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"IT ALL JUST ENDS":

DEATH ATTITUDES ACROSS AGE, GENDER, AND RELIGION

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in Partial Fulfillment

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University Honors with Distinction

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ABSTRACT

Death is a social and biological reality that affects everyone. However, the effects of death are not uniform. Data for this study were collected from a convenience sample (N=322) through an online survey distributed through social media and email (January and February 2021). The survey utilizes the Death Attitudes Profile – Revised by Wong, Reker, and Gesser (1994) to investigate differences in death attitudes across different demographics including age, gender, and religion. Results show correlations between positive, neutral, and negative death attitudes and the age of respondents, suggesting that negative death attitudes decrease as one ages, and certain types of positive attitudes increase. Additionally, specific forms of death acceptance were found to be associated with gender and religion. These significant results imply that perspectives on death differ across these identities. It is vital to understand these differences so mental health care and end-of-life care can adequately support and serve different populations. Potential explanations for these findings and future research recommendations are discussed.

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INTRODUCTION

The sociology of death is a relatively new area of study within sociology when compared to other subfields, that began in earnest in the late 1960s and 1970s (Walter 2008). Death goes beyond biology; death is a social reality. Life is influenced by death: "[H]ow individuals view life affects their attitudes toward death. The converse is also true: How people view death affects how they conduct their lives" (Wong, Reker, and Gesser 1994:128). This area within sociology is still relatively small and many aspects of death remain unexplored. The existing research centers on the death attitudes of elderly individuals and those who are closer to death with terminal diseases.

While this is an important population to study, death affects individuals of all ages as well as those who are not actively dying. For example, a study by Eshbaugh and colleagues (2010) found that college students with higher levels of death anxiety self-reported lower likelihoods of working with older adults in the future. This has implications for university programs training future healthcare workers and a rapidly aging population. If younger generations are inhibited by death anxiety, there may come a time when the demand exceeds the supply of professionals. Experiences with death can be life-altering events which potentially influence death attitudes. These experiences can shape how one conceptualizes their own mortality. One can encounter death at any age, so death attitudes should be studied across all age groups.

This study is grounded in the life course perspective, which aims to understand the changing realities and contexts people experience throughout their lifetime and history (Elder, Johnson, and Crosnoe 2003). Death is an unavoidable part of life, not just at the end. Individuals who are at different ages and different stages in their lives have lived through different eras and

social contexts. One might expect to see different reactions to the current COVID-19 pandemic from younger generations, who have never experienced an epidemic, versus older generations, who have lived through similar experiences. Beyond age, factors such as social class, gender, and religion may have an impact on this as well. How one is socialized has an impact on their trajectory, and which normative path they are expected to take (Elder et al. 2003).

Because death is so universal, the differences that exist in the experiences and attitudes surrounding it are even more important to study. The life course perspective emphasizes contextualizing the biography and history of human lives (Mills 1959). Death attitudes are generally categorized into positive and negative categories. Death acceptance is on the positive end of the spectrum, while death avoidance and anxiety are at the negative end. These attitudes affect how people live out their lives and respond to death. If these beliefs surrounding a somewhat abstract topic can be contextualized through identifying additional or mediating factors, that is a step towards a better understanding of the human journey and experience.

In addition to studying the different demographics which may impact death attitudes, it is also important to look at the events which occur in life. The timing of life events, including deaths, can affect individuals differently based on their social reality and stage of life (Elder et al. 2003). Applying the life course perspective to death studies allows for a greater understanding of life. Therefore, the research questions this study aims to address are 1) How do death attitudes vary by age, gender, and religion? and 2) Do people with more (a) recent or (b) frequent death experiences have different death attitudes than those with fewer death experiences?

REVIEW OF LITERATURE

Fear of Death and Death Avoidance

The fear of death, also referred to as death anxiety, is considered conscious negative thoughts and feelings towards death, whereas death avoidance is a negative attitude towards death that is less intense and less explicit (Tomer and Elisason 1996; Wong et al. 1994). Wong and Tomer (2011:99) researched how to help individuals move beyond a fear of death, and they state that, "all human activities are framed by death anxiety and colored by our collective and individual efforts to resolve this inescapable and intractable existential given [death]." These negative attitudes regarding death impact the lives of those who hold them beyond when they are explicitly thinking about death. The presence of death avoidant and fearful attitudes are both associated with lower levels of self-efficacy and higher levels of anger and aggression (Cozzolino, Blackie, and Meyers 2014; Esnaashari and Kargar 2018). Even if death avoidance and fear are not consciously recognized by an individual or pathological, attitudes can be detrimental to the mental and emotional health of individuals.

Death Acceptance

Death acceptance is not necessarily the desire to die, but rather an acknowledgement of the reality of life ending. Wong and colleagues (1994:124), who developed the original and revised Death Attitude Profile, state that there are two aspects of death acceptance: "cognitive awareness of one's own finitude and a positive (or at least neutral) emotional reaction to this cognizance." Within the Death Attitude Profile – Revised, neutral acceptance, approach acceptance, and escape acceptance are the three categorizations of different types of death acceptance: Neutral death acceptance is present when an individual is neither looking forward to death, nor fears it; Approach death acceptance is seen in individuals who believe in a happy

afterlife and therefore tends to be seen more in certain religious groups; Finally, Escape acceptance is when death is accepted because it will end the negativity or pain of life (Wong et al. 1994).

Death attitudes do not necessarily remain static across one's life. There is research which suggests that education about end-of-life practices can improve death attitudes (Hong et al. 2018). Additionally, a lack of death anxiety does not necessarily correlate with the presence of death acceptance (Bluck et al. 2008). However, death acceptance is related to positive emotional outcomes, higher rates of exercise, and high life satisfaction (Flint, Gayton, and Ozmon 1983; Hong et al. 2018; Martin and Salovey 1996; Neimeyer 1994). Death acceptance is desirable not only because death fear and avoidance are associated with negative outcomes, but also because death acceptance is explicitly associated with positive ones.

The Life Course Perspective and Death Attitudes

The life course perspective is a theoretical approach which emphasizes the continued changes and compounding events which individuals face throughout their lives (Elder et al. 2003). While there is not currently research explicitly connecting the life course perspective to death attitudes, there are life course perspective concepts that could clearly connect with the study of death attitudes. The idea of cohorts and life events are two key themes in the life course perspective (Hutchison 2005).

The first, cohorts, refers to groups of individuals who grew up during the same historical time period, and have certain commonalities because of that (Hutchison 2005). Cohorts are similar to the concept of generations, but cohorts can be different sizes and do not necessarily fit in with the commonly accepted cut-offs for each generation. The second concept mentioned, life events, includes experiencing the death of those close to oneself. Not only can the type of event

affect individuals, but the timing in one's life of a death can affect their level of grief and bereavement trajectory (Biank and Werner-Lin 2011).

Death Attitudes and Age

As one gets older, one gets closer to their own death. However, aging has been shown to decrease death anxiety and increase levels of death acceptance (Wong et al. 1994). Scholars have identified different models of how death anxiety changes as individuals age, but a general agreement among these models is that death anxiety declines as individuals move from middle age into old age (Hong et al. 2018; Tomer 2000). In American studies, some of the difference between death anxiety in young adults compared to the elderly could be related to the higher rates of intrinsic religious devotion among older adults compared to young adults (Hayslip and Peveto 2004; Tomer 2000). In a study by Moreno and colleagues (2008), the oldest members of the elderly age group showed higher rates of escape acceptance and saw death as a relief. However, a study in India indicated that there may be an increase in death anxiety over the age of 70 (Madnawat and Kachhawa 2007).

The impact of culture on death attitudes and age has not been adequately explored, but there are some studies that indicate there are differences in attitudes among Western and Eastern cultures (Hui and Fung 2008; Madnawat and Kachhawa 2007). This general shift in death attitudes over time is also associated with actions that can helpful when it comes to death planning. The older someone is, the more likely it is that they have established some kind of end-of-life planning like an advance directive or will (Rao et al. 2014). Creating these documents is an acknowledgment of death in at least a small sense. Additionally, as one lives longer, one has more experience with the deaths of those they know.

Death Attitudes and Gender

The connection between gender and death attitudes is complex and not well understood. It is generally found that women have higher levels of death anxiety, as illustrated in a cross-cultural meta-analysis by Lester and colleagues (2007). Multiple studies have found that women exhibit higher rates of death anxiety than men, specifically in the category of Fear of the Dead on Hoelter's (1979) Multidimensional Fear of Death Scale (Depaola et al. 2003; Eshbaugh and Henninger 2013; Power and Smith 2008). Using a different culturally appropriate death anxiety scale, similar findings of higher death anxiety in women were found in elderly Indians (Madnawat and Kachhawa 2007). However, the use of different scales makes it somewhat difficult to compare findings and there are studies which do not corroborate this general association.

However, there are studies with the Death Attitudes Profile – Revised which contradict the results finding higher rates of death anxiety in women. Bassett's (2017) study on gender and death anxiety found that gender was a significant predictor on the MFODS Fear of the Dead category, but was not a predictor for the fear of death or death avoidance on the DAP-R (Hoelter 1979; Wong et al. 1994). This study also found that women had significantly higher levels of neutral and approach acceptance than the men in the study (Bassett 2017). Overall, the conclusions on gender and death attitudes are still incomplete. Studies have attempted to isolate mediating factors in the connection between gender and death anxiety, but have not yet come to a clear understanding of what could explain these differences (Bassett 2017; Eshbaugh and Henninger 2013).

Death Attitudes and Religion

Just like gender, there are studies with conflicting results regarding death attitudes and religiosity. The most basic consensus is that there appears to be a connection between religiosity and death attitudes across cultures (Dezutter, Soenens, et al. 2009; Kwak 2020; Wong, Fung, and Jiang 2015). Another consistent finding is that higher levels of intrinsic religiosity predict lower levels of death anxiety across multiple measurement instruments (Allport and Ross 1967; Ardelt and Koenig 2006; Cohen et al. 2005; Hui and Fung 2008; Pandya and Kathuria 2021). One study which contradicts these findings found that Canadian respondents who had higher levels of religiosity also showed higher levels of Fear of the Dead, Fear of Being Destroyed, and Fear of Conscious Death on the MFODS (Hoelter 1979; Power and Smith 2008).

The DAP-R's category of approach acceptance was developed with Christianity in mind and much of the current body of research focuses on Christian subjects (Wong et al. 1994). However, studies have found that both Christians and Buddhists who have high levels of intrinsic religiosity show more positive death attitudes (Dezutter, Luyckx, and Hutsebaut 2009; Kwak 2020; Wong et al. 2015). The study by Wong and colleagues (2015) also found that intrinsic religiosity among both Christian and Buddhist respondents was correlated with lower death anxiety.

Studies have also found that differences in religious interpretation are associated with certain death attitudes. In studies done with Belgian adults and adolescents, those with more literal, traditionally conservative Christian approaches have higher levels of death anxiety than those with a more symbolic approach (Dezutter, Soenens, et al. 2009; Dezutter, Luyckx, et al. 2009). Another interesting finding is that while spirituality and intrinsic religion are both

positively correlated with positive death attitudes in Kwak's (2020) study of older Asian and Pacific Islander Americans, the two are not associated themselves.

This suggests that religion's specific beliefs and more general spirituality may have differing effects on death attitudes. A study of Indian elders found that spirituality was also negatively correlated with death anxiety (Sharma et al. 2019). A challenge of measuring death attitudes and religion is that many of the measurements are significantly inter-correlated (Falkenhain and Handal 2003). Religion is complex and not easily quantifiable, so there are challenges to studying it in connection to death attitudes.

Death Experiences and Death Attitudes

The research is mixed on the effect of experience with death, on death attitudes. In a study of hospice volunteers, those who had more experience with death tended to show lower levels of death fear and avoidance, but not necessarily death acceptance (Bluck et al. 2008). However, those who are willing to go into working as hospice volunteers may already be predisposed to having certain attitudes towards death. Additionally, a study by Anderson and colleagues (2008) of graduating medical students showed positive attitudes toward end-of-life care being associated with death experiences and death education.

However, in other studies on experience with death and death attitudes, experience with violent or surprising deaths, and deaths overall, were associated with a fear of death and dying (Black 2007; Song et al. 2007; Wallace, Cohen, and Jenkins 2019). Most of the studies addressing experience with death and its possible connection to death attitudes focus on specific professions such as physicians and hospice volunteers or workers. While it is important to study death attitudes within specific disciplines and professions, there is a large gap in the research

regarding death experiences and death attitudes among more general populations. This area in the study of death attitudes is lacking and has not come to a clear consensus.

HYPOTHESES

Drawing on the previously mentioned theories and research on death attitudes, I propose four hypotheses:

H1: Older respondents will have more death acceptance and lower negative death attitudes than the younger respondents (Hong et al. 2018; Tomer 2000; Wong et al. 1994).

H2: Cisgender women will show higher levels of death avoidance and fear of death than cisgender men (Depaola et al. 2003; Eshbaugh and Henninger 2013; Power and Smith 2008).

H3: Those who are religious will show higher levels of approach acceptance and lower levels of fear of death than those who do not identify with a religion (Dezutter, Luyckx, et al. 2009; Kwak 2020; Wong et al. 2015).

H4: Those with a greater number of, and more recent death experiences will have more negative death attitudes (Black 2007; Song et al. 2007; Wallace et al. 2019).

METHODS

Data

The data used in this study were collected through an anonymous online survey during January and February of 2021. Participants were recruited through social media posts and emails which primarily targeted professors who would share the link to the survey with students at a mid-sized midwestern university. These data were also collected during the global COVID-19 pandemic, which may have impacted how these individuals were thinking about death.

Sample

After eliminating cases (n=46) where less than 50% of the survey was completed, there was a total sample of n=322. The gender distribution was heavily skewed with 82.3% (n=265) cisgender women, 13.7% (n=44) cisgender men, and 3.4% (n=11) transgender, non-binary, or gender queer. The sample is also largely homogenous in terms of race and ethnicity with a large majority of respondents (87.0%, n=280) being non-Hispanic whites. Other races and ethnicities represented include n=16 (5%) identified as Asian, n=9 (2.8%) identified as Black or African American, n=3 (0.9%) identified as American Indian or Alaska Native, and 3.7% (n=12) identified as Hispanic or Latino. The mean age of respondents was 31.30 (SD=15.673) and the median age was 22. The minimum age was 18, and the maximum age was 75.

Measures

Death Attitudes

The main instrument used in the survey is the Death Attitudes Profile-Revised, which measures death attitudes (Wong et al. 1994). The Cronbach's alpha coefficients, a measure of the reliability, where the higher the number, the more reliable the scale, of the five dimensions of death attitudes that are measured are: Fear of death $\alpha = 0.898$; Death avoidance $\alpha = 0.927$; Neutral acceptance $\alpha = 0.622$; Approach acceptance $\alpha = 0.955$; and Escape acceptance $\alpha = 0.867$ (UCLA 2020). The generally accepted cut-off for Cronbach's alpha in social science is 0.7, however, others have argued that coefficients between 0.5-0.7 are also acceptable (UCLA 2020; Nunnally and Bernstein 1994). The alpha in this study for Neutral acceptance aligns with what was reported in the original validation study ($\alpha = 0.65$, Wong et al. 1994). The average score of specific questions pertaining to each of the five attitudes became the statistics used to measure death attitudes.

Fig. 1 Death Attitudes				
	N	Min	Max	Mean	Standard Deviation
Fear of Death	295	1	7	4.046	1.442
Death Avoidance	298	1	7	3.446	1.481
Neutral Acceptance	298	3.2	7	5.636	0.734
Approach Acceptance	296	1	7	4.746	1.487
Escape Acceptance	297	1	7	4.265	1.380

Fig. 2a Distribution of Fear of Death Attitude

Mean =4.05
Std. Dev. =1.443
N =294
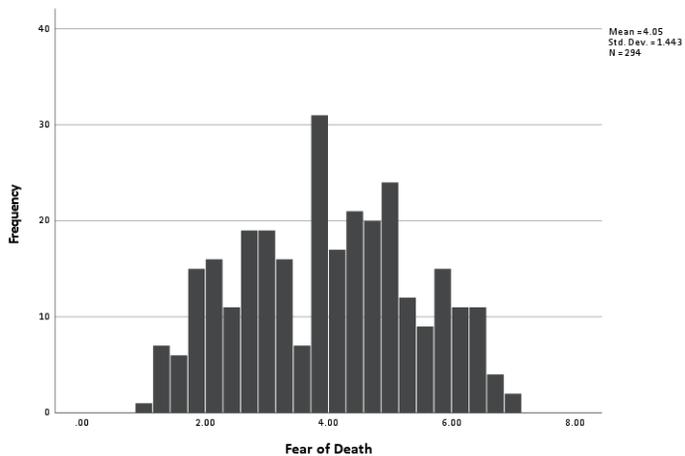
Fig. 2b Distribution of Death Avoidance Attitude

Mean =3.45
Std. Dev. =1.48
N =297
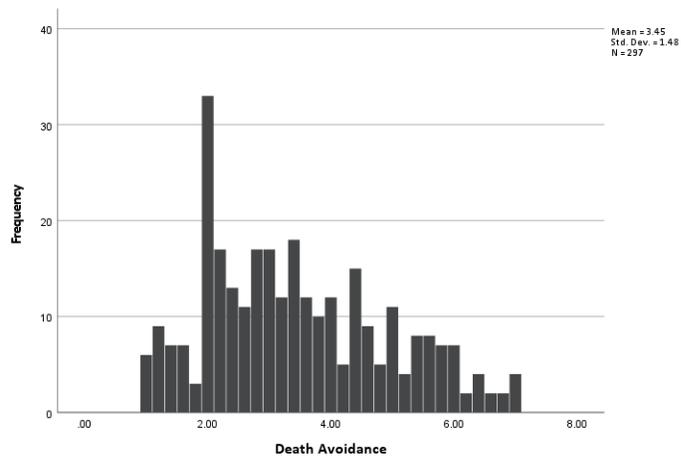
Fig. 2c Distribution of Neutral Acceptance Attitude

Mean =5.64
Std. Dev. =.731
N =297

Fig. 2d Distribution of Approach Acceptance Attitude

Mean =4.73
Std. Dev. =1.483
N =295

Fig. 2e Distribution of Escape Acceptance Attitude

Demographic Characteristics

Age. Participants were asked to enter their age in full years.

Gender. Respondents could choose from the options of cisgender woman, transgender woman, cisgender man, transgender man, non-binary, or other with the option to write in an answer. Multiple respondents selected "other" and wrote in female, so they were recoded as cisgender women. The c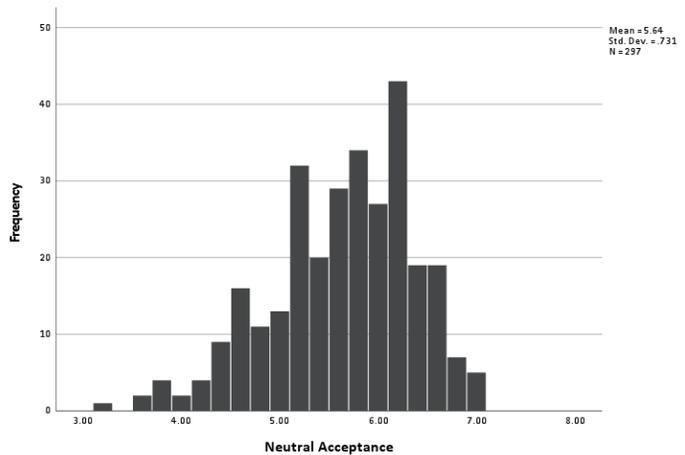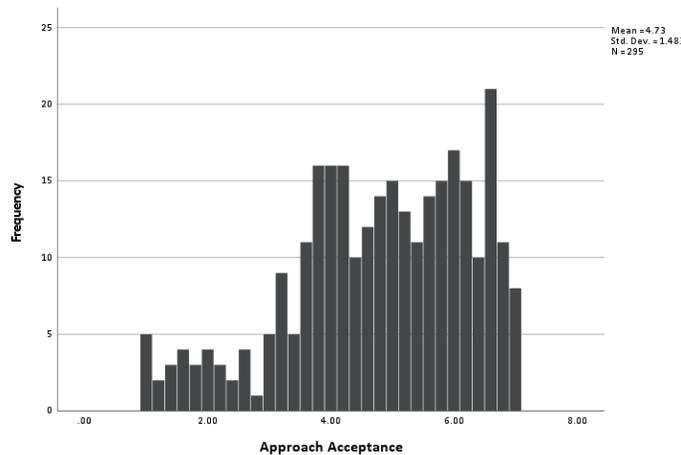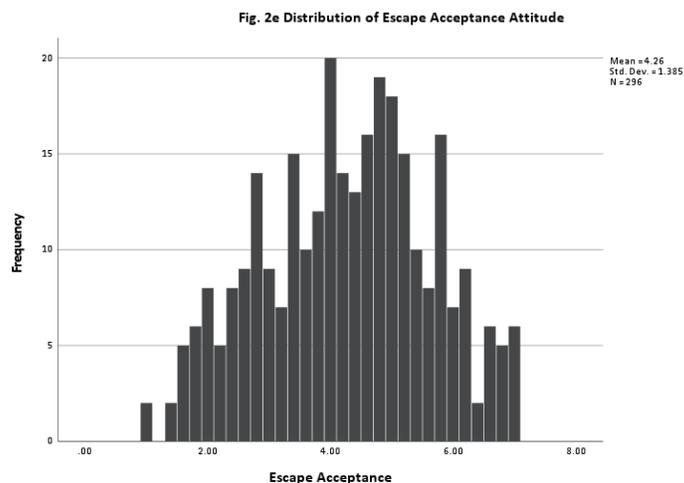ategories of trans women, trans men, and non-binary were condensed, along with the written-in answers of transfem genderfluid and genderfae, into one category labelled Trans, Non-Binary, or Genderqueer.

Religion. Participants were asked "What religious group do you identify as?" and provided the options of Christian, Jewish, Muslim, Buddhist, Hindu, No Religion, or Other with the option to write in an answer. If they selected Christian, they were taken to a question which asked them to specify their denomination. Multiple respondents selected other on the original religion question and wrote in "Catholic." These cases were recoded as Christian and then Catholic on the denomination question. Additionally, all those who wrote in atheist or agnostic were condensed into the category of No Religion. For the linear regression models, all

religiously affiliated individuals were condensed into a group that was opposite the No Religion group.

The majority of respondents were Christian (62.4%, n=201), with the next highest group being those with no religious affiliation (24.2%, n=78). After those groups, the next largest category was 3.7% (n=12) of respondents listed their religion as other and Jewish (n=2), Muslim (n=2), Buddhist (n=2), and Hindu (n=1) each made up less than 1% of the respondents. Of those who identified as Christian, 14.3% (n=46) were Lutheran, 13.7% (n=44) were Catholic, 13.7% (n=44) were non-denominational, 12.1% (n=39) were Methodist, 3.7% (n=12) identified as other denominations, 1.9% (n=6) were Baptist, 1.6% (n=5) were Pentecostal, 0.9% (n=3) were Episcopal, and 0.3% (n=1) was Presbyterian.

Race. Participants were allowed to select multiple racial groups if they felt they identified as more than one. The choices were American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Ethnicity. Participants were asked if they identified as Hispanic or Latino, and could answer yes or no.

Income. Participants were asked to select the category in which their annual income fell, unless they were a dependent. Dependents were asked to select the category in which their parent(s)' annual income fell. The categories were Less than $30,000 (n=94, 29.2%), $30,000 - $50,000 (n=46, 14.3%), $50,000 - $75,000 (n=48, 14.9%), $75,000 - $100,000 (n=45, 14.0%), $100,000 - $150,000 (n=40, 12.4%), and More than $150,000 (n=19, 5.9%).

Education. Participants were asked what was the highest level of education they had completed. The categories provided were Less than a high school diploma (n=0), High school

diploma or GED (n=15, 4.7%), Some college (n=140, 43.5%), Associate's degree (n=33, 10.2%), Bachelor's degree (m=60, 18.6%), and Graduate or Professional degree (n=46, 14.3%).

Experiences with Death

Recency. The quantity and recency of experiences of death were measured through questions asking if they had 1) "experienced the death of a close family member or friend," 2) what the relationship to that person was, 3) if the death was sudden or expected, and 4) how long ago the death occurred. Participants were asked at the end of each experience with death if they had experienced the death of another close family member or friend. Individuals could complete up to ten descriptions of death experiences. The total number of deaths experienced from 0, up to 10 was computed into a variable which added together the 10 questions which asked if respondents had experienced any deaths of a close family member or friend. The average number of deaths experienced was 2.655 (SD=1.950).

The recency of individuals' death experience was measured by analyzing the time frame in which the first, and most recent, experience had occurred. Participants were asked, "how long ago did they die in years?" Of those who had experienced a death (n=280), 28.9% (n=93) had experienced one less than a year ago. The most recent death experience for the rest of the sample were 9.3% (n=30) one year ago, 12.4% (n=40) two years ago, 10.6% (n=34) three years ago, 7.5% (n=24) four years ago, and 18.3% (n=59) five years ago or more.

Fig. 3 Descriptive Statistics		
	Frequency	**Percentage**
Gender		
Cisgender Woman	266	82.6
Cisgender Man	43	13.4
Trans, Non-Binary, or Genderqueer	11	3.4
Religious Affiliation		
Christian	201	62.4
Jewish	2	0.6
Muslim	2	0.6
Buddhist	2	0.6
Hindu	1	0.3
No Religion	78	24.2
Other	12	3.7
Christian Denomination		
Catholic	44	13.7
Lutheran	46	14.3
Presbyterian	1	0.3
Methodist	39	12.1
Baptist	6	1.9
Pentecostal	5	1.6
Episcopal	3	0.9
Non-Denominational	44	13.7
Other	12	3.7
Income		
< $30,000	94	29.2
$30,000 - $50,000	46	14.3
$50,000 - $75,000	48	14.9
$75,000 - $100,000	45	14
$100,000 - $150,000	40	12.4
> $150,000	19	5.9
Highest Education		
High School Diploma/GED	15	4.7
Some College	140	43.5
Associate Degree	33	10.2
Bachelor's Degree	60	18.6
Graduate or Professional Degree	46	14.3
Most Recent Death Experience		
< 1 year	93	28.9
1 year	30	9.3
2 years	40	12.4
3 years	34	10.6
4 years	24	7.5
5+ years	59	18.3

Analysis

Descriptive statistics were calculated for all variables. For hypothesis tests which included two ordinal variables (death attitudes X age, death attitudes X total experiences), basic correlations were calculated. Hypotheses which included a combination of categorical variables (gender, religion, income, education) and ordinal variables (age, death attitudes, total experiences) analysis of variance (ANOVA) tests and independent sample t-tests were conducted depending on the number of categories in the categorical variable. Tukey post hoc tests were used to interpret the results of statistically significant ANOVA tests. After the initial bivariate analyses, a linear regression model was also created for each of the death attitudes. Linear regressions were run for Fear of Death, Death Avoidance, Neutral Acceptance, Approach Acceptance, and Escape Acceptance controlling for age, gender, religion, total number of experiences, and the recency of their death experience.

RESULTS

Death Attitudes

Many of the death attitudes were significantly correlated with each other. A higher fear of death score was associated with higher levels of death avoidance (r=.689, p<.001), and lower levels of both neutral acceptance (r=-.489, p<.001) and escape acceptance (r=-.129, p=.027). Death avoidance was significantly negatively associated with neutral acceptance (r=-.406, p<.001) and escape acceptance (r=-.162, p=.007), similar to fear of death. The final death attitudes which were significantly associated were approach acceptance and escape acceptance (r=.397, p<.001).

Fig. 4 Correlation Between Age and Death Attitudes						
	Age	**Fear of Death**	**Death Avoidance**	**Neutral Acceptance**	**Approach Acceptance**	**Escape Acceptance**
Age						
Fear of Death	-.322***					
Death Avoidance	-.324***	.689***				
Neutral Acceptance	.253***	-.489***	-.406***			
Approach Acceptance	.211***	-.065	-.032	-.045		
Escape Acceptance	.147*	-.129*	-.162**	.100	.397***	

* p < 0.05
** p < 0.01
*** p < 0.001

Age and Death Attitudes

Age was significantly correlated with all of the death attitudes. Age was negatively associated with fear of death (r=-.322, p<.001) and death avoidance (r=-.324, p<.001). This means that as respondents' age increased, their negative death attitudes decreased. Additionally, as age increased, neutral acceptance (r=.253, p<.001), approach acceptance (r=.211, p<.001), and escape acceptance (r=.147, p=.01) all increased.

Gender and Death Attitudes

Due to the size of the transgender, non-binary, and genderqueer category (n=11), difference in means tests were only able to be done between women and men. The average death attitude scores for women and men significantly differed on fear of death and neutral acceptance. Cisgender women showed a higher level of fear of death (t=2.047, p=.034) than cisgender men. Additionally, cisgender women had a lower level of neutral acceptance (t=-2.030, p=.031) than cisgender men.

Fig. 5 Difference in Means of Women and Men	
Attitude	t
Fear of Death	2.047*
Death Avoidance	1.680
Neutral Acceptance	-2.030*
Approach Acceptance	1.235
Escape Acceptance	1.800

* p < 0.05

Fig. 6 Difference in Means of Christians and No Religion	
Attitude	t
Fear of Death	-0.153
Death Avoidance	-0.022
Neutral Acceptance	-1.968*
Approach Acceptance	15.122***
Escape Acceptance	2.844**

* p < 0.05
** p < 0.01
*** p < 0.001

Religion and Death Attitudes

Christians compared to those who identified with no religion showed significantly different levels of all three kinds of death acceptance, but in different ways. Christians had lower levels of neutral acceptance (t=-1.968, p=.05) than atheist and agnostic responses. However, Christians had significantly higher levels of approach acceptance (t=15.122, p<.001) and escape acceptance (t=2.844, p=.005).

Experiences with Death and Death Attitudes

The number of deaths that respondents had experienced was negatively associated with death avoidance (r=-.146, p=.011). This meant that the more experiences with death the person had, the lower levels of death avoidance they showed. Additionally, the total number of experiences was positively correlated with approach acceptance (r=.114, p=.05) and escape acceptance (r=.142, p=.014). This implies that the more experiences individuals have with death, the higher levels of these kinds of acceptance.

Fig. 7 Correlations Between Total Experiences with Death and Death Attitudes	
Attitude	r
Fear of Death	-0.048
Death Avoidance	-0.146*
Neutral Acceptance	-0.012
Approach Acceptance	0.114*
Escape Acceptance	0.142*

* p < 0.05

Recency of Experiences and Death Attitudes

There were no significant levels of variance among the death attitudes and different lengths of time since the most recent death.

Exploratory Findings

Income and Death Attitudes

In the process of running exploratory ANOVA tests with other demographics, it was found that there was significant variance among income level and their level of death avoidance ($F=2.457$, $p=.029$). Conducting a Tukey post hoc test, it was found that those who made less than $30,000 annually had higher levels of death avoidance than those whose income fell in the $50,000-$75,000 range.

Fig. 8 ANOVA of Income and Death Attitudes	
Attitude	F
Fear of Death	1.229
Death Avoidance	2.457*
Neutral Acceptance	0.472
Approach Acceptance	0.679
Escape Acceptance	0.260

* $p < 0.05$

Fig. 9 ANOVA of Education and Death Attitudes	
Attitude	F
Fear of Death	4.622**
Death Avoidance	5.667***
Neutral Acceptance	3.138*
Approach Acceptance	1.479
Escape Acceptance	1.230

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Education and Death Attitudes

An additional finding was that there was significant variance among education levels and fear of death ($F=4.622$, $p=.004$), death avoidance ($F=5.667$, $p<.001$), and neutral acceptance ($F=3.138$, $p=.026$). Tukey post hoc tests showed that the variance was related to those whose highest level of education was a graduate or professional degree. For fear of death, those with graduate or professional degrees had significantly lower levels of fear than those with only some

college. In the case of death avoidance, those with graduate or professional degrees had significantly lower levels of death avoidance than those with only some college and an Associate degree. Finally, those educated at the graduate or professional level had higher levels of neutral acceptance than those who had some college as their highest level of completed education.

Linear Regression Models

Fear of Death

Fig. 10a Fear of Death Linear Regression Models					
Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Age	-.029*** (.005)	-.03*** (.005)	-.033*** (.005)	-.036*** (.006)	-.036*** (.006)
Gender		-.449** (.163)	-.448** (.169)	-.412* (.172)	-.484* (.202)
Dichotomous Religion			.272 (.187)	.27 (.187)	.129 (.199)
Total Experiences				.054 (.045)	.016 (.05)
Recency					.012 (.044)
Intercept	4.987***	5.093***	5.03***	4.962***	5.186***
Adjusted R²	0.102	0.122	0.139	0.14	0.165

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Model 1 shows that for every one-year increase in age, fear of death decreases by .029 (p<.001). This model accounts for 10.2% of the variance. In Model 2, the age findings remain consistent with the addition of gender, which is statistically significant (B=-.449, p=.006). Model 2 accounts for 12.2% of the variance. Models 3-5 introduce religion, total experiences, and recency. None of these additions are statistically significant, but age and gender remain significant. The full model accounts for 16.5% of the variance.

Death Avoidance

Fig. 10b Death Avoidance Linear Regression Models					
Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Age	-.030*** (.005)	-.030*** (.005)	-.033*** (.005)	-.032*** (.006)	-.031*** (.006)
Gender		-.310 (.168)	-.281 (.175)	-.298 (.178)	-.391 (.215)
Dichotomous Religion			.328 (.192)	.330 (.193)	.228 (.212)
Total Experiences				-.025 (.047)	-.033 (.053)
Recency					-.019 (.046)
Intercept	4.415***	4.489***	4.334***	4.365***	4.51***
Adjusted R^2	0.103	0.11	0.119	0.116	0.12

*** $p < 0.001$

Model 1 shows that for every additional year, their death avoidance score decreases by .03 ($p<.001$). This model accounts for 10.3% of the variability. Models 2-5 add in gender, religion, total experiences, and recency. The effect of age remains significant, but none of the other factors are significant. The full model accounts for 12% of the variance.

Neutral Acceptance

Fig. 10c Neutral Acceptance Linear Regression Models					
Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Age	.012*** (.003)	.012*** (.003)	.015*** (.003)	.017*** (.003)	.017*** (.003)
Gender		.320*** (.083)	.314*** (.087)	.28** (.088)	.376*** (.105)
Dichotomous Religion			-.298** (.069)	-.295** (.095)	-.229* (.104)
Total Experiences				-.052* (.023)	-.045 (.026)
Recency					-.005 (.023)
Intercept	5.269***	5.193***	5.316***	5.378***	5.321***
Adjusted R^2	0.062	0.105	0.137	0.149	0.153

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Model 1 shows that for each additional year, the neutral acceptance score goes up by .012 (p<.001). This model only accounts for 6.2% of the variance. In Model 2, the effect of age remains consistent and gender is also significant (B=.32, p<.001). With gender added in, the amount of variance explained is 10.5%. In Model 3, age, gender, and religion are significant. Model 3 explains 13.7% of variance. Model 4 adds in the total number of experiences respondents have experienced, and its B coefficient remains significant (B=-.052, p=.025). almost 15% of the variance is explained in this model. The full model, Model 5, adds in the recency of the death events, which makes the total experiences insignificant. Age, gender, and religion remain significant and 15.3% of the variance is explained.

Approach Acceptance

Fig. 10d Approach Acceptance Linear Regression Models					
Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Age	.020*** (.005)	.020*** (.005)	.005 (.004)	.005 (.005)	.005 (.005)
Gender		-.340 (.175)	-.151 (.142)	-.150 (.145)	-.153 (.175)
Dichotomous Religion			2.12*** (.157)	2.12*** (.157)	2.029*** (.173)
Total Experiences				.001 (.038)	-.021 (.044)
Recency					.029 (.038)
Intercept	4.094***	4.173***	3.077***	3.075***	3.156***
Adjusted R²	0.043	0.052	0.432	0.430	0.383

* p < 0.05
** p < 0.01
*** p < 0.001

Model 1 shows that for every one year in age, the approach acceptance score increases by .02 (p<.001). Only approximately 4% of the variance is explained. In Model 2, the effect of age remains consistent and gender is not significant. The model still only accounts for 5.2% of the

variance. Models 3-5 show that religion makes age insignificant. Religion is extremely
significant (p<.001) in all three of these models, but Model 3 explains the most variance (43.2%)
of all of the models.

Escape Acceptance

Fig. 10e Escape Acceptance Linear Regression Models					
Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Age	.013* (.005)	.013* (.005)	.011* (.005)	.008 (.006)	.008 (.006)
Gender		-.102 (.165)	-.115 (.169)	-.079 (.172)	-.186 (.210)
Dichotomous Religion			.339 (.186)	.336 (.186)	.362 (.207)
Total Experiences				.052 (.045)	.055 (.052)
Recency					.023 (.045)
Intercept	3.843***	3.867***	3.682***	3.618***	3.56***
Adjusted R^2	0.019	0.017	0.030	0.031	0.023

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Model 1 finds that for every one year added, the escape acceptance score goes up by .013
(p=.01). This model accounts for less than 2% of the variance. In Models 2 and 3, age remains
significant, but neither gender nor religion are significant. Model 2 (1.7%) accounts for even less
of the variance than Model 1, and Model 3 accounts for 3% of the variance. In Models 4 and 5,
the addition of total experiences and recency makes all variables insignificant, however the
intercept is still highly significant. Model 4 explains 3.1% of the variance and Model 5 explains
only 2.3% of the variance.

DISCUSSION

Age and Death Attitudes

The consistent correlations between age and all death attitudes points to a linear connection in which positive death attitudes increase with age and negative attitudes decrease. These findings fit within the linear relation between death attitudes found in different studies, both with the DAP-R and without (Hong et al. 2018; Wong et al. 1994). It makes sense that as individuals age and get closer to their own death that they are forced to come to terms with it to participate in end-of-life planning, will writing, or other reminders of death. Additionally, the higher levels of death acceptance seen make sense both theoretically and with the scores exhibited on the negative death attitude components. As one is forced to confront death more explicitly, it would stand to reason that neutral acceptance would improve.

In this sample, adults middle-aged and older were over-represented in the religious category and young adults were over-represented in the not religious category. The higher levels of approach acceptance with older respondents makes sense as they were more likely to be religiously affiliated. And finally, the higher levels of escape acceptance have been theorized to come from declining health in older age (Wong et al. 1994). Escaping the pain or struggle associated with physical aging may become more appealing as one gets older.

Gender and Death Attitudes

The results regarding women and fear of death are consistent with much of the current findings using both DAP-R and other death anxiety scales (Depaola et al. 2003; Eshbaugh and Henninger 2013; Madnawat and Kachhawa 2007; Power and Smith 2008). As mentioned earlier in the literature review, research has yet to determine what factors lead to this higher fear of death in women. A finding with gender that did not have evidence in the literature was men's

significantly higher levels of neutral acceptance. Respondents who were cisgender men had a similar age distribution to cisgender women, so I do not believe it is age which is leading to this difference. Beyond the assumption that men are socialized to publicly express less emotion, I do not have a possible explanation for this result. More research is warranted.

Religion and Death Attitudes

The extremely high level of approach acceptance in Christians compared those who were not religious is not surprising. Christians generally believe in heaven or some kind of afterlife, whereas atheists and agnostics as a whole do not have consistent beliefs about the afterlife. The higher level of escape acceptance in Christians could be explained by some of the belief in the afterlife, but also by the disproportionate representation of older respondents. In terms of belief in the afterlife, if a Christian perceives heaven to be a better place than earth, or the beginning of a better life, their answers on the escape acceptance components may lean more positive. In terms of age, those who identified with no religion were disproportionately younger adults, ages 18-39 (χ^2=22.134, p<.001). This lower level could be a result of the age differences of the two groups.

Finally, the elevated score for neutral acceptance that those who did not identify with a religion exhibited has not been seen routinely in the literature. However, a possible explanation for this difference is interpretation of theology. If a Christian believes that Jesus Christ literally defeated death or created eternal life, they may disagree with DAP-R statements like "Death should be viewed as a natural, undeniable, and unavoidable event," or "I would neither fear death nor welcome it" (Wong et al. 1994:147). Those who do not identify with a religion may be more inclined to view death as natural and inevitable than Christian respondents.

Experiences and Death Attitudes

The literature was mixed on whether death experiences affected death attitudes positively or negatively (Anderson et al. 2008; Black 2007; Bluck et al. 2008; Song et al. 2007; Wallace et al. 2019). In this study, more experiences with death showed significantly lower levels of death avoidance, as well as significantly higher levels of approach and escape acceptance. In terms of death avoidance, it is arguably more difficult to avoid thinking about death when one experiences the death of those close to them. These experiences may force individuals to think more actively about death than before the death of a loved one. An important note is that, as one would expect, the total number of death experiences was significantly correlated (r=.416, p<.001) with the age of respondent. Because of this, I am inclined to attribute the correlations between experience with approach and escape acceptance, to the confounding factor of age. A theoretical explanation for the relation between experiences and approach and escape acceptance has not yet appeared in the literature.

Recency and Death Attitudes

As noted in the Results section, there were no significant variances within or between different recency groups. In the future, it may make sense to measure this concept in terms of the time within the person's life they experienced the death. For example, instead of asking "How long ago did this person die?" asking, "How old were you when this person died?". This would allow the study to look more intentionally at the effect of cohorts and life event timing. It is possible that there would still be no significant findings, but I think that would provide more nuanced and comprehensive measures of the timing of death.

Income and Death Attitudes

The significantly higher level of death avoidance in the less than $30,000 income category than the income $50,000-$75,000 category was not something I have come across in the literature. However, a confounding variable may be age. The less than $30,000 group was on average significantly younger ($\bar{x}$ =25) than the $50,000-$75,000 group ($\bar{x}$ =35) (t=-3.757, p<.001). The difference in age and the potentially resulting difference in death avoidance would be consistent with the correlations between age and death attitude score. Despite this confounding variable, income is still an important area to continue studying.

Education and Death Attitudes

The differences in death attitudes between education levels is extremely intriguing. I did not come across any prior results regarding education level and death attitudes, so these results were surprising. While the average age for those with a graduate or professional degree was significantly higher than all other education levels (older than high school diploma by 20 years, some college by 27, Associate by 22, and Bachelor's by 11), this is still a fertile area for research. Previous studies have shown that death education provided to students can lower levels of negative death attitudes (Todaro-Franceschi and Spellmann 2012; Wallace et al. 2019). There may be aspects of education at different levels that impact individuals, separate from age.

Linear Regression Models

Fear of death was best explained by the full model, but only age and gender remained significant. This suggests that out of all of the variables entered, age and gender had a consistent effect on fear of death scores. As age goes up and if someone identifies as a man, their fear of death consistently goes down. The full model only accounts for 16.5% of variance, so there are still large mediating factors that have not been identified.

Death avoidance was best explained by the full model as well, accounting for 12% of the variance. However, the r-squared only increased from 10.3% in Model 1 to 12% with the addition of the other variables. Age remained extremely significant throughout all models, which shows that as age increases, death avoidance consistently decreases.

The full model fit neutral acceptance the best, accounting for 15.3% of variance. Age, gender, and religious affiliation remained significant in all respective models. This means that as age goes up, if an individual identifies as a man, and as religious, they showed higher levels of neutral acceptance in all models. In Model 4, total experiences is significant, but when recency of death experience was added in Model 5, it experiences became insignificant. This implies that total experiences and recency are somehow related. This could mean that in the case of neutral acceptance, recency accounts for more of the effect than total experiences, but without further post hoc analyses this is conjecture.

For approach acceptance, Model 3 which included age, gender and religion was the best fit. It explained 43.2% of the variance compared to only 4.3% explained by Model 1. Age became insignificant as soon as religion was added. This initial association between age and approach acceptance seems to be an artifact of the skewed age and higher number of religious older and middle-aged adults. With an r-squared of 43.2%, religion is a pretty clear mediating factor of approach acceptance.

None of the models for escape acceptance worked particularly well. Model 4 explained the most variance, but only explained 3.1% and had no significant b coefficients. Before Model 4, age was significant at the 5% level. After total experiences was added, there were no significant variables. The association seen earlier between age and the number of total experiences may be showing up in this model. With only 3% of the variance explained, none of

these variables are particularly good predictors of escape acceptance. There are clearly more factors that need to be identified outside of these.

CONCLUSION

This study looked at how death attitudes varied across demographic categories of age, gender, and religion with exploratory questions regarding income and education. The associations between the amount of death experiences were also analyzed. Linear regression models were tested for all death attitudes. I sought to answer the questions: 1) How do death attitudes vary by age, gender, and religion? and 2) Do people with more (a) recent or (b) frequent death experiences have different death attitudes than those with fewer death experiences?

I hypothesized that older respondents would have more death acceptance and lower negative death attitudes than the younger respondents, cisgender women would show higher levels of death avoidance and fear of death than cisgender men, those who are religious would show higher levels of approach acceptance and lower levels of fear of death than those who do not identify with a religion, and those with a greater number of, and more recent death experiences would have more negative death attitudes. I found varying amounts of support for the first three hypotheses and found results that did not support the final hypothesis.

The limitations this study faced were primarily related to the sample. A probability and representative sample would allow results to be generalized. This would also have prevented some of the issues of a skewed sample in terms of age, gender, and race. This sample was largely homogenous in terms of the race and ethnicity of respondents, which prevented me from conducting statistical analyses between racial and ethnic groups. The strengths of this study lie in the results relating to aspects of the study of death attitudes where there is not a consensus in the prior literature. Results regarding experiences with death, the recency of experiences, and gender

have all added support to different sides of these discussions. Additionally, the exploratory variables of income and education have provided more areas for death attitude scholars to investigate.

It is imperative that sociology continues to study death attitudes and how they differ among different groups with different experiences. Future research should focus on the death attitudes of individuals at different income and education levels. Additionally, because this study was unable to, it is important to study the death attitudes across racial and ethnic groups. Furthermore, qualitative methods in addition to survey methodology might allow for more nuanced understanding about people's experience of death attitudes. Death attitudes have a real impact on how people live their lives, so it is vital to understand how people feel about death. Mental health interventions, grief support, and professions that work with aging adults will all be improved through further research to understand death attitudes. How we think about death impacts our lives, even if we try not to think about it.

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