had access to the pseudonym key. In random order the participants were documented as P1 through P6. All document files were password protected and encrypted. The consent forms were kept separately in a locked box stored in a file cabinet within a locked office.

### **Participant Participation**

Before meeting the participants for interviews, an initial phone screening conversation took place to accomplish two goals. The first was to provide the volunteers with more information about the study and apprise them of what their role would entail. The second was to verify that they were comfortable sharing a story from their life that influenced their fear of death, and that they were 40 or more years of age. If they confirmed that they could share a story and were at least 40 years of age, an appointment was set up for the actual interview.



**Consent.** The first task at the interview meeting was to present participants with an informed consent form. This form disclosed the researcher's affiliation, the purpose of the study, and an explanation that participation in the study was voluntary and could be ended by the participant at any time. In addition, the sequence of the study's procedures was outlined, terms of confidentiality explained, risk and benefits delineated, and notation that the participant received the consent form and understood this document was made on the form. Contact information was also provided on the consent form in case the need for a participant to follow up with the researcher were to arise. Two copies of the consent form were signed, one for the participant and one for the researcher. This consent form was given to each participant to review and was also verbally explained. The interview then proceeded.

**The interview.** Interviews were semi-structured with two primary questions. As outlined in Giorgi's (2009) methodology, the opening question was precise in order to assure that the desired information was collected (Englander, 2012; Giorgi, 2008, 2009). It requested the following: "Please describe in as much detail as possible a situation in which you experienced an event, or a series of events, that have influenced your fear of death," followed by "How has this life event affected you and the life you are living?" As participants responded to these prompts, the interviewer asked follow-up questions with a goal of clarifying the participants' answers, keeping the interview structured by circling back to the interview question, and ascertaining details of the event. The length of the interview sessions varied from participant to participant. The shortest lasted 35 minutes, the longest 90 minutes, the others approximately 60 minutes.

## **Data Analysis**

Data analysis for this project followed the descriptive phenomenological methodology outlined by Amendeo Giorgi (2009) in *The Descriptive Phenomenological Method: A Modified Husserlian Approach* and is further described below.

### **Audio Recording and Transcribing**

The interviews recorded with a Sony IC Recorder were transcribed by audio narrations to my personal computer. During transcription, identifying information was omitted or replaced with pseudonyms. In random order the participants were documented as P1 through P6. The transcriptions P1 through P6 were used for analysis. Once the narrations are transcribed, data analysis begins. The headings below are provide by Giorgi (2009) within his instructions for “the concrete steps of the method” (p. 128).

### **Read for the Sense of the Whole**

A key aspect to this form of research is to psychologically explore an experience that a person lived through and to find meaning within that experience. This step involves two movements. First, the researcher must enter into a scientific mindset which incorporates psychological reasoning and a phenomenological approach. Essential is the ability for the researcher to recognize personal bias, to acknowledge “assumptions and judgments about the phenomenon,” and to “set them aside” (Hepper, Wampold, & Kivlighan, 2008, p. 261) This trained ability is commonly known as “bracketing,” a technique requisite to most qualitative research (Creswell, 2013; Giorgi, 2009; Hepper et al., 2008). The goal of this technique is that the researcher be able to maintain the participant’s experience as valid for that individual, and not view the values or meaning presented in the narration through a lens of the researcher’s personal bias or expectations. Yet, at the same time, psychological reasoning is used to gain

insight into the participant's perception and to distinguish those comments intended to convey meaning from those that are neutral.

Second, during this first reading, the researcher is to read the narration as a whole and gather a sense of the overall meaning. The grasp sought at this point is not in-depth; rather, the goal is to become familiar with the participant's overall feelings. The preliminary tasks described above are to be completed for all qualitative work (Creswell, 2013; Giorgi, 2009). A specialization emerges, however, in the descriptive approach embedded in phenomenology, which concentrates on psychological interpretations (Giorgi, 2009), which takes place later in the analysis process and is detailed below.

### **Determining of Meaning Units**

During this process, the researcher breaks the narration into parts by inserting slashes in the text to distinguish one meaning from another. The rationale for discerning these segments stems from phenomenology-centered interest in the subjective experience of the participant's meaning-making. Therefore, "units of meaning" are created (Giorgi, 2009, p. 129.). In this process a psychological perspective is needed to detect slight differences, both nuances and underlying meanings that may be missed by an untrained eye. Giorgi (2009) notes that different researchers are likely to vary in their creation of meaning-making units, though this variation does not pose a major obstacle. For each researcher's sensitivities of creating meaning units will be different. However, it is the final result of the transformation that is of concern. Giorgi (2009) also noted that researchers can produce meaning-making units that are too large or too small. Fortunately, these errors were corrected during the next phase of transformation, merging them together or parsing them out during the transformation process may often occur (Giorgi, 2009).

During my initial parsing process of meaning units, I arrived at 263 from the participants descriptions.

### **Transformation of Participants' Natural Attitude Expressions**

A more labored process than the first two steps, transformation of the participant's natural attitude expressions into phenomenological, psychologically sensitive expressions requires that constructs be rewritten, transformed, and carefully described with "intuitive psychological sense" (Giorgi, 2009, p. 135). Regardless of the variation in groupings and rewriting yet to come, the overall outcomes for different investigators generally yield similar results. There are several steps to this process that are outlined below.

**Shifting the dialog.** The first step in this process is shift the written narrative from first person to third person. Essentially, this step helps researchers clearly see that they are analyzing another person's description.

**Transformation of participant's description using free imaginative variation.** Starting from the beginning of the meaning-making units, the researcher carefully crafts versions of each segment from the stance of the participant, sorting out psychological meaning. The purpose is to convey psychological conceptualizations in layperson's terms, retelling the narrative from a third person stance. This process is also referred to as "free imaginative variation" (Giorgi, 2009, p. 132). During this task, the researcher attempts many trials, dwells on the material, and conceptualizes varying stances, even considering the opposite of the beliefs being presented, Giorgi (2008) specifies that researchers often write several versions. Goals include not omitting needed information and processing the text from a psychological and phenomenological perspective. Again, the object is to present the participant's meaning, not to create theories or indulge the researcher's biases. Through the process of transforming meaning-

making units for each narrative, psychologically parsing the information, the researcher is able to create an intuitive psychological transformation (Giorgi, 2008). As Giorgi states, “What this means is that the actually given data are imagined to be different from what they are in order to ascertain higher-level categories that retain the same psychological meaning but are not embedded within the same contingent facts” (p. 132). A less complicated way of explaining this process is that we all have stories that we tell. Within these stories there are actions taken. These actions are consciously taken for a reason. Perhaps they are taken to resolve something, or to prove something, or to fulfill some act. The actions are taken towards that role and often help create meaning of the said event. In psychological terms this is personal actualization. The goal of descriptive phenomenology is to unfold the stories provided, to explore meaning making units, and “transform the participants narrative into phenomenologically psychological expression” (p. 130). Not as laypersons; we need to step back and look at it through psychological terms and look at it from every angle imaginable in order explore the phenomenon and for “it to be detected, drawn out, and elaborated (Giorgi, 2009, p. 131).

**Intuitive psychological transformation.** Once the process above is complete the next step for the researcher is to carefully express the psychological finding found within the transformed meaning making units. In order to achieve this task the last transformations of meaning units must be scanned and determined to be essential to be a part of the whole, referred to as a “constituent” (Giorgi, 1985, p. 14.). If the “differences are small enough to be designated intrastructural differences, or so large that they have to be designated as interstructural.” (p. 166). In other words, by analysis you determine the relationships between transformed meaning units and determine they are “essential, psychologically speaking” to the phenomenon under investigation.

As stated earlier, there were 263 meaning units transformed in this project, therefore, there is a question if they are essential for the overall structure. An example, one of the participants spoke about her current partner in life and frustrations that she has that he is unorganized and has refused to tend to his own will. This was significantly meaningful to her, and through analysis, is packed with psychological meaning. However, when exploring the overall structure that was being developed, this transformed meaning unit was not “content-laden” (Giorgi, 1985, p. 14) in terms of what formed her level of death anxiety, thus, not essential.

Through analysis the transformed meaning units form an outline or a structure of how they appear and become constituents of said structure. In this project several of the narratives descriptions, recognized the context-laden constituents coinciding with the order of the texts, and in others narrative descriptions the content was scattered and less visible in analysis until in the depth of imaginative variation and determining what was essential and not essential for this subject. A part of this process, which will be presented below, is using raw data provided by the participants (the original transcription), then expressing the psychological understanding the researcher found within that description.

**Transformation tries to generalize the data.** A part of this research project was to look for commonalities among the participants experience that influenced their fear of death. Within descriptive phenomenology methodology each description is analyzed individually. Once that is completed, they are compared to each other and evaluated for similarities and differences. A determination can then be made as to whether there are similarities that can be defined as one structure. Giorgi (2009) states:

The point here is to determine if the differences are small enough to be designated intrastructural differences, or so large that they have to be designated as interstructural.

The differences between the two types of structure is the type of unity that the researcher intuitively judges as appropriate. Rarely, however, is the unity a single idea. Rather, the structure usually consists of several key constituent meanings and the relationship among the meanings is the structure. The key test of a structure is to see if the structure collapses if a key constituent is removed. (p. 166)

Again, what is essential or not essential, when determining the meaning units 263 were established, ranging from 23 to 61 per each description. Through free imaginative variation and transformation meaning units a merging of meaning units and distinguishing meaning units occurred. This resulted in a total of 76 meaning units across all descriptions, each varying greatly between 6 to 24 meaning units. It should be noted that that a single meaning unit may be so content complex it may strike several psychological components. While some meaning units may appear simple they are often complex. When comparing the meaning unit across all the participants, they present themselves within the domain of the subjective experience. It is through free imaginative variation that psychological meaning is established, then expressing the “lived relationship in a more psychological way” (Giorgi, 2009, p. 197), which is the goal of the upcoming chapters.

Through analysis of the 76 meaning units I recognized that ten were essential to the theme, ten constituents that complete a singular structure, each holding valuable psychological meaning. The final step of analysis is generating the general psychological structure of the experience within a descriptive paragraph. The constituents and descriptive paragraph will be provided below in Chapter IV and thoroughly expressed in Chapter V.

## **CHAPTER IV: FINDINGS**

The participants for this study were asked to describe an event or a set of events that influences their fear of death; they were also asked how these events influenced the way they live their life. Through descriptive phenomenological method analysis, commonalities were identified across the variety of narratives that suggest a structure representing the phenomenon of an experience that influences a person's fear of death. In comparing the similarities within the transformed meaning units that were embedded in the descriptions provided by participants there were ten constituents that completed a singular structure for all the descriptions. The constituents are briefly described below and will be thoroughly expressed in Chapter V and this chapter will close with a descriptive paragraph.

1. Loss: Overall, an experience of loss that is emotionally charged. Each participant expressed that the death of someone close to them or the fear that their closest family member would die influenced their fear of death. The most intimate individuals in their lives were represented in the narratives of these participants. These experiences we described as exhausting, both physically and emotionally.
2. Rational Self Interest: The differences in how the meaning making units presented for each participant were enormous. However, each participant had concerns that presented as self interested, centering on purely personal needs and rarely in reflection to others.
3. Process of Dying: Regardless of whether a participant reported having a fear of death or not, all maintained that they fear the dying process more so than death itself.



4. Control: All participants expressed concerns about control. While we can control most actions that we take in life, feelings of helplessness and/or frustration were expressed about what we can and cannot control. Predominantly, we rarely control death, the type of death, length of the dying process, or medicines and treatments prescribed.
5. Fear: A more generalized fear was noted by all the participants, such as fears of what might happen to others, fears of being alone, fears of unresolved business not being completed in life, fears of not completing personal goals. Psychologically, fears of isolation and of not living up to personal potential.
6. Meaning making: All participants reported a spiritual or philosophical belief of some sort. Whether it was God, Buddhism, being a part of the whole, or a silver lining moment that took place during their event, all held beliefs that comforted them.
7. Self-Care: Questioned if this event influenced how they currently live, all participants reported having taken steps towards better physical and/or emotional health with an expectation that life will extend longer if they do so.
8. Pleasure of Life: All participants stated that their lived experiences influenced them to focus more on the enjoyment of life, with a new understanding that life is finite.
9. Struggling around Values. Overall, there was a stated desire to experience more pleasure in life and an expressed will to act towards pleasure. However, there was a degree of ambivalence, as participants expressed conflicting pulls between a hedonistic desire for pleasure and a feeling of responsibility opposing that desire.

This shows a conflict between personal desires versus expectations of the role we cater to in life (work, parenthood, protector, etc.).

10. Relief: This subtype constituent only applies to three participants. Their lived experience shared a unique aspect, they each lost a loved one to chronic illness and they each spoke about a sense of relief that this person close to them was no longer suffering. It was an affirmation of happiness that their loved one was no longer suffering. Regarding descriptive phenomenological methodology three participants is adequate for research, and this constituent is an empirical bases for these three participants and holds psychological valuable meaning. Therefore, relief is included as a constituent in the findings.

The general structure of the lived experience described by the participants as follows is embedded with psychological reasoning.

The phenomena expressed by participants originates in the of loss of an intimate loved one which has been emotionally and physically exhausting. An embedded selfishness of self-preservation is also present, a need to protect the self and ward off further wounds. There is a clear statement that there is a greater fear of the process of death, more than of death itself, formed from witnessing the deaths of others. Within this experience there is an anxiousness about a lack of control over illnesses or events. There are also more generalized fears of possible isolation or a failure to complete personal goals. A fortifying structure of already existing principles help produce meaning for the participants within religious, spiritual, or secular beliefs. Participants expressed that this experience also influenced physical and mental self-care that they took actions towards with an embedded belief that these activities will prolong life. Correspondingly, there is a desire to seek pleasures in life, yet at the same time there is a struggle

between hedonistic desires and feelings of responsibility to fulfill the role that they have taken in life. For three of the participants who have lost intimate partners to chronic illness there was one last constituent that was a part of their structure, and that was a sense of relief once that person died, at times mingled with guilt, but an overall feeling of relief.

## **CHAPTER V: DISCUSSION**

The goal of this study was fourfold: to examine events that influence the fear of death; to explore how individuals process this information; to analyze the individual, subjective reflections of each participant; and to understand the psychology of the meaning-making process regarding the fear of death. Additionally, the study sought to explore whether commonalities of these phenomena emerged across the span of participants. This inquiry was implemented through Descriptive Phenomenological Method, a detailed analysis process examining a variety of meaning units experienced by each participant, in which the researcher identified commonalities across the phenomena, and recognized a structure (Giorgi, 2009). The constituents of this structure will be described below.

Fulfilling the goals of descriptive analysis this chapter will provide details of the meaning making units. Quotes will be included alongside commentary providing psychological perspective as I perceived, the goal being not to form “theories or hypothesis(es)” but simply to provide a description about “differing details belonging to the same phenomenon” (Giorgi, 2009, pp. 131, 200). Comparisons to similar research will be provided at the end of each segment if applicable. Closing thoughts, and a summary, will conclude the chapter.

### **Constituents**

Each of the constituents will be referenced as a word or short term that is easy to remember; however, each encompasses a transformation of psychological meaning. Giorgi (2009) referred to a quote from Merleau-Ponty which I believe provides a good description: “The meaning of expressions which are in the process of being accomplished cannot be [directly denotative]; it is a lateral or oblique meaning which runs between words” (p. 125). The transformations made in this process extract psychological meaning from the script of words

describing the event that influenced participants. The titles are not labels for the constituents' experience; rather, they serve as simple references for the complex components of a given phenomenon. Detailed examples, transcriptions from the narratives, will illustrate the gravity of the intimacy of these relationships. In interest of brevity, selected text will be provided as opposed to a complete narrative from each participant. Tables will be provided to present information for each participant. Participant were assigned designations P1 through P6 (i.e., P1 is participant 1 and so on).

The constituents of the structure included: Loss, selfishness, process of dying, lack of control, fear, meaning making, protecting the self, pleasure in life, struggling with values, and relief.

## **Loss**

Participants spoke about the loss of an intimate partner, meaning a person central to the participant's life rather than a romantic partner specifically. Mother, husband, or child, these are the people who died. These events were described as emotionally and physically painful or exhausting.

P3's experience was textured with loss and fear. She had believed herself four months pregnant until a medical exam revealed that she was carrying a cancerous growth. Thus, she lost what she had believed to be a life within her and was confronted instead by concerns for her own life; her description is of the personal loss of a perceived child and a threat to her own life as physically and emotionally exhausting:

I went in for a checkup. I thought I was four months pregnant and within 24 hours had an emergency hysterectomy. The trophoblast in my blood was high and I had to have tests every week to see that that was coming down, because if it didn't, that meant it had likely metastasized the most likely would've been into my ovaries, which is pretty fatal at that point. So, it was every Tuesday that I got blood test and every Friday that I got the results

to say whether or not I was going to need chemotherapy... This was just hanging over my head for weeks and weeks.

P3 also expressed the she “was physically very weak and ill.” She spoke about “recovering time physically and psychologically and just getting past that, knowing that I’ve gone through that. It was an increase, very definite and for real education of the fact that I am mortal.”

Composed of exceedingly different details P4 lived experience also expresses loss of an intimate partner and emotional exhaustion:

I don’t know if it is pertinent, but my youngest son died when he was 24 in a fall, so after that, I always figured the worst thing that could happen had already happened to me. And so, I am not afraid of anything. That was an awful experience. ...I remember they wouldn’t release the body because it was in a national park area. They were going to have an autopsy to make sure it wasn’t drug-related or something. I remember getting hysterical on the man who called me to tell me that. I was just furious. I wanted the body and I wanted it now. I mean, I am normally a rational person, and I just screamed at him and was sobbing and just had a fit—which, of course, did no good at all.

Participant P2 spoke about her husband’s death:

I guess I would have to say after going through my husband’s death and being in ICU with him for eight days and watching him basically die, I cannot... I don’t think I have a fear of death. Mainly I’m just numb still, I am so profoundly sad that he’s gone.

Only one participant spoke about a fear of what might happen in the future. A fear of possibly losing her children as opposed to a previous life experience was more potent to her. P6 reported that she had lost her mother and how that changed her as a person, that she had lost several friends and experienced “close calls” to her own life, but her greatest fear was the potential of her children’s death, “The idea of one of my children dying before me is so unacceptable that it is terrifying to me.”

While each description is of a markedly different life event, they all centered on loss of an intimate relationship, and each participant experienced an emotional charge. This emotional

charge was conveyed not only through the words quoted within the descriptions, which are easily read, but also through emotions present during the interview, which cannot be replicated here. Several participants cried, and lengthy pauses elapsed, filled with reflection and attached emotions. Not every participant accessed emotions comfortably. For example, P3 often averted overwhelming emotion by becoming overly technical in her language concentrating on facts rather than emotion. Regardless, emotions filled the room with each participant and the intimacy of the relationship with the deceased was prominent. Table 2 provides a brief description of each participants loss and expression that was emotionally charged.

**Relation to previous research.** Previous research has indicated that those who have more life experience have less death anxiety (Bluck, Dirk, Mackay, & Hux, 2008; De Raedt & Van Der Speeten, 2008; Russac, Gatliff, Reecce, & Spottswood, 2007). While death anxiety was not measured it was asked what life event influenced fear of death, and the first constituent that presented itself was the loss of a significant other. This may be related to life experience being that participants were between the ages of 54 to 79, also, of the six participants only one reported that they feared death. These data could buttress the finding of previous research. In addition, other research stated the fear of someone else dying before you was greater than the fear of death (Bath, 2010). In the descriptions above P6 expressed precisely that. While she had lost her mother, and has almost lost her own life, she expressed fearfulness of her children dying before her.

Table 2

*Event(s) of Loss, and the Expressed Emotional Charge Related*

<u>Participants</u>	<u>Loss</u>	<u>Emotional Charge</u>
P1	Death of his mother and later of his father.	Reported seeing an “emptiness” in his mother and how “depressing” the experience was.
P2	Death of her husband.	Reported being emotionally “numb” through the morning process.
P3	Had believed herself 4 months pregnancy, learned uterus held cancerous tumor.	Reported being “emotionally and physically exhausted.”
P4	Death of her son.	Reported breaking down during the mourning process.
P5	His grandmother’s death (primary care provider) and loss of his cat.	Reported as an emotionally painful experience.
P6	Fear of her children’s death, reflections on her mother’s death, and a close call life experience.	Reported more fear in contemplating her children’s death than trauma from her mother’s death.

### **Rational Self Interest**

First, please dismiss greediness that we associate with self interest or selfishness because that is not what this component references. A quote from *Handbook of Proverbs* by Henry Bohn (1905) may help: “A man is a lion in his own cause.” For the sake of our own survival physically, mentally, and spiritually, we innately focus on our own concerns. We tend to view change by asking, how will I survive if I don’t have this asset to hold me together? This tendency holds true when we face loss as well. We grieve for those whom we love, but the tears and pain are not for the dead; they are from our own hurt. A piece of us has been taken away, and we are unsure who we are without this connection. Who are we without those the most intimate to us?



Robert Neimeyer (2001) wrote about the reconstruction of the self through an experience of loss, and I believe that curing these injuries to the self is a piece of the grieving process. There is a prioritization of our needs to mend our pain, a selfishness is central to every person. This drive is not harmful but simply a piece of who we are and was poignantly evident in the narratives from each participant. P2 openly admits a selfishness in her grieving:

I guess what I am trying to say is, as awful as it is, it could have been a whole lot worse. It's kind of selfish for me to say, well, I've wanted him to be here because I do. But he was so sick that I just feel like I am not—I can't finish that sentence.

P2 was overwhelmed by her husband's death and torn between wanting him alive and with her versus understanding how sick he was and that he could not live.

Analyzing the details from the transformed meaning units that all concluding that rational self interest occurs also revealed that it can present at differing times. Above, P2 was in the grieving process, a natural process and activity that happens in the present moment. It tends to be automatic, with no reflection. However, P6 spoke about her mother's death and how it changed her, but with greater concern about the prospect of losing her own children and how that would affect her, this is a rational self interest oriented around the future:

The anxiety that I have really stems from being afraid of who will die before me—for instance, my children. And that level of anxiety is huge for me where I wonder...I guess the anxiety I have in that vein has to do with surviving the people I love. So, the idea of one of my children dying before me is so unacceptable that it is terrifying to me. How do I get up and be in the world without them? How do I function?

Above are two contrasting types of rational self interest; the first was raw and in the moment, whereas the second related to fears of what might happen in the future. Fears of potential isolation, of potential pain, and of lacking personal control are all related to the self, of the self: I don't want to be in pain, I don't want to be alone, I don't want to lose control. While not terrible thoughts, these do relate solely to the self.

Perception of one's own rational self interest can also change with time. P3, who had believed herself four months pregnant but within 24 hours learned she had cancer and underwent a hysterectomy, fighting for her life, spoke about being "resentful and mad" about the event.

However, her perceptions shifted over time:

I wish it hadn't been quite so dramatic, but it really added to the quality of the rest of my life. I think accepting mortality is step one in not fearing. ... As I mentioned, really realizing that I was mortal, that I was not going to get out of this alive, just really spurred me on to be proactive, to be active, to do volunteer work. I remember by the time I was 40, I said I've done more than anybody I know. I'm 80 and I'm not quitting now—so living and experiencing, really cherishing experiences. Throwing parties, traveling....

Through a psychologically lens, this adjustment in personal narratives is a part of actualization process and matches the reconstructive conceptualization outlined by Neimeyer (2001), occasioned by the experience of loss. Over time, our stories shift. We tell stories throughout our lives, while the intent and meaning of them changes over time. P3 started with resentfulness and anger, but her experience morphed and took on a positive meaning.

Rational self interest as a component of the phenomenon being studied is present in many ways. It figures into current emotions, it figures into fears of the future, and can be restructured when it figures into the past. There is nothing inherently wrong with the rational self interest involved with our personal narrative. Which should perhaps be noted by therapist if a client complains about how selfish they have felt in an event if their selfishness is honestly a rational self-interest. As noted earlier, we are the lions of our own stories.

Table 3

*Rational Self Interest*

<u>Participant</u>	<u>Presentation of Rational Self Interest</u>
P1	Rational self interest that he is the protector, producer, and caregiver; dying soon is not okay because he has purpose.
P2	<u>Rational Self Interest</u> that she wants her husband alive for her own happiness.
P3	<u>Rational Self Interest</u> that she has benefited from the freeing nature of her losses.
P4	<u>Rational Self Interest</u> concerning her portfolio, being a provider, and desire to travel.
P5	<u>Rational Self Interest</u> fears that are based on a personal need for company, a fear of loneliness.
P6	<u>Rational Self Interest</u> dreading the prospect of living without her children with concerns for her own pain, anxiety, and comfort.

**Process of Dying**

Early in the process of conducting this analysis, the process of dying was considered as a subcategory of fear, a constituent to be described shortly. However, as I continued to immerse myself in imaginative variation, I decided that the process of dying should be considered separately from fear for several reasons. First, each participant, in some mode, stated that they feared the process of dying more than death itself, which is relevant to the study of death anxiety in terms of distinguishing where the greatest fear lies. Second, the alarm regarding the process of dying developed following lived experiences during which participants had witnessed how others had died, as opposed to conjecture of fearful thoughts that can be described as worrisome concerns about the future. Third, fear of dying presented for all participants, stated one way or another, distinguished as a fear of greater magnitude than that of death itself. Remember, participants were asked to describe in as much detail as possible a situation in which they

experienced an event or series of events that influenced their fear of death. The response from some participants touched directly on their level of fear, as was the case with the following description from P6:

It's not that I'm not afraid of dying. I'm apprehensive about how I will die. I think about dying in a car. I don't want to have cancer or something where it's long and drug-out, and I think it's horrible pain. Just make it quick and easier. Preferably let's just die in our sleep.

P5 spoke in relation to his grandmother's death: cancer had rendered her bed ridden.

Reflecting on those who took care of her and visited her most in the end, he noted that he lives alone with no partner or children. He stated the following:

It's the process. I know I have no control over the events for the most part. If I'm in a plane and it goes down, I have no control over that sort of thing. And if I do get cancer, I have little control over that actually happening, because it happens to everybody and everything. I think it's more about the process.

P5's concern centered more on suffering a long, drawn-out event of sickness and isolation. Other participants were also specific about wanting not to die in a particular way, wishing to avoid passing through the particular illnesses they had witnessed in others. As P4 stated, "I felt so bad for her with the Alzheimer's. It just tears you apart to see somebody you know completely, and she didn't know what was going on. That, to me, is worse than death." Similarly, P1 stated, "It was depressing because of her environment, but it was more. I just don't want to live like that; I don't want to have no purpose."

In life, we witness via others' experience the ordeals that we do not want to endure. P4 did not want to follow in the footsteps of her friend who suffered from Alzheimer's, lost in a world of not knowing, and P1 fears the prospect of lying in a bed endlessly doing nothing. The participants of this study all hoped for a quick, painless death, because the prospect of terminal illness appears, from their perspectives, to be long, painful, and isolated.

***Related to previous research.*** Referring to the study produced by Lyke (2013), presented in the literature review, the study divided meaning in life into meaning that is present and meaning being searched for and death anxiety was also divided into a fear of death versus a fear of dying, the findings indicated that fear of dying was higher than the fear of death. The descriptions that I received from participants duplicate this finding, as described in Table 4, below, the process of dying was more fearful than death itself.

Table 4

*Process of Dying*

<u>Participant</u>	<u>Presentation of the Fear of the Process of Dying</u>
P1	As a provider and protector, he views chronic illness as a life he does not want to live; he would worry about family and develop depression
P2	She perceives chronic illness as a loss of control and a terrible way to die
P3	She detached emotionally and spoke in medical terms and about the importance of a medical understanding of illness
P4	Having witnessed the progression of Alzheimer's, she imagines it would be a terrible way to die
P5	Having witness several friends' death from AIDS and his grandmother's from cancer, he fears of isolation, pain, and the long process of dying from a chronic illness
P6	Having been affected by so many deaths in her youth and aware of Alaska's high youth death toll from fishing, boating, and hunting accidents as well as drug and alcohol abuse, she fears the process of death not only for herself, but also for her children.

**Lack of Control**

Psychologically, our social nature compels us to care for and protect our own; this is an empathetic and nurturing response we have as human beings. Present in each narrative, however, was *lack of control*, a restriction on what we can affect. Participants spoke of frustration

regarding a *lack of control* over the behavior of others, the course of an illness, effects of medication, and the nature of death itself. Lack of control amounts to an inability to act. The participants' expressed that they are unable to take action to provide help, prevent pain, or resolve illness.

For some participants, it was a general awareness of all that they could and could not control. This simple realization was noted by P5 above, "I know I have no control over the events, you know, for the most part. If I'm in a plane and it goes down, I have no control of that sort of thing." There was more texture in other meaning units, in addition to an awareness, participants expressed frustration. P2 spoke about the exasperation and a feeling of helplessness of not being able to combat her husband's illness: "Yeah, I'm feeling so out of—so helpless, you can't do anything. All I could do was just tell him how much I loved him; I just kept whispering it in his ear."

Lack of control can also appear as a more complex, in a larger scheme, intertwined with spiritual beliefs. Some participants deferred control to religious or spiritual beliefs, which theoretically helps relieve pressure. Yet, within that tentative relief, signs of persistent frustration emerged. For example, P1 explained that he avoids drinking because his father died of alcoholism, and he credited God for his own abstinence. However, he still expressed a looming frustration at his lack of control regarding his son's behavior:

So, that death (his father's, to alcoholism) in itself affected how I look at [alcohol], and I don't drink.... It doesn't agree with me—I get really sick. I do try, so I always laugh about how I really think God looking out for me, that he doesn't want me to become an alcoholic. But, I really, really, I mean I literally, talk to my kids, probably every weekend with one of them, about not drinking, not using drugs, things like that. Because it's something no one can deal with.

As he continued, P1 stated that he "is scared to death" by his son's behavior and his own inability to curtail it. His son is a "wonderful...normal person, but—what do you say?—he's got

the demon a little bit.” While P1 had some influence over his son, as he was paying his son’s college tuition, his son had already flunked out of one university due to reported behavior most likely related to alcohol and drug use. P1 expressed ongoing concern over his son’s behaviors that can be controlled by neither a father’s lectures nor God’s will. For P1, having no control contradicts the role that he has selected in life, to be the protector, producer, and provider for his family.

Frustration at a lack of control likewise surfaced among participants with eclectic belief systems. Below, P6 talks about the order of life, an expectation that we bury our parents, not our children. Speaking of her adult children, she brings up a lack of control with a belief in Karma:

I mean it probably does affect things that I say to my kids. I’m always telling them to behave... to be safe. I don’t want to know about some of their antics because it upsets me. I think I turn a blind eye so I don’t have to entertain or worry about what might befall them... which means I don’t have any control over them. I’m not irrational about it. I understand that it is a possibility, but I’m not going to alter really how I move in the world. And I think a lot of that has to do with... I believe, I mean I don’t really believe in God. I believe in the universe and I believe in karma as the force of things, and I believe that most things happen the way that they’re supposed to happen. And so, when things present themselves or occurrences happen, that’s how they’re supposed to be. There isn’t a whole lot of control I have over any of that, and that’s comforting to me in a way.

P6 stated that this belief comforted her; however, her primary concern throughout the interview remained a fear that her children might die before her. Table 5 briefly outlines the most prominent displays *lack of control* component for each participant.

**Related to previous research.** In producing the literature review *lack of control* was not a subject that appeared relevant to the production of this study. However, measure of control is a focal point in Terror Management Theory (TMT) with interest in “cognitive, behavioral, and affective control” (Pyszczynski, Greenberg, & Solomon, 1998). Snyder (1997) commented, “control-related learning occurs from the moment of birth so that the infant can make sense

of the world and survive in the world” (p. 48). I believe, psychologically, that the lack of control mentioned above falls into this realm. We take actions to ensure our survival and when we have no control, particularly regarding existentially concerns surrounding the end of life, it becomes noticeable and presented as a formidable constituent for the participants of this study.

Table 5

*Lack of Control*

<u>Participant</u>	<u>Expressed Lack of Control</u>
P1	Overall, he prefers to be in control; therefore, anything out of that realm bothers him. Specifically, he has no control over severe illness or his children’s behavior.
P2	A feeling of helplessness, specifically over a chronic illness that brings a painful death.
P3	No control over the tumor that grew in her or in the treatment process.
P4	No control over attaining her son’s body, or over Alzheimer’s.
P5	An overall awareness of no control over many matters in life, specifically grandmother’s illness, his cats, or his own fate.
P6	No control over her children’s longevity or behavior.

**Fear**

*Process of dying* and *lack of control* were extracted from the constituent of *fear* because they could stand on their own. However, with those extracted, fears were still presented by the participants. These fears resemble a mosaic of fears as opposed to one specific fear. However, their plentitude throughout the descriptions cannot be overlooked. Examples include the following: concerns about potential problems other people may face that are not under our domain; fears of isolation and lonesness; fears of unresolved business not being completed during



our lifespan; fears of not completing personal goals. In one case a fear was strong enough to prevent a participant from pursuing her passion for travel, P4:

As I was telling you, about this heart problem, I have been plagued ever since the heart attack with this fear that I'll have another one, a worse one, and go just like that. Consequently, it has made me afraid to travel. For the last 30 years, travel is all I've wanted to do. ... Well, my latest love is Africa, and my girlfriend and I were talking about going to Kenya and seeing the migrations of the huge herds... to the point where we had really looked into it and were planning it. And then I realized we would have to rent a car in one of those towns that I can't pronounce—Nairobi—and drive west for four or five days... But I thought, oh my God, if I had either a heart attack or a stroke, I would be forever getting back to Nairobi, and who wants to have it in Nairobi anyway? I mean, I realize it's a huge city and there are hospitals, but it was just upsetting me to no end.

Though the narrative above is specific to that person, her life history, and her love for travel, several other participants voiced similar fears. One example of a common fear, P4 had a fear of “dying before everything is arranged.” Following this statement, she talked about her finances and her house, stating that she had an executor to her will. She was an accountant, so everything was detailed. During this interview she was about to turn 80, while her children, about to enter their 60s, were well situated. However, she was still preparing, had chores to complete, and was not ready to die. She had details in her life she felt still needing arrangement. This was common to sentiment by other participants.

P5 also expressed several fears. During this segment of the interview he was talking about his grandmother's death when he voiced existential concerns about his own isolation:

My uncle was there for her quite a bit, and I know that gave her a lot of comfort. There were hospice people that came in, complete strangers who would just sit with her. Like I said, it amazed me. The two kind of go together because, for whatever reason, I am at this point my life where [I may need support], and I still don't necessarily have a partner or children to take care of that kind of stuff. I think that scares me more than anything.

Later, speaking about the potential of death, P5 brought other fears to light:

I think I would be disappointed as it was happening if [my death] were happening right now, because I would feel like there were things that I didn't do. I think it's more about not being able to do some of the things I want to do in my life. I don't want to call it a

“bucket list,” but just places I want to go and see and experience in my life. If that were to not be possible all of a sudden, I think that carries more of an emotional weight than the fact that there is not anything on the other side.

Above, P4 and P5 articulated more clearly than others did fears of not completing goals in life. However, each participant’s narrative contained this sense woven among their words. P1 was a provider and protector who liked to produce and believed that that one must have a purpose in life, the lack of which was unthinkable to him. An overall fear for him was not completing his personal goals:

I would worry about my family from a financial standpoint. I want to make sure that M (his wife) will have, we still have G and A (his sons) are still in college, my thing is I want to make sure that financially everybody is in good order or that my family is in good shape and they would be taking care of

At the time of the interview P2’s husband had died recently; while she mentioned having good friends’ isolation was the fear she expressed most.

P3’s fear expressed through words of resentment and anger toward the illness, psychologically, beneath that anger, her fear was palpable. However, that fear and anger caused her to act towards it, taking power over it:

I think I'm more assertive with the medical community in really insisting on better information if my body is telling me something. When I was pregnant with the molar pregnancy, and then was the fifth time I've been pregnant. I didn't get a lot of kids out of this deal and I said my body is giving me conflicting information and we were...I got pregnant we were living in Seattle and I went to a doctor up there that I didn't know, but that was okay. I mean he was well recommended blah, blah, blah. The preliminary test looked fine. Yes, I was pregnant, the HSC was normal, a little high but normal then we moved down here to Olympia and I switched doctors, didn't get into the doctor that I wanted so I skipped the next appointment then got into P's (doctor's name) who was brilliant, totally listened to me and that was where, it was then 24 hours later 48 hours later I had an emergency hysterectomy. But, if my body is giving me conflicting information I need to bitch at people until somebody pays attention to me. That is easier done now than it was at 30; that was 35 years ago and the medical community was way more likely to hand you a Xanax and tell you to go away.

P6's greatest fear was that she would not see her children meet their life's potential and concerns about how she would survive that. Thus, the component of *fear* is a mixed bag: a fear of not having everything completed, of not meeting goals, of isolation, of potential problems developing, and of a painful death.

**Related to previous research.** Terror Management Theory has followed Becker's (1973) principles, and research has been produced that indicates that belonging to a group buffers death anxiety (Juhl & Routledge, 2014). Isolation presented for two of the participants through the descriptions provided during the interview. Isolation therefore presenting to one-third of the participants, which is a fair percentage to consider. In this study this constituent, including isolation for two participants, is related to what has influenced the fear of death for these participants. In the field of psychology isolation is linked to a myriad of pathologies, loneliness and depression among them (Matthews et al., 2016).

Table 6

*Fear*

<u>Participants</u>	<u>Presentation of Types of General Fear</u>
P1	He states that he does not want to be in a space with no purpose in his life.
P2	Stated a fear of chronic illness and isolation.
P3	Resentment and anger expressed towards her medical past.
P4	Stated a fear of dying before everything is arranged, a fear of possible health concerns, and of traveling – due to health concerns.
P5	A fear that a chronic illness may occur, a fear of isolation, a fear of not completing life plans.
P6	A fear of suffering if she were to lose her children, and the dangers of living in Alaska.

## Meaning Making

“Everything happens for a reason” is a message that we hear repeatedly throughout life. This study is situated at the paradox between life and death and the overarching question, what is the meaning and purpose of life? The purpose of this study is to describe a segment of this meaning making process. Participants are describing events that influenced their fear of death. Within their descriptions are preset beliefs that tend to serve as a comfort and make sense of the overall scenario of life. The first and most vibrantly described is the cycle of life.

We are born, mature into adults, bear children, age to mid-life, grow older, and eventually die. This is the hoped-for sequence for life. All participants held this expectation, outlined by several as necessary, and deviation from this order was not acceptable. P6 stated, “That’s the natural order of things. We bury our parents and grandparents, but the idea that we would have to bury a child in this day and age is horrifying.” P1 spoke about the switching of roles in life as he was tending to his mother, “a 180 turn...where she took care of me when I was little and I took care of her when she was old.” P4 spoke about experiencing many losses during her life and her sense that this was normal at her age of 79:

I have cousins that are older than me, and they are gone. I think I've lost 4 cousins. And I've lost all my aunts and uncles of which I had 10 pairs. Oh, and one of my best friends from when I was 10 or 11 had Alzheimer's a few years ago and she died just two years ago, too. So, yes... But, of course, at my age, you have a lot of brushes with death.

Religious, spiritual, or secular beliefs also presented as common meaning-making constructs. Notably, these beliefs were not orthodox in conforming to any specific religious rules; rather they appeared to be personally set. For example, P2 stated the following:

I consider myself, well, I like Buddhist principles but I don't know if I'd say I was a Buddhist per se. ...The Buddhist beliefs are very kind and compassionate and loving. The process that they go through, they believe there's a 48-day path to either enlightenment or reincarnation. And to me it was really comforting. I don't [know]. It could all be bullshit, but we don't know.

P4's speaks about his religiosity:

And I guess probably it is a belief in God that makes me not afraid. I mean, I don't know what is going to happen. I don't know whether there is going to be a life hereafter or not, but I don't believe in Hell and I don't think that that's going to happen to me. ...because I believe in a benevolent God, and why would you have Hell? I mean, that just doesn't make any sense to me at all.

Each participant had a belief system. P1 practiced Catholicism; P6 trusted in the universe and Karma; P5 presented a belief that we return to energy; P6 presented a secular, scientific belief that medical knowledge informs us. Each participant presented religious, spiritual, or secular beliefs that helped them make sense of life.

In the context of the natural order of life and religious/spiritual/secular beliefs that helped individuals to orient expectations and meaning in life, *silver lining stories* were also detected within this constituent. These stories, created in direct connection to events of a person's life, may function to change the personal perspective of the past, as illustrated in the text provided below. Silver lining stories are not predesigned; rather, they arose in raw moments from contemplation of an event of loss to provide a positive meaning for the participant.

This first example is from P1, who, in the beginning of this narrative, was explaining that during her illness his mother had suffered many little strokes and retained no memory:

[She had]...not Alzheimer's but dementia. Like, I went to see her when she would have had like a mini stroke or something. She barely knew anybody. But it was so funny! This is just three days before she died, I went to the hospital, I came in and she woke up about noon time, and she was 100% coherent. It was like I was talking to her 10 years before. She knew everything, she was asking about everybody. I said, hey, just sit for minute. I got on the phone and I called [my wife] and said get all my kids (he names each child). I'll get emotional to talk about this, but they all came to the hospital and we had probably about an hour or two with her, and she basically said goodbye to everybody. It was so wonderful; it was just so unbelievable! And then she said, I'm getting tired, why don't you guys just go get some lunch or something. And then she pretty much went to sleep and just stayed asleep, until I got a call Wednesday morning about 2 a.m. that she had passed.

Within clinical training among those having experience in palliative care and grief therapy, I have heard this story many times. The accuracy of these memories may be questionable; however, in the grieving process this narrative provides something good to remember. The person who was loved returned for a few hours to enjoy last moments and bid healthy farewells to loved ones. P2 described a similar event. She recognized as a blessing the fact that she and her husband had not known how quickly his illness was going to progress, because they were able to enjoy a wonderful vacation together:

So, to me [the vacation] was kind of a blessing, and it was also a blessing that we didn't know how soon he was going to die. We spent ten days in Hawaii, and we had a great time. We went in February and got back right at the end of February. And had we known, we'd have sat around worrying about I'm dying in a month or whatever...

Here she is presenting a silver lining: their lack of knowledge was a blessing because they shared a wonderful vacation that would have likely been missed if they had known what was coming.

Despite their similarities, each silver lining was unique to the person. P4's silver lining story was unusual. Just after describing how upset she was when authorities would not release her sons' body, P4 stated:

I had a vision about two days later. I was driving down the road, just a mile, mile and a half from home, and I saw him outside the windshield of my car just kind of floating. And it seemed to me he even said something to me, but now I can't remember it. ...And two days before he died, I was sitting in my office and I just kind of was in a trance. And I saw this green water swirling. There was energy in it. Swirling water. And I was underneath it. I was looking up at it. And, of course, after his death, I thought, that was an omen to me. And, actually, it was comforting to me that God had decided two days earlier that it was going to happen, and it was meant to be. That was easier to adjust than just a freak accident, you know?

P3's silver lining story I reserved to share last, with psychological insight that life narratives or narrative identities evolve over time (Bluck & Glueck, 2005; Neimeyer, 2001). She had been 31 at the time when she had thought she was pregnant and then dramatically went

through treatment to preserve her own life, and she was 79 when providing this description. Her narrative has had time to evolve and has become embedded for her:

I think that's unusual for 31-year-old to really embrace that fact [life is finite]. ...It freed me up a lot in terms of choosing to live. I think it was a great favor. I wish it hadn't been quite so dramatic, but it really added to the quality of the rest of my life. I think accepting mortality is step one in not fearing. ... As I mentioned, really realizing that I was mortal, that I was not going to get out of this alive, just really spurred me on to be proactive, to be active, to do volunteer work. I remember by the time I was 40, I said I've done more than anybody I know. I'm 80 and I'm not quitting now, so living and experiencing, really cherishing experiences—throwing the parties, traveling. I drive junkier cars and buy my clothes at Goodwill so I can buy airline tickets. And I have for years, because to me that and throwing parties, that's quality-of-life, nurturing friendships, nurturing family.

The silver lining stories presented here are organic and provide meaning to each participant.

They are a natural element in our healing process. Of course, not everyone will find silver lining stories, and some individuals suffer in not being able to find meaning within their loss. As therapists, we can refer to Roger Neimeyer (2001) and the theory of meaning reconstruction to help individuals find meaning making moments and embed them into their life narrative.

**Related to previous research.** Previous research has indicated that religious beliefs lead to lower death anxiety (Cohen et al, 2005; Ellis et al., 2013; Florian & Snowden, 1989; Krause, 2014; Lundh & Raden, 1998; Wink & Scott, 2005). In addition, “God-mediated control lend to greater life satisfaction” (Krause, 2014). A variety of presuppositions exist that generally fill the reasoning as to why these results appears in research. As to influencing the fear of death for the participants of this study, each of the participants reported a belief system that functioned for them to create meaning. P5, who has secular philosophies, was the only participant that stated that he was fearful of death, which supports the above hypothesis. However, his commentary, reporting that he was fearful of being alone and isolated during the dying process, does not support that assumption.

Table 7

*Meaning Making*

<u>Participants</u>	<u>Cycle of Life</u>	<u>Religious/Spiritual/Secular</u>	<u>Silver Lining</u>
P1	Expects the cycle of life.	Practicing Catholic	A day with mother and family
P2	Expects the cycle of life.	Buddhist principles, 48 days to a path of enlightenment	A lack of knowledge and vacation in Hawaii
P3	Expects the cycle of life.	Secular, Medical knowledge informs us	Knowledge of finite life led to a more active, filled life
P4	Expects the cycle of life.	Raised with religious principles, belief in a benevolent God	A vision and an omen from God
P5	Expects the cycle of life.	Secular, no belief in an afterlife, we are energy and return to a greater energy	
P6	Expects the cycle of life.	Semi-secular, a belief in the universe and Karma	

The second question explored in this study was, how has this life event affected you and the life that you are living now? This question elicited three further components that are at once linked, yet also well-defined and psychologically encompassing independent concerns. The components are: Protecting the self, pleasure in life, and struggling with values.

**Protecting the Self**

Protecting the self is a form of self-care, and self-care is often used to refer to diet and exercise, considerations mentioned in passing by participants. Aspects of self-care were also embedded within the meaning making narrative. However, this constituent goes beyond mere



belief to actions that stem from that belief. P3 sets the following example: This meaning unit has already been presented, but it is textured and carries more than one constituent. Her personal meaning making system is secular as she expressed the idea that the knowledge of medicine informs us and can therefore provide meaning. This belief also led her to taking action. Over time, she has practiced and become stronger in her behavior:

Well, I think I'm more assertive with the medical community in really insisting on better information if my body is telling me something. When I was pregnant with the molar pregnancy, I—and this was the fifth time I'd been pregnant. I didn't get a lot of kids out of this deal. I said, my body is giving me conflicting information. I got pregnant when we were living in Seattle, and I went to a doctor up there that I didn't know. The preliminary tests looked fine. Yes, I was pregnant, the HSC was normal, a little high but normal. Then we moved down here to Olympia and I switched doctors. I didn't get in to see the doctor I wanted, so I skipped the next appointment. Then I got in to see Poppia, who was brilliant, who totally listened to me, and... 48 hours later I had an emergency hysterectomy. But if my body is giving me conflicting information, I need to bitch at people until somebody pays attention to me. That's easier done now than it was at 30. Thirty-five years ago, the medical community was more likely to hand you a Xanax and tell you to go away.

After a brief exchange of confirming information, she stated that she listened to her own body and pursued complications she became aware of:

And I pursue it more aggressively. That's easier to do when you're my age and you have a medical history that you're knowledgeable about, and you have some vocabulary. I mean, living with an emergency RN for 20 years, you pick up a few things, and so I'm more un-peculiar about what doctors I see.

She explained here that she was less particular about which doctors she would see because she had knowledge and power that was self-protective. While P3 was cognitively aware of her thought process and actions, other participants expressed self-care in a different manner.

Similarly, P1's self-care is also embedded in his meaning-making construct. He is a practicing Catholic and concedes power of action to his faith. This stance can at times lead to statements that sound oxymoronic. An example is as follows:

I don't know if it's really affecting how I'm living my life. I try to take care of myself physically, and in terms of eating and exercising and things like that. But that doesn't always do everything; it's not always as simple as that, and I can't really say I'd probably do anything different or I'd have a different outlook.

P1 had a perception that he had not really made any changes significant to report. However, there had been further actions taken in response to his father's death:

So, that death (his father's, to alcoholism) in itself affected how I look at [alcohol] and I don't drink.... It doesn't agree with me—I get really sick. I do try, so I always laugh about how I really think God looking out for me, that he doesn't want me to become an alcoholic. But, I really, really, I mean I literally, talk to my kids, probably every weekend to one of them, about not drinking, not using drugs, things like that. Because it's something no one can deal with.

P1's father died of alcoholism, and he has avoided drinking in response to that death.

However, he did not take responsibility for those actions. His locus of control has been given to God. Detailing his narrative, he took care of his health through food and diet; monetarily he tended to his entire family. He takes action to protect his children, but he did not report these actions as his. Thus, a person's locus of control may prevent them from acknowledging actions that they have taken.

Self-care reported to this query was, of course, linked to the emotionally charged event of loss or the fear of losing one's most intimate partners in life. Therefore, aspects of innate self-care entwined with grief presented. P2 provides a clear example:

There's so many things that we're so catty about as humans and it takes something like this. I've just had to realize how it's all bullshit. And it helps me to realize what's really important. I kept telling my friends, hug your people you love extra tight today because you just don't know.

The events described in this study were personal, emotional, and tended to clear away unimportant tribulations. Psychological insight, individuals processing grief tend to have no patience for complaints that seems petty in comparison to their loss. Alternately, it is common in clinical practice to work with clients who are wound up in the minutia of mundane pet-peeves or

difficult relationships due to egos that prevent them from saying “I am sorry” or “it’s my fault,” or “let’s just let this go.” Therapeutically, awareness of these perceptions can be a useful tool in grief therapy. Table 8, below, provides a description of each participants reported mode of self-protection.

**Related to previous research.** In the literature review Firestone (1993) brought to light several coping mechanisms that may be healthy or may turn into pathologies. Among the coping mechanisms was self-nourishing, taking care of the self, eating well, exercise and so forth. These can become pathologies of destructive behavior such as self-medicating with alcohol or inappropriate medicine and/or drugs. Fortunately, the meaning factors reported that built the constituent were all positive, healthy behaviors.

Table 8

*Self-Care*

<u>Participants</u>	<u>Presentation of Self-Care</u>
P1	Avoid drinking, take physical care of himself, and aim to guard his children from self-destructive behavior.
P2	Address “unresolved issues” and set aside insignificant issues.
P3	Gain medical knowledge and advocate for herself.
P4	Maintain healthy diet and medical care, protect her family financially.
P5	Take greater interest in care of self, diet, and exercise.
P6	Belief in Karma taking positive actions, sobriety, and advocacy for her children.

**Pleasure in Life**

The next constituent that was drawn out was seeking pleasure in life, which referred not only having good relationships with friends and family, but also to taking

leisure time or indulgences, a desire that led to the ensuing pleasure. P3 offered a good example because she described becoming more proactive and volunteering. These are acceptable, positive actions that we are encouraged to take in life to be a good-deed doer. However, she also reported enjoying traveling and parties, stating that she had sacrificed other forms of indulgence (an expensive car) to obtain her preferred activities (travel and parties), “I drive junkier cars and buy my clothes and Goodwill so I can buy airline tickets. And I have for years, because to me that’s quality-of-life, that and nurturing friendships, nurturing family.”

The pleasure of travel was noted by several participants. P4 reflected on a trip she took:

This same friend and I, we have been twice to South Africa and have done safaris. It is so exciting to me to just get in a Jeep thing and go one mile from your hotel and have giraffes and zebras and elephants everywhere. I mean, you just can't believe the abundance. And they don't pay any attention to you. They have so many tourists in little vehicles going in an area that they don't care. They will walk right in front of you on the road. It is just like... I guess they know those trucks won't hurt them so they don't care. We parked one time, oh, probably 12 feet from two lionesses that were in the brush with three cubs. The lionesses were trying to take a nap and the cubs were climbing on a stump and jumping on them. I'll bet you we sat there 20 minutes. They never even turned their heads to look at us. It was just like, oh, this is magic!

P5 also spoke of increased travel referring to the first trip that he took solo:

I mean, I don't think I would have necessarily just flown off on my own a couple of years ago. I would've thought about it, but I wouldn't have actually done it. Yeah, it's just like worrying about things and money and stuff like that—it doesn't matter as much as it used to. I want to concentrate just a little bit more on having a quality life.

Travel was not the only pleasure participants spoke about, P6 stated that you should “pay attention to the oddities in life” and “listen to the unstated,” she continued:

I guess a lot of us continue to strive for betterment, for humanity, because of that energy. Does that make sense?... So, I found this book and I started reading it. It's living the life of how to really get the life that you intend yourself to be living. I said that's kind of weird. So, I started reading it and it's really a guide on how to think about what it is you

want out of your life and how to get it, what you intend your life to look like.... And so, I thought about it a lot. And so, there were certain things I wanted. I wanted to finish my bachelor's degree and then I wanted to get a master's degree. I wanted my life to look different than it had been. And so, I started thinking about life plans and intending things to happen. And I wanted to have a life partner and I wanted that partner to look like my stepfather. You know, a relationship that was unlike anything I'd ever had, and then I didn't know existed except for watching them. And I was thinking that's what I want. I don't want to have a life partner that isn't that. I would just be single. And so, all of these intentions were put out, and god damned if they didn't all come true, every last single one of them.

P6 expressed what her desires were along with the intention and actualization of receiving them.

Table 9, below, provides details for each participant.

**Relationship to previous research.** Ozanne, Graneheim, and Strang (2013) produced research that concluded that in spite of living with a chronic illness their participants were able to find meaning in life, "the perspective of life was transformed to a deeper view where material things and quarrels were no longer in focus" (p. 2124). In addition, they claimed that spending more time with family and friends and that helping others and giving brought quality to their lives. These actions are similar to the pleasure in life actions described by the participants of this study. Therefore, it is plausible that the experience that influences the fear of death activates the same type of desires.

Table 9

*Pleasure in Life*

<u>Participants</u>	<u>Presentation of Desiring Pleasure in Life</u>
P1	Purposefully enjoy life, his children, grandchildren and purpose in life, which included his work.
P2	A desire to be kinder and more gentle than she had been.
P3	Spurred to seek pleasure and be active via parties and travel.
P4	Valuing personal enjoyment, traveling to experience moments “like magic.”
P5	Interest in quality of life and living authentically.
P6	Paying increased attention to the oddities of life; listening to the unstated for guidance; happy that she had returned to school and was producing art.

**Struggling with Values**

While this constituent appears prominent in the first two examples below, it was not until I was in the depths of analyzing that I recognized it in each narrative. I detected a division between acceptable pleasures (caring for family, volunteering, giving to public services) and pleasures deemed selfish. While these aforementioned activities did serve as pleasure for participants, a division arose between what was publicly approved and what might be considered more selfish. The division was not about good or bad, but the role that one is playing in life (provider, worker, and such).

P4 had become the matriarch of her family. Her children were grown, almost near their own retirement and, from her report, financially sound. However, she still had second thoughts about enjoying her own profits and pleasure:

Yeah, it's really funny. I've been way more concerned with my portfolio as far as money and stuff because I want to be sure that my kids and my grandkids are taken care of. In fact, my broker really laid into me the other day. He said, "Start spending this money!

You don't want the boys to have all of it." I said, "Well, really, other than trips, I have everything I need." I thought I was not consciously saving it, but then I realized that was a lie. I really was consciously saving it. It's crazy.

While P4 above is referring to her role as a parent and provider, P5's role was entangled with work:

I know it's sometimes difficult to [draw boundaries] because I'm around ambitious people all day in a business setting. Especially now that I'm in the legal department, I work with lawyers and the president, with the chief financial officer just around the corner from where I sit. I mean I deal with this kind of high profile and ambitious people all day long. But come 5:30, I'm out the door because I've done my hours. I just come at it very differently and even more so now. (long pause) Expectations that others have for you and what you want for yourself are two different things.

He felt the importance of maintaining time for his own life, even though his behavior contrasted with the values of others in his work environment,

Alluded to earlier P3 was secular in her thinking and command of hard science, knowledge of medicine, shaped much of the meaning she created in life, and this presented as a piece of her character. During the interview a few moments arose when she was approaching a strong emotion, and each time she would steer away from those emotions by diving into technical language. Psychologically, this was likely a coping technique which helped P3 avoid pain, and likely pleasures, which do not suit her comfortable level of expressing emotions.

P2 identified as a wife who was currently in mourning, struggling with what was expected from her, how she should grieve, and what she should do as a widow—a role in life unfamiliar to her:

I just can't mention my life ever becoming normal but I know a friend of mine sent me a book and I've had a couple of friends who have lost their husbands years ago and they say it's shit but you'll get through it but I can't imagine. I mean, we were so active and we did so much. And then I told you my brother died within a week and there was a lot of, you know, we weren't very close but nevertheless we've lots unresolved issues there. So, it's just not real great dying for me right now all the way around. I don't know what to do. And I've a lot of really wonderful friends - I'm kind of (sigh)...and I know they've said that's the worst thing you've begin just feels good right now.

Table 10 outlines the struggles of values expressed by participants.

Table 10

*Struggle with Values*

<u>Participants</u>	<u>Presentation of Struggling Between Desires and Values</u>
P1	Struggle with an inability to exert control over death.
P2	Struggle with the expectations of widowhood and loss of her identity as a wife.
P3	Medical knowledge used to ward off emotion, both positive and negative.
P4	Torn between role as matriarch and love of travel and play; also struggles with means for control (diet) of a medical diagnosis (high blood pressure).
P5	Torn between personal desires of travel and play versus expectations at work. In addition, conflicted by social expectations versus the emotional weight that he carries.
P6	Torn between surrendering her control as a parent versus respect for her adult children.

The nine constituents above present in the meaning units of all six participants. The final constituent below only presented in the meaning units of three participants because they had a common theme within the descriptions they provided. Each of these participants spoke about a person that they lost to chronic illness. This was not a part of the research question; however, it was detected through the process of analysis and is a solid piece of the structure for those three participants.

### **Relief**

Chronic illness generally entails a long-term decline that can last from months to years. People living with a long-term illness can undergo a series of hospitalizations or may spend the end of their life in a nursing home or palliative care unit. Someone living with chronic illness can easily deteriorate from a healthy individual loved and cherished by others to a figure hardly



recognizable as their former self, one who cognitively may or may not be present, though they frequently suffer pain. Which is what was described by participants who spoke about losing their loved family member to chronic illness. They also spoke about a sense of relief following the loved one's death. Below P1 is talking about different points of realizing the state that his mother was in:

For the longest time you're kind of in denial that anything is going to happen, but then it's almost a relief when something does happen. The idea that her quality of life was poor because of her mental state, I mean.... By the time my mom died, she'd gotten to the point where she was just hanging on and had no relevance or purpose in life.

P2's husband's cancer had come and gone repeatedly; she also expresses the sense of relief:

Well, it's—he suffered because for the first three days he was in ICU, the first day and a half he didn't have a ventilator so he could talk and then they had to put a camera in to see what was going on. And as miserable as he was and then the weak progress, I mean, all I could do was, like, or...I thought as awful as things are now it's going to be worse when you go through the bone marrow transplant and the possibility of survival is not good. So, to me it was kind of a blessing and it was also a blessing that we didn't know how soon he was going to die.

P5's grandmother, who had raised him, also died of cancer. He spoke about how difficult it was:

It's just been little over a year since my grandmother passed away. There was very—she had cancer, lung cancer towards the end and it was not pretty. She was in a lot of pain, a lot of morphine. It was just very hard to see somebody that you cared for.... (Tearing up) Sorry. I know it comes with the territory. Just watching somebody who had loved you your whole life suffer like that, it was just difficult and of course what gets you thinking about is that the way it's going to be for me at the end as well. But then you get the realization that, you know, at least she had us. It's like who's going to be there for me, all that kind of stuff gets weighed in all together. It is over, which is easier. Watching somebody who had loved you your whole life suffer like that" and said that, while the loss of that person is difficult, it comes as a relief when they are no longer suffering.

## Summary

With an interest in living death and dying and continued exploration of the subject I was able to produce research through Descriptive Phenomenological Methodology, outlined by Amedeo Giorgi (2009), which focused on Death Anxiety and Life Satisfaction. Post the initial process of reading and gathering data for the literature review, passing the proposal and IRB approval, six participants were recruited and interviewed for the project.

The criteria for the recruits were for reasons of gaining knowledge from elder adults who have longer life experience, thus a textured version of death anxiety and life satisfaction. This worked well for the study, but it also created a tight group, which will be taken in consideration in the limitations section below. The interviews ran between 30 and 90 minutes with the average time being 60 minutes.

The goal of the interview was to seek a description of an event, or set of events, that influenced a person's fear of death. Then ask if this event influenced how that person was living their life. When the interviews were completed, they were redacted, transcribed, and then entered the analysis process.

The descriptive phenomenological method takes three steps: First, to read for the whole narrative of each participant and get an overall feeling of the description provided. Second, to create meaning units within each description using a psychological mindset (Giorgi, 2009). The third step is more complex. Transforming the narrative from the first person to third person, to help with clarification that the researcher is analyzing a third person. Then, within a psychological stance, employing "imaginative variation" (Giorgi, 2009, p. 154), allowing the ability to rework the narrative several times, even questioning the opposite of what automatically presents to the researcher, to be sure that no conceptualizations are overlooked. Then the

transformation of the work is presented, using raw data, emphasizing the psychological components, and providing a structure.

The structure of this phenomenon consists of 10 constituents: (a) Loss: Experiencing a significant loss that is emotionally and/or physically exhaustive, (b) Selfishness: A sense of selfishness in what is personally lost, (c) Process of dying: A fear of the process of dying more so than death itself, (d) Lack of control: A struggle with what can and cannot be controlled, (e) Fear: Other fears—not accomplishing life goals, not completing all duties, not living a full life, (f) Meaning-making: Religious/spiritual/secular meaning-making beliefs, (g) Self-care: Self-protection for a longer, healthy life, (h) Pleasure in life: Engaging in activities that make one happy, (i) Struggling with values: A conflict between personal desires and others' expectations, and (j) Relief: In relation to chronic illness, a relief that the loved one is no longer suffering.

### **Limitations**

Within qualitative work there are inherent problems in the data collection process. The first limitation is internal bias held by the researcher. Internal bias tends to lead researchers to preferred subjects (Creswell, 2013). Stated earlier, I have an interest in end-of-life subjects; therefore, death anxiety was of personal interest to me. During research bracketing personal bias took place as described by practice (Creswell, 2013; Giorgi, 2009). In addition, I also selected descriptive phenomenology with an intent to describe events. That said, my psychological understanding of the subject is in relation to my personal bias, previous studies, and clinical work that it has led me toward.

Second, also in relationship to data collection, was the interviewing process. Participants were asked to focus on an event that influenced their fear of death which led to private, emotional, responses. Emotions were palatable and could have limited what was reported by the

participants. In addition, there are social expectations regarding loss and grief, and while I believe each participant felt safe and a level of trust was established, already set beliefs may have edited their narrative. Fortunately, Giorgi defined that “the veridicality of descriptions is not as critical as their richness and articulation, so long as they are honest (p. 119).

Another primary limitation is the inability to generalize these finding to a larger population. This is due to several reasons: Ethnicity of the participants, location of the study, and age of the participants. Each of the participants was a Caucasian of European decent and meaning making of similar types of events may vary greatly across diverse communities. Region of the study also matters; all participants were from the West coast and predominantly living in the Pacific Northwest. In addition, one of the criteria for this project was based on age. There was a hope to gain a textured description from individuals with more lived experience, however, there may be generational differences within the meaning making process. This leads us to proposals for future research.

### **Proposed Direction for Future Research**

There is general recognition that qualitative studies are hard to generalize to larger populations for a myriad of reasons (Creswell, 2013; Giorgi, 2008). Within this study there was intent to explore the meaning making process in of individuals with more life experience verses the often-easy based population of college students. However, according to NBC News (2019) over the course of this study live shootings on school campuses has morphed. Four shootings in 2019, to this date (9/30/2019), eight shootings in 2018, with 30 people killed and 50 people injured. From personal experience working on a college campus and being in a lock-down due to a live gun on campus, the anxiety and fears regarding potential end of life threats may produce exceedingly different meaning making units for students. Wonderful insights to the field of

psychology could be provided if a study was replicated with students from grade school to college.

In addition, this study is composed of a Caucasians population of European descent. Seeking cultural differences could be done replicating this within differing communities. One example would be repeating this study with African American males. In an article by John Sides, writer for the Washington Post, he stated: “Just by getting in a car, a black driver has about twice the odds of being pulled over, and about four times the odds of being searched” (p. 7). The threat of being pulled over is not the only threat to African American males as Amina Khan noted in the Los Angeles Times, “About 1 in 1,000 black men and boys in America can expect to die at the hands of police, according to a new analysis of deaths involving law enforcement officers. That makes them 2.5 times more likely than white men and boys to die during an encounter with cops” (p. 1). A replication of this study with African American males could provide exceptional insight to the meaning making process of death anxiety and actions taken considering same.

Within this study there was shared experience of 3 participants losing someone to chronic illness which brought to light a shared constituent. Replicating this study within palliative care with those living with chronic illness could produce data that could be useful not only to psychology, but also to care keepers in medicine.

Finally, as noted in the literature review, pathologies related to death anxiety are acknowledged (Firestone, 1990; Firestone & Catlett, 2009; Yalom, 1980) and could be explored by qualitative research, through descriptive phenomenology, to understand the meaning making structure in relations to death anxiety providing concrete examples that may be analyzed through a psychological lens. Particular attention could be paid to suicidality or drug abuse to help understand the meaning making process and actions taken in relation to those personal events.

## References

- Abdel-Khalek, A. M. (1997). Single versus multi-item scales in measuring death anxiety. *Death Studies*, 22, 763–772. <https://doi.org/10.1080/074811898201254>
- Abdel-Khalek, A. M. (2005). Death anxiety in clinical and non-clinical groups. *Death Studies*, 29, 251–259. <https://doi.org/10.1080/07481180590916371>
- Abdel-Khalek, A. M. (2007). Love of life and death anxiety distress: Two separate factors. *Omega*, 55(4), 267–278. <https://doi.org/10.2190/OM.55.4.b>
- Adelbratt, S., & Srang, P. (2000). Death anxiety in brain tumor patients and their spouses. *Palliative Medicine*, 14, 499–507. <https://doi.org/10.1191/026921600701536426>
- Bath, D. M. (2010). Separation from loved ones in the fear of death. *Death Studies*, 34, 404–425. <https://doi.org/10.1080/07481181003697639>
- Becker, E. (1973). *The denial of death*. New York, NY: Free Press Paperbacks.
- Bluck, S., Dirk, J., Mackay, M. M., & Hux, A. (2008). Life experience with death: Relation to death attitudes and to the use of death-related memories. *Death Studies*, 32, 524–549. <https://doi.org/10.1080/07481180802138860>
- Brinkmann, S., & Kvale, S. (2005). Confronting the ethics of qualitative research. *Journal of Constructivist Psychology*, 18, 157–181. <https://doi.org/10.1080/10720530590914789>
- Cicirelli, V. G. (2006). Fear of death in mid-old age. *Journal of Gerontology*, 61B(2), 75–81. <https://doi.org/10.1093/geronb/61.2.P75>
- Cohen, A. B. et al. (2005). Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholics and Protestants. *Journal of Research in Personality*, 39, 307–324. <https://doi.org/10.1016/j.jrp.2004.02.005>
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Los Angeles, CA: Sage.
- Denne, J. M., & Thompson, N. L. (1991). The experience of transition to meaning and purpose in life. *Journal of Phenomenological Psychology*, 22(2), 109–133. <https://doi.org/10.1163/156916291X00091>
- De Raedt, R., Koster, W., & Ryckewaert, R. (2013). Age and attentional bias for death related and general threat-related information: Less avoidance in older as compared with middle-aged adults. *The Journal of Gerontology*, 68(1), 41–48. <https://doi.org/10.1093/geronb/gbs047>

- De Raedt, R., & Van Der Speeten, N. (2008). Discrepancies between direct and indirect measures of death anxiety disappear in old age. *Depression and Anxiety*, 25. <https://doi.org/10.1002/da.20336>
- Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology*, 43, 13–35. <https://doi.org/10.1163/156916212X632943>
- Eshbaugh, E., & Henninger, W. (2013). Potential mediators of the relationship between gender and death anxiety. *Individual Differences Research*, 11(1), 22–30.
- Epel, E. S., Blackburn, E. H., Lin, J., Dhabhar, F. S., Adler, N. E., Marrow, J. D., & Cawthon, R. M. (2004). Accelerated telomere shortening in response to life stress. *Proceedings of the National Academy of Sciences of the United States*, 101(49), 17312–17315. <https://doi.org/10.1073/pnas.0407162101>
- Firestone, R. (1993). Individual defenses against death anxiety. *Death Studies*, 17, 497–515. <https://doi.org/10.1080/07481189308252635>
- Firestone, R., & Catlett, J. (2009). *Beyond death anxiety*. New York, NY: Springer Publishing Company.
- Florian, V., & Snowden, L. R. (1989). Fear of personal death and positive life regard: A study of different ethnic and religious-affiliated American college students. *Journal of Cross-Cultural Psychology*, 20(1), 64–79. <https://doi.org/10.1177/0022022189201004>
- Frankl, V. E. (1946). *Man's search for meaning*. Boston, MA: Beacon Press.
- Freud, S. (1922). *Beyond the pleasure principle*. (Hubback, C. J. M., Tans). Ernest, J. (Ed). International Psychoanalytical Library, 4, 1–83. London, England: The International Psycho-Analytical Press.
- Giorgi, A. (1985). *Phenomenology and Psychological Research*. Pittsburgh, Pennsylvania: Duquesne University Press.
- Giorgi, A. (2008). Concerning a serious misunderstanding of the essence of the phenomenological method in psychology. *Journal of Phenomenological Psychology*, 39, 33–58. <https://doi.org/10.1163/156916208X311610>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, Pennsylvania: Duquesne University Press.
- Given, J. E., & Range, L. M. (1990). Life satisfaction and death anxiety in elderly nursing home and public housing residents. *The Journal of Applied Gerontology Society*, 9(2), 224–229. <https://doi.org/10.1177/0733489000900208>

- Greenberg, J., & Arndt, J. (2012). Terror management theory. In A. W. Kruglanski, E. T. Higgins, & P. A. M. van Lange (Eds.) *Handbook of Theories of Social Psychology* (pp. 398–415). Thousand Oaks, CA: Sage Publications.
- Harmon-Jones, E., Simon, L., Greenberg, J., Pyszczynski, T., Solomon, S., McGregor, H. (1997). Terror management theory and self-esteem: Evidence that increased self-esteem reduced mortality salience effects. *Journal of Personality and Social Psychology*, 72(1), 24–36.
- Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: On the coherence of social motivation. *Personality and Social Psychology Review*, 10(2), 88–110. [https://doi.org/10.1207/s15327957pspr1002\\_1](https://doi.org/10.1207/s15327957pspr1002_1)
- Heppner, P. P., Wampold, B. E., & Kivlighan, D. M. (2008). *Research design in counseling*. Belmon, CA: Brooks/Cole Cengage Learning.
- Hui, V. K., & Coleman, P. G. (2012). Do reincarnation beliefs protect older adult Chinese Buddhists against personal death anxiety? *Death Studies*, 36, 949–958. <https://doi.org/10.1080/07481187.2011.617490>
- Huppert, F. A., & So, T. T. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators Research*, 110, 837–861. <https://doi.org/10.1007/s11205-011-9966-7>
- Jergović, M., Tomičević, M., Vidović, A., Bendelja, K., Savić, A., Vojvoda, V., . . . Sabioncello A. (2014). Telomere shortening and immune activity in war veterans with posttraumatic stress disorder. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 52, 275–283. <https://doi.org/10.1016/j.pnpbp.2014.06.010>.
- Jones, T., Gillian, T (Producers), & Goldstone, J. (Director). (1983). *The Meaning of Life* [Motion Picture]. United Kingdom: Celandine Films, The Monty Python Partnership, & Universal Pictures.
- Juhl, J., & Routledge, C. (2014). Finding the terror that the social self manages: Interdependent self-construal protects against the anxiety engaged by death awareness. *Journal of Social and Clinical Psychology*, 33(4), 365–379. <https://doi.org/10.1521/jscp.2014.33.4.365>
- Khan, A. (2019, 08, 16). Getting killed by police is a leading cause of death for young black men in America. Los Angeles Times. Retrieved October 1, 2019, <https://www.latimes.com/science/story/2019-08-15/police-shootings-are-a-leading-cause-of-death-for-black-men>.
- Knapp, S. K., & VandeCreek, L. D. (2005). *Practical ethics for psychologists: A positive approach*. Washington DC: American Psychological Association.
- Krause, N. (2014). God-mediated control and psychological well-being in late life. *Research and Aging*, 27(20), 136–164. <https://doi.org/10.1177/0164027504270475>



- Lieberman, P. (1993). *Uniquely Human: The Evolution of Speech, Thought, and Selfless Behavior*. USA: Harvard Press.
- Lundh, L., & Raden, V. (1998). Death anxiety as a function of belief in an afterlife. A comparison between a questionnaire measure and a Stroop measure of death anxiety. *Personality and Individual Differences*, 25, 487–494. [https://doi.org/10.1016/S0191-8869\(98\)00072-5](https://doi.org/10.1016/S0191-8869(98)00072-5)
- Lyke, J. (2013). Associations among aspects of meaning in life and death anxiety in young adults. *Death Studies*, 37, 471–482. <https://doi.org/10.1080/07481187.2011.649939>
- Matthews, T., Danese, A., Wertz, J., Odgers, C. L., Ambler, A., Moffitt, T. E., & Arseneault, L. (2016). Social isolation, loneliness and depression in young adulthood: a behavioural genetic analysis. *Social psychiatry and psychiatric epidemiology*, 51(3), 339–348. <https://doi.org/10.1007/s00127-016-1178-7>
- McClatchey, I. S., & King, S. (2015). The impact of death education on fear of death and death anxiety among human service students. *Journal of Death and Dying*, 71(4), 343–361. <https://doi.org/10.11770030222815572606>
- Medonald, R. T., & Hilgendorf, W. A. (1986). Death imagery and death anxiety. *Journal of Clinical Psychology*, 42(1), 87–91. [https://doi.org/10.1002/1097-4679\(198601\)42:1<87::aid-jcip2270420113>3..co;2-s](https://doi.org/10.1002/1097-4679(198601)42:1<87::aid-jcip2270420113>3..co;2-s)
- Merleau-Ponty, M. (1964). *The primacy of perception*. USA: Northwestern University Press.
- Moberg, D. O. (2005). Research in spirituality, religion and aging. *Journal of Gerontology Social Work*, 45(1/2), 11–40. [https://doi.org/10.1300/J083v45n01\\_02](https://doi.org/10.1300/J083v45n01_02)
- Neimeyer, R. A. (2001). *Meaning reconstruction & the experience of loss*. Washington, DC: American Psychological Association.
- Peterson, W., Rathbun, D., Wilson, C. (Producers), Peterson, W. (Director). (2004). *Troy* [Motion Picture]. USA: Warner Brothers.
- Plato. (1954). *The last days of Socrates: Euthyphro, the apology, crito, [and] phaedo*. (Tredennick, H. Trans.) London: Penguin Books
- Proulx, Y., & Heine, S. J. (2006). Death and the black diamond: Meaning, mortality, and the meaning maintenance model. *Psychological Inquiry*, 17(4), 309–318. <https://doi.org/10.1080/10478400701366985>
- Pyszczynski, T., Greenberg, J., & Solomon, S. (1998). A terror management perspective on the psychology of control. In M. Kofta, G. Weary, & G. Sedek (Eds.), *Personal control in action. The Springer Series in Social Clinical Psychology*. Boston, MA: Springer. [https://doi.org/10.1007/978-1-4757-2901-6\\_4](https://doi.org/10.1007/978-1-4757-2901-6_4)

- Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., & Schimel, J. (2004). Why do people need self-esteem? A theoretical and empirical review. *Psychological Bulletin*, 130(3), 435–468. <https://doi.org/10.1037/0033-2909.130.3.435>
- Raedt, R. D., Koster, E. H. W., & Ryckewaert, R. (2013). Aging and attentional bias for death related and general threat-related information: Less avoidance in older as compared with middle-aged adults. *The Journal of Gerontology* 68(1), 41–48. <https://doi.org/10.1093/geronb/gbs047>
- Routledge, C., & Juhl, J. (2010). When death thoughts lead to death fears: mortality salience increases death anxiety for individuals who lack meaning in life. *Cognition and Emotion*, 24(5), 848–854. <https://doi.org/10.1080/02699930902847144>
- Routledge, C., & Juhl, J. (2012). Failure causes fear: The effects of self-esteem threat on death anxiety. *The Journal of Social Psychology*, 152(6), 665–669. <https://doi.org/10.1080/00224545.2012.691915>
- Russac, R. J., Gatliff, C., Reece, M., & Spottswood, D. (2007). Death anxiety across the adult years: An examination of age and gender differences. *Death Studies*, 31, 349–561. <https://doi.org/1080/07481180701356936>
- Sides, J. (2018). What data on 20 million traffic stops can tell us about ‘driving while black’. Retrieved October 1, 2019, <https://www.washingtonpost.com/news/monkey-cage/wp/2018/07/17/what-data-on-20-million-traffic-stops-can-tell-us-about-driving-while-black/>
- Snyder, C. R. (1997). Control and the Application of Occam's Razor to Terror Management Theory, *Psychological Inquiry*, 8:1, 48- 49. [https://doi.org/10.1207/s15327965pli0801\\_10](https://doi.org/10.1207/s15327965pli0801_10)
- Tassell-Matamua, N. A., & Lindsay, N. (2016). "I'm not afraid to die": The loss of the fear of death after a near-death experience. *Mortality*, 21(1), 71–87. <https://doi.org/10.1080/13576275.2015.1043252>
- Tomer, A., & Eliason, G. (1996). Towards a comprehensive model of death anxiety. *Death Studies*, 20, 343–365. <https://doi.org/10.1080/07481189608252787>
- Wertz, F. (2014). Qualitative inquiry in the history of psychology. *Qualitative Psychology*, (1)1, 4-16. <https://doi.org/10.1037/qup0000007>
- Wink, P., & Scott, J. (2005). Does religiousness buffer against the fear of death and dying in late adulthood? Findings from a longitudinal study. *Psychological Sciences*, 60B(4), 207–214. <https://doi.org/10.1093/geronb/60.4.p207>
- Yalom, I. D. (1980). *Existential psychotherapy*. USA: Basic Books.

## **APPENDIX A**

### **Demographic Questions**

May I ask you age, please?

Do you identify as male or female?

What ethnicity do you identify as?

May I ask your level of education, please?

Would you rate your income range as low/middle/high?

Do you identify yourself with any religiosity/spirituality that is a significant part of their life? If so what practice/ belief.

## **APPENDIX B**

### **Internet Forum**

## Appendix B: Internet Forum

Michelle Ehle's Dissertation Research Project  
Doctoral student at Antioch University Seattle

### Death Anxiety?

Are you afraid of death or do you have no fear at all? If so, and if you are the age of 40 or older you may volunteer for research!

If you are willing to volunteer, you will be helping add information to the psychological community.

Volunteering includes an interview that will be audio recorded. The two primary questions are:

1. "Can you please describe in as much detail as possible a situation in which you experienced an event or a series of events that have influenced your fear of death?"
2. "How has this life event affected you and the life you are living?"

Additional questions will follow each query allowing you to provide all the information that you feel is required and also to help the interviewer (me) clearly understand what you are saying. I expect the interview to last 1—2 hours.

The interview can take place at Antioch University Seattle, in a private room, at your home if you prefer, or at a local library that has private seating.

Confidentiality will be kept; any personal identifying information will be redacted during the transcription. More details of confidentiality will be explained before you consent to volunteer.

Death anxiety, believe it or not, is highly studied, but little of this research asks participant's how they came to have low or high fears of death. I want to explore if there are any commonalities between individuals in either sphere (high or low fear of death) and hope to add information to the psychological community.

Please contact me if you are interested.

Michelle Ehle  
206-XXX-XXXX  
[mehle@antioch.edu](mailto:mehle@antioch.edu)

## **APPENDIX C**

### **Flyer**

## **An Opportunity to Participate in Research!**

### **Who may participate?**

If you are 40 + years of age and believe that you have *high death* anxiety (a high fear of death) or *low death anxiety* (little to no fear of death) you would be a perfect participant!

### **What happens when you volunteer?**

An interview; volunteers will participate in an interview that should last 1—2 hours. This interview will be audio recorded. Participant's may quit at any given time during the project.

### **When will this happen?**

We can schedule an appointment to fit our schedules.

### **Where will this happen?**

A few choices: On the campus if Antioch University Seattle in a private room, a nearby library with private study rooms, or at your home for comfort and ease.

### **Why is this research happening?**

There has been a lot of research on death anxiety but little of this research explores peoples reasoning from their own perspective for why they feel the way they do. This study aims to do that.

### **Confidentiality will be kept!**

*If you are interested, please contact:*

Michelle Ehle

206-XXX-XXXX - or - [mehle@antioch.edu](mailto:mehle@antioch.edu)



---

*Michelle Ehle is a doctoral student at Antioch University Seattle aiming to complete a dissertation and add information to the psychological community and get an inch closer to graduation!*

---

**APPENDIX D**  
**IRB Application**

**1. Name and mailing address of Principle Investigator**

Michelle M. Ehle; Omitted for publication; Seattle, WA 98121

**2. Academic Department**

Psy. D. in Clinical Psychology

**3. Department Status**

Graduate Student

**4. Phone Number**

206-XXX-XXXX

**5. Name of Research Advisor**

Dana Waters, PsyD, ABPP

**6. Name & email addresses of other researchers involved in project**

N/A

**7. Project Title**

Life Satisfaction and Death Anxiety: A Qualitative Study

**8. Is this federally funded? Source of funding (if applicable)**

No, and N/A

**9. Expected starting date for data collection**

9/15/2016

**10. Expected completion date for data collection**

3/30/2017

**11. Project Purpose(s): (Up to 500 words) Describe: 1) the question or phenomenon you are investigating, 2) the project purpose, and 3) how the research will be disseminated or used**

The purpose of this project is to explore what constitutes a satisfying life? How do we attain this? Is death our inspiration? Is death an anxiety that motivates our actions? To address these and related questions, this study examines death anxiety and how it creates meaning in life.

Death anxiety is an existential subject; however, studies found during the literature review indicate that a majority of the research on death anxiety has been conducted in traditional scientific methodology. Excellent information regarding death anxiety has been produced by this research. While such studies may be effective for measuring concrete information in an objective manner they lack the flexibility to examine complex, contingent, or possibilities other than those specifically hypothesized for each study. This study proposes a descriptive phenomenological methodology that includes the experience of the participant and provides insight of meaning-making processes.

Death anxiety has also been linked to pathologies, repression of happiness leading to depression is one example. The development of pathologies related to death anxiety provides a reason for this research. This study would like to explore what experiences in life influence an individual to harbor a fear of death—a fear that could lead to a psychological defense system. Or does lacking a fear of death lead to a more satisfying life? If there are commonalities between those on either side of the spectrum, high or low death anxiety, may

provide beneficial information to the clinical community providing a contribution to psychological studies.

**12. Describe the proposed participants- age, number, sex, race, or other special characteristics. Describe criteria for inclusion and exclusion of participants. Please provide brief justification for these criteria. (Up to 500 words)**

Death anxiety comprises the central interest of this study which will explore how the fear of death develops, how individuals process emotions from this phenomenon, and how they create personal meaning. Therefore, participants will be individuals who report high or low fear of death, and who are willing to share an event that led to their current conceptions.

A predominate amount of the research studied during the literature review indicated that the mean age of most studies was 18 - 22. Considering that this is a youthful age to determine life satisfaction or a fear of death, particularly at the peak age for physical health, this study would prefer elder participants with more life experience, age 40 and above.

The interviews for descriptive phenomenology are lengthy, and the guidelines for descriptive phenomenological procedures are detailed and time consuming. It would be impossible for this project to include a large study population. At the same time, a single case study would also prove ineffective, providing information that would present findings difficult to generalize. Descriptive phenomenological research requires at least three participants to diminish these concerns. This study intends to explore high and low death anxiety, therefore engaging six participants, three with a low fear of death and three with a high fear.

Being that this study will have low participant number contributions to any specific group will not occur. However, limitations will be limited. If there is a self-report of high/low death anxiety and being 40 years of age or older, women and men, of any ethnicity, and any religiosity are more than welcome to participate. However, I am the sole researcher for this study and am not multi-linguistic so participants must be fluent in English language.

**13. Describe how the participants are to be selected and recruited. (Up to 500 words)**

Participants will be recruited from the Greater Seattle area. Flyers, notifications on public internet forums, and word of mouth will be employed to attract contributors, stated differently, a snowball sample will be used for recruiting. Examples of flyer and wording for internet forums are attached.

Screening for eligibility to participate will take place during an initial conversation, via by phone or in person, to assure that the required parameters are met. Simple questions asking about high or low death anxiety and the age of possible candidate. If the potential participant fits the required aspects setting a time and date for interview will occur.

Locations for the interview may vary. The campus of Antioch University Seattle will be suggested and a private room will be reserved for privacy. Other options, for convenience of the participant, may be a nearby library with meeting rooms for privacy, or at the participant's home.

**14. Describe the proposed procedures, (e.g., interview surveys, questionnaires, experiments, etc.) in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described. USE SIMPLE LANGUAGE, AVOID JARGON, AND IDENTIFY ACRONYMS. Please do not insert a copy of your methodology section from your proposal. State briefly and concisely the procedures for the project. (500 words)**

When participant has been recruited and the meeting date, time, and location are set, an interview will occur. At the start of the interviewing process the consent form will be presented to the participant. I will ask the participant to read the document. When the recruit is done reading the consent form I will verbally go over the consent form with them. When completed I will ask if the participant understands the document and if they have any questions. When any questions have been answered and participant indicates that they do understand the document a signature will be collected indicating that they are willing to volunteer for the study.

Once the consent form is signed the audio recording device will be turned on and the interview will begin. Before the primary interview a few demographic questions will be asked. Demographic questions will be asked, including: Age, sex, ethnicity, level of education, if income range is low/middle/high, and if religiosity/spirituality is a significant part of their life. Then the first interview question will be asked.

The descriptive phenomenological method focuses on the lived experience of an individual, related by that individual as they provide a narration of their story. The methodology is semi-structured. The structured questions follow. The first is to help prevent the data from being abstract. Asking a specific question narrowing the field of response, in this study the question is, "Can you please describe in as much detail as possible a situation in which you experienced an event or a series of events that have influenced your fear of death?" The second question is inquiring how this event influenced the interviewee, "How has this life event affected you and the life you are living? Within the semi-structured interview additional questions will be asked to help gain details and a clear understanding of what the participant is reporting. The question's will be directly related to the statements expresses by the participant.

**5. Participants in research may be exposed to the possibility of harm — physiological, psychological, and/or social—please provide the following information: (Up to 500 words)**

**a. Identify and describe potential risks of harm to participants (including physical, emotional, financial, or social harm).**

This study is seeking personal information regarding emotional events. Participants being reminded of life events and undergoing self-exploration may experience a difficult process given the content of this study pertains to death anxiety. These conditions may affect the participant's emotional state and could potentially cause lingering effects. If emotions are relived and fail to dissipate post the interview there is a crisis lines for help: Crisis Clinic: 24-Hour Crisis Line (866-427-4747). This information is on the consent form for participants.

Confidentiality, also a risk, will be reviewed with the participants during the signing of the consent form. Participants information will be encrypted and filed numerically. Transcriptions will be stored on my personal computer in an office that only I have access to. The computer access will be password protected and the file folders will be password protected. The master coding list will be kept separately and securely protected apart from the consent forms. For further confidentiality all participant identifying information on audio recordings will be omitted during transcription and/or replaced with alias names if required.

**b. Identify and describe the anticipated benefits of this research (including direct benefits to participants and to society-at-large or others)**

There are no direct benefits to the participant, unless they find the interviewing process as a positive learning experience that provides personal insight. However, studies investigating death anxiety are common, during my last search over 300 had been produces regionally and around the world, no harm has been reported. In addition, the participants for this

study are self-selecting to volunteer with full knowledge of the topic, the questions being asked, and how record keeping will provide confidentiality.

**c. Explain why you believe the risks are so outweighed by the benefits described above as to warrant asking participants to accept these risks. Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk.**

Quantitated studies Methodology for this study includes the experience of the participant and provides insight of meaning-making processes. Insight gained about defenses that emerge with high death anxiety as well as what constitutes low death anxiety and levels of happiness would be positive. If there are commonalities between participant's, knowledge from this study may be beneficial for clinicians in therapeutic settings working with clients suffering from pathologies related to death anxiety. This benefit outweighs the minimal risks to participants.

**d. Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, list of referrals, etc.) and what provisions will be made for the case of an adverse incident occurring during the study.**

Vulnerable populations are not being considered; the participants recruited for this study will all be of legal age and able to consent for themselves. Participants will receive copies of the consent which provides contact information, if they have any follow up questions they are welcome to call, I will be happy to answer any question to the best of my knowledge. If an adverse incident were to take place during the seminar I will intervene and stop the interview. The participant and I assess the event. I will let them know that they may stop the interview at any given time and that I would prefer protecting them from harm. The interview will end if the participant feels this is the best option or if I feel there is an in-depth problem occurring and that continuing the interview would be a poor option. On the other hand, if all is well the interview will continue.

**16. Explain how participants' privacy is addressed by your proposed research. Specify any steps taken to safeguard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information. Describe how you will de-identify the data or attach the signed confidentiality agreement on the attachments tab (scan, if necessary). (Up to 500 words)**

As stated above raw data will be kept in a secured file by the principal investigator. During transcription of the audio recording all personal data will be omitted, if any names are used alias names will be substituted, and files will be stored with encrypted labels. All files will be password protected. My personal computer will also be password protected. And the final results of the research will be reported with no individually identifiable information. The consent form is attached for further information.

**17, 18, 19 all filled out on form.**

**APPENDIX E****Consent Form**

## **CONSENT TO PARTICIPATE IN RESEARCH**

### **Life Satisfaction and Death Anxiety: A Qualitative Study**

You are invited to participate in a research study. The aim of this study is to search for common themes between people that influence levels of death anxiety.

Michelle M. Ehle is conducting this research for partial fulfillment of a doctoral degree in psychology at Antioch University Seattle.

### **Purpose of the Study**

The purpose of this study is to explore life events that led to high or low death anxiety with a mature population, aged 40 or older. The study will assess if there are commonalities between those who have high death anxiety and those with low death anxiety.

To participate you must report that you have high death anxiety *or* low death anxiety, and you must be the age of 40 or older.

### **Procedure for Participant**

If you participate in this research, you will be asked to engage in an interview which will be audio-taped. The interview should last 1—2 hours. Two primary questions will be asked.

1. “Can you please describe in as much detail as possible a situation in which you experienced an event or a series of events that have influenced your fear of death?”
2. “How has this life event affected you and the life you are living?”

The interview is semi-structured allowing additional questions so that detailed information you feel may be useful can be included to help clarify your answers to the researcher so there will be a clear understanding. Demographic questions will also be asked regarding gender, age, ethnicity, level of education, and religiosity/spirituality.

### **Length of Participation**

The length of the interview will be different for each participant, ranging between 1—2 hours.

### **Voluntary Participation**

Your participation in this research is voluntary. At any given time throughout the voluntary process you may refuse to participate without fear of penalty or negative consequences. No reprimanding will occur if you withdraw from this study.

### **Anonymity, Confidentiality, Storage for Records**

As noted above the interview will be audio recorded, this raw data will be kept in a secured file by the principal investigator. During transcription of the audio recording all personal data will be omitted and password protected files will be used to secure the document. Final



results of the research will be reported with no individually identifiable information.

### **Risks**

Events that influence death anxiety may be personal in nature and emotional to speak about. If you become weighed down, overly stressed, or uncomfortable in any manner we can end the interview.

The risks of the interview, I believe, are minor. The greatest concern being that memories of life experience may re-energize emotions related to the event. If emotions are relived and fail to dissipate post the interview there is a crisis lines for help: Crisis Clinic: 24-Hour Crisis Line (866-427-4747).

As with all research, there is a chance that confidentiality could be compromised; However, we are taking precautions to minimize this risk.

### **Benefits**

There will be no direct or immediate personal benefits from your participation in this research. However, the results of the research may contribute knowledge to the mental health community.

### **Contact Information**

If you have any questions or concerns please feel free to contact Michelle M. Ehle, contact information is below.

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting the principal investigator.

*Michelle M. Ehle*  
206-XXX-XXXX  
*mehle@antioch.edu*

### **Rights of Research**

I understand that this research study has been reviewed and Certified by the Institutional Review Board, Antioch University, Seattle. For research-related problems or questions regarding participants' rights, I can contact Antioch University's Institutional Board Chair, Mark Russell, PhD at [mrussell@antioch.edu](mailto:mrussell@antioch.edu).

### **Researcher Affiliation**

The primary researcher conducting this study is Michelle M. Ehle, a doctoral student at Antioch University Seattle. The supervising dissertation chair is Dana Waters, Psy. D., she may be contacted at [dwaters@antioch.edu](mailto:dwaters@antioch.edu).

### Copy of Consent

There will be three copies of this consent form; the participant should retain two of the two copies of the consent letter provided by the principal investigator, the researcher will keep the 3<sup>rd</sup> copy for records.

*I have been provided the opportunity to read the consent form and have been given the opportunity to ask questions, any asked questions have been answered. I have been informed about risks related to this study and I likewise understand that I can withdraw from the study at any time.*

*My signature indicates that I am freely volunteering for this research project and also consent for the interview being audio recorded.*

Participant Name (printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_

Is it okay to leave you a voicemail message on this phone?    Yes ☐    No ☐

In addition to agreeing to participate, I also consent to having the interview audio-recorded.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_

Signature of person obtaining consent: \_\_\_\_\_ Date: \_\_\_\_\_