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Death needs, culture and emotional death proximity: Keys to intervene in social discrimination

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Funding: No specific funding was received for this work.

Potential competing interests: No potential competing interests to declare.

Abstract

Death valence is central to death attitudes. Previous literature suggests an association between positive death valence and a reduction of social discrimination. Psychosocial intervention in discrimination thus requires a deeper understanding of a good death. In a comparison between the foundational works with recent reviews on a good death, five death needs are detected. I claim that the automatic expectation of death need fulfilment constitutes death valence. This expectation depends on culture. In a brief overview of death cultures across history, I illustrate how death views foster or inhibit positive expectations about death need fulfilment. This is especially well documented for the US death culture. To promote social equity, death culture has to be changed. Cultural change can start out with psychosocial intervention in small groups that considers death needs, culture and the emotional proximity of death.

Keywords: Death valence, social discrimination, death needs, death culture, mortality salience.

Introduction

Our death attitudes depend on time and culture. Death attitudes may affect social discrimination, such as sexism, racism or ableism (Maj & Kossowska, 2016; Wong, 2008). Death valence is a central tenet of death attitudes. This article examines the precursors of death valence in regards to their potential for psychosocial intervention in social discrimination.

After the first heart transplant in 1967, Western medicine of the 20th century defined physical death as the cessation of brain activity instead of cardiopulmonary arrest (Spellman, 2014). Today, physical death is defined as the permanent loss of brain functioning (DeGrazia, 2021; Spellman, 2014).

Not only our definition of death changes. So do our death attitudes. Attitudes represent a psychological tendency to evaluate something as good or bad (Eagly & Chaiken, 1993). Attitudes are not enduring dispositions, but changeable cognitions, emotions and behavioural tendencies in their specific contexts that can be shown in an overt or in a covert

manner (Petty & Wegener, 1998; Schwarz, 2007). The evaluation of people, objects or situations is a rather automatic process, in which all incoming stimuli are quickly classified as positive or negative (Chen & Bargh, 1999). Death attitudes are thus a tendency to automatically evaluate death as better or worse over time.

On a methodological level, Bassett and Dabbs (2003) described death attitudes as a compound of death anxiety, death valence and death denial. However, the mentioned attitude literature considers valence as the centre of attitudes. Barrett (2006, p. 36) defines psychological valence as “a simple form of meaning analysis that codes the environment in terms of whether it is good or bad, helpful or harmful, rewarding or threatening [for the self] at a given instant in time”. If valence is at the core of attitudes, then death valence is at the core of death attitudes.

Death has the potential to create paralysing anxiety (Pyszczynski et al., 2015; Wong, 2008). According to terror management theory (Greenberg et al., 1986), people deny death with symbolic immortality in order to buffer death anxiety. They do so by defending cultural worldviews and by defining their self-esteem by how well they fit into cultural norms. Thus, when terror management theory refers to death, it refers to the psychosocial death of the self after brain death. It does not refer to a fear of pain, judgment in an afterlife, or to the many other fears that can occur in the face of death and dying (Wong, 2008). Instead, it assumes an instinctive death anxiety that can be managed by means of death denial and the human capacity for symbolic thinking. In addition, meaning management theory (Wong, 2008) proposes death acceptance as a strategy to withstand death anxiety. Depending on positive or negative death valence, people accept or deny death. Death valence has thus been suggested as an underpinning of terror and meaning management theories (author, 2021).

Death denial has shown tendencies to increase gender stereotypes (Hoyt et al., 2011; Roylance et al., 2017; Schimel et al., 1999), racist assumptions (Niesta et al., 2008; Lewis et al., 2019) and ableist prejudice (Hirschberger et al., 2010; Nario-Redmond, 2016). Various authors theorised that death acceptance, in turn, would decrease social discrimination (Becker, 1973; Kübler-Ross, 1969; Maj & Kossowska, 2016; Spellman, 2014; Wong, 2008). However, these are largely untested assumptions. Stereotypes precede discrimination (Wheeler & Petty, 2001). Initial test results showed that a more positive death valence decreased the activation of stereotypes about sex, gender and desire, while death acceptance or denial were unrelated (author, 2021).

A framework of death valence has so far not been applied to psychosocial intervention in discrimination. Yet, positive death valence may provide a useful framework for a more radical and a more intersectional kind of intervention in racism, ableism or sexism. If death denial precedes discrimination (Greenberg et al., 1986), an intervention via death denial would approach the roots of discrimination and thus become a radical intervention. Intersectionality describes the cumulative effects of multiple forms of discrimination; for example, of sexism, racism, ableism (Merriam Webster, Incorporated, 2022). If positive death valence reduces diverse forms of discrimination, an intervention approach departing from death valence promises to be more intersectional than interventions directed at only one kind of discrimination.

In the course of this article, I will analyse the why and how of death valence for the purpose of psychosocial intervention in social discrimination. I will show why specific death needs constitute death valence, how need fulfilment depends on the times and cultures we cocreate, and how death valence can be modulated without the physical proximity of death.

Death Needs

Meaning management theory objects to the terror management assumption of death as an unquestionably negative (Pyszczynski et al., 2015; Wong, 2008): When death is seen as negative, it is rather denied. When death is seen as positive, it is rather accepted instead (Wong, 2008). Death acceptance is clearly related to positive death valence, in meaning management theory and in its foundations by Kübler-Ross (1969). To better understand how death valence comes about, I will briefly analyse Kübler-Ross' (1969) *On Death and Dying* and compare it to recent literature about the “good death”.

The implicit question of Kübler-Ross' (1969) book is: What do people need to see death as more positive in order to accept it? The author starts out with a summary on how views on death changed in the US during the previous century. She explains how the changing ways to deal with death result in different patient treatment, and how this changing context negatively affects patients, since their psychological needs have, in turn, not changed. In over 200 interviews, Kübler-Ross detects those needs and how to fulfil them. The book's implicit need approach is confirmed by 196 mentions of the word “need” throughout the text. Fulfilled needs are what allows terminal patients to have a good death.

Kübler-Ross (1969) concludes: “We have learned that for the patient death itself is not the problem, but dying is feared because of the accompanying sense of hopelessness, helplessness, and isolation” (p. 239). Beyond this exemplary notion, death needs throughout the book can be summarised as: hope, meaning (or purpose), agency (as contrary to helplessness), belonging (as contrary to isolation) and dignity. “From the foregoing it is evident that the terminally ill patient has very special needs” (p. 240). These five needs are not exclusive to death, but death is where they become especially relevant to a good death or positive death valence.

Hope, agency, belonging and dignity are repeatedly mentioned throughout the book and underpinned with specific patient examples. However, Kübler-Ross (1969) did not explicitly define those death needs. If she had, these definitions might be outdated today. Nonetheless, current literature on a good death does not only confirm a need approach, but supports the specific death needs that were illustrated by Kübler-Ross.

In a systematic literature review of 34 studies with older adults, Lormans and colleagues (2021) detected the following psychosocial death needs: being autonomous (comparable to agency), being connected (belonging), find and maintain a sense of meaning, have a positive outlook (hope). In addition, Lormans and colleagues (2021) mention a need to deal with death and dying, which seems to refer to the availability of coping strategies. In their review, the authors do not include dignity. However, another systematic literature review comprising 16 studies with older adults by Järviö and colleagues (2022) does include it. For a good death, people need a dignified moment of death (dignity), factors that enhance the desire to live (hope), an active agency in adapting to death (agency), and equal interpersonal relationships (belonging; Järviö et al., 2022). By contrast to Lormans and colleagues (2021) as well as Kübler-Ross (1969), Järviö and colleagues do not find meaning as a death need. Nonetheless, a large amount of testimonies supports all five death needs. The understandings of each need might not be conceptually identical or comparable. Yet, they might provide a

more precise idea of what people need to evaluate death as more positive.

The general need approach to a good death is further supported by terror and meaning management theories themselves: In their foundational work's title, Greenberg and colleagues (1986) reasoned "a need for self-esteem" with terror management processes. Building on this theory, Wong's meaning management (2008) theorises meaning as a central death need in its name.

In conclusion, people have specific death needs. When people expect them to be fulfilled, they evaluate death as more positive. When people do not expect their death needs to be fulfilled, they are more likely to evaluate death as negative and to experience fear. Basing on terror management theory (Greenberg et al., 1986) and attitude literature (Chen & Bargh, 1999), the evaluation of death takes place automatically. The automatic expectation of death need fulfilment constitutes death valence. Positive death valence seems to be crucial to psychosocial intervention in social discrimination (author, 2021; Maj & Kossowska, 2016; Wong, 2008).

The literature comparison between 1969 and 2022 confirms Kübler-Ross' view (1969) that peoples needs in the face of death have not essentially changed, but that our ways to cope with death and dying changed throughout history and across cultures. As a consequence, death valence is not only constructed by intrinsic expectations of death need fulfilment, but by how history and culture externally affect our social and personal experiences, and thus our automated expectations of death need fulfilment.

Death Culture

Terror management theory assumes the prospect of death as invariably negative to the human psyche. Spellman (2014) opposes this assumption. The author discusses the variety and changeability of human views on death throughout history and culture in his (US-centred) book *A Brief History of Death*.

According to Spellman (2014), human nomads existed for about 200.000 years. To our limited knowledge of these days, the meanings of death even then broadly varied. Nonetheless, burials were often social habits with no special meaning attached, such as for the ancient Hadza people of Tanzania or for Northern American hunting groups. With the rise of agriculture due to climate change around 10.000 BC, more complex societies emerged around a real or imagined common ancestor. Death culture at that time was characterised by a tendency to keep the dead close to home, as symbolic guardians of harvest and safety from attacks. (Think of the Natufians' half-mummified heads of the deceased kept in the relatives' houses or the people of Çatalhöyük in Turkey, who interred their dead under the beds and hearths of their houses).

Seemingly, agriculture generated a strong belief in an afterlife. The valence of this afterlife could be positive (for example, in Egypt around 3.000 BC, where the first idea of heaven emerged from peaceful isolation and the rich natural resources around the Nile), neutral (the early Sumerians imagined death as a dark place with nothing inside) or negative (like Christian hell). In religions until today, "Western traditions are typically framed in terms of personal immortality, while (...)

South and East Asian perspectives see individual consciousness dissolving after death and returning to an (...) impersonal being, the creative force of the universe” (Spellman, 2014, p. 10). Until this point, death seemed to have a strong, emotionally accessible meaning to people, although this meaning varied in valence.

In Europe, death proximity changed around the 19th century AC: With the Industrial Revolution, the dead were suddenly banned from homes and sight. The cities' populations grew massively, diseases spread more easily, and the Church lost its political power with increasing scientific knowledge. People were hospitalised more and believed less in an afterlife. Before the Industrial Revolution, death was ever-present through hunger, illness, violence by neighbours and monarchs throughout the short lives of people (the average life expectancy till then was around 30 years). Religions offered roadmaps to death, but not to dying, when dying was feared more than death. At that time, dying was often physically painful. Accordingly, I speculate that death then became emotionally more aversive.

After the Industrial Revolution, death views changed again dramatically with a more lethal warfare, environmental degradation through capitalist economies, but also with modern medicines, vaccines and antiseptics for surgery. Since then, our life expectancy has more than duplicated (77 years in the US; Worldbank, 2020). Today, “Western society has reached an impasse of death” (Spellman, 2014, p. 168). Death is not welcome: Especially in the US, it is equalled with disease and failure, and banned from society at all costs (Kübler-Ross, 1969; Lekes et al., 2022; Spellman, 2014). Is it thus surprising that terror management theory (Greenberg et al., 1986) - with its negative death assumptions - emerged from the US? The theory might only explain half the causes and consequences of death valence – namely those of negative death valence. A recent review stating the low effect sizes of terror management research supports this idea (Rodriguez-Ferreiro et al., 2019). Spellman (2014) contrasts Becker's (1973) foundational work for terror management theory with the rise of the hospice movement, its recent advances and persistent changes. However, he concludes that Western societies as the US still reject death as something negative.

Both Kübler-Ross (1969) and Spellman (2014) assume that death needs do not primarily depend on culture, but that culture fosters or inhibits their fulfilment. Being a historian, Spellman did not elaborate how culture affects the expectation of death need fulfilment. However, basing on previous literature, we can imagine that hope depends on positive expectations about the rest of one's own life (Lormans et al., 2021), the life of loved ones (Kübler-Ross, 1969) and the kind of belief in an afterlife (Spellman, 2014). These expectations are influenced by culture (Kübler-Ross, 1969; Spellman, 2014): Can a person expect to die without pain, in a comfortable place, where they feel they belong? Will their loved ones be taken care of or will they be in debt for the next 10 years due to the dying person's medical treatment? Do they believe to be punished or welcomed in an afterlife or do they not at all believe in it? We can further imagine that belonging depends on how isolated from loved ones a person can expect to be in their last days, that meaning depends on the accomplishment of “major life goals” set in a certain context (Wong, 2008, p. 3). A person's agency might depend on what they were and are able to do compared to what they wanted to do within the institutions and social networks that created their personal history and present experiences (Bronfenbrenner, 1994; Hammack, 2008). Finally, we can imagine dignity as being treated as a valid, honourable human being instead of, for example, an anonymised subject to machines and medical goals (Järviö et al., 2022; Kübler-Ross, 1969; Merriam Webster, Incorporated, 2022). If society impedes a person's wish to die at home, this restricts their hope, agency, belonging and dignity. If people are usually shown

unrealistic, violent deaths on TV, will they expect a peaceful, painless, accompanied death (Freytag & Ramasubramanian, 2019)?

If the expectation of death need fulfilment depends on culture, why is death valence even relevant to psychosocial intervention in social discrimination? I argue that effective psychosocial intervention starts with individuals or small groups, but aims at cultural and political change - at a social movement of positive death valence to fight social inequality on an intersectional level. Current social movements hold demonstrations for those who died of systemic injustice (Athanasίου, 2005). However, these movements follow the palliative approach of demonstrations after someone has died. With positive death valence, our death cultures and social movements could take a preventive turn. Instead of avoiding natural physical death, we could then avoid death and suffering due to social inequality. "Maybe now the challenge is to politicize [...] death" (Coll-Planas, 2012, p. 64, translated by the author). Basing on Becker's (1973) foundational work for terror management theory and Kübler-Ross's interviews (1969), Spellman (2014) assumes that "[reframing] the meaning of death may prove a welcome antidote [to the consequences of death denial], both personally and in terms of community well-being" (p. 210). If death cultures change, we can change them.

Emotional Death Proximity

Understandably, previous research on a good death was mostly carried out with older adults (Järviö et al., 2022; Kübler-Ross, 1969; Lormans et al., 2021): If death valence depends in death needs, how can someone determine their death needs without feeling it close? By contrast, psychosocial intervention in social discrimination is not specifically directed to people at the end of their lives. In the US context, death was evaluated as more positive when it came closer, both by people with near-death experiences or death-row inmates around their 30s (Goranson et al., 2017).

Physical death proximity makes it emotionally more salient and less deniable (Janoff-Bulman, 2006; Samarel, 2018). However, I assume that emotional, not physical proximity to death is necessary for a psychosocial intervention in social discrimination that departs from death valence. If expected death needs fulfilment depends on death culture, then emotional death proximity allows people to feel their needs and the obstacles to them within their cultural surrounding.

A recent intervention program supports the assumption of death proximity as a necessary element to change death valence: Lokes and colleagues (2022) demonstrated how experiential – and thus emotion-centred – death education with students lead to more positive death attitudes. This was only possible through the experiential components of the course program (visit cemeteries, listen to international funerary rite testimonies, play games from grief support, autobiographical reflection, etc.) compared to rational death education, which tends to increase negative death attitudes.

Nonetheless, felt death proximity can traumatise (Ehlers & Clark, 2000; Thwaites & Freeston, 2005). Therefore, interventions in death valence have to consider participants resources in comparison the program's potential to overwhelm them.

Conclusion

This article proposes that a) there are five specific death needs: hope, meaning, agency, belonging and dignity, b) that culture fosters or inhibits the fulfilment of those needs, and c) that the automated expectation of death need fulfilment constitutes death valence.

A more positive death valence might reduce social discrimination and is thus relevant to social change across adult age and beyond palliative care for terminal people (author, 2021; Kübler-Ross, 1969; Maj & Kossowska, 2016; Spellman, 2014; Wong, 2008). The more we learn more about positive death valence, the better will we be able to intervene in social discrimination, with the additional benefit of increased well-being throughout life.

Limitations

I drew conclusions about death needs from studies with older adults. Although these needs are not exclusive to death, it is when they become more salient than in earlier stages of life. It is unclear whether younger, nonterminal adults share the same needs under mortality salience. Would they detect the same needs when being confronted with their death?

If they had the same needs, how would research about death need expectations benefit a reduction of social discrimination? If our views on death are as constructed as, for example, our views on gender, how would positive death valence serve as a frame for psychosocial intervention in gender stereotypes? Can death views then be assumed to be constructed prior to our views on gender? - I argue that the question of whether death or gender views were constructed first is hardly relevant for intervention in gender stereotypes: If instinctive death anxiety is potentiated by cultural death fears, it is still the management of our death anxiety that accounts for social discrimination and personal well-being (Lehto & Stein, 2009; Maj & Kossowska, 2016; Pyszczynski et al., 2015; Wong, 2008). While instinctive death anxiety combined with a positive death culture might lead to a meaningful life and a more peaceful society, death anxiety combined with a negative death culture will lead to death denial and fear, to discrimination and backlash against change.

Last but not least, research on positive death valence is limited by the lack of a capitalist aim. A negative view on death was associated with increased consumption (Fransen et al., 2019). Therefore, positive death valence might reduce consumerism. As a consequence, finding sponsorship for the necessary research and intervention programs in a context of capitalist politics may be challenging. Nonetheless, social science research on positive death valence may not only reduce discrimination, but also consumerism. It may thus encourage degrowth in the favour of environmental protection as a further aspect of an intersectional intervention approach.

Future Research

Death valence is central to death attitudes. Attitudes are automatic evaluations of stimuli (Chen & Bargh, 1999). I hypothesise that the culturally embedded expectation of death need fulfilment constitutes death valence. On a theoretical

level, the automation process of expectations about death need fulfilment could be further detailed: How does the comparison between culture and needs take place and how does it transfer to an involuntary evaluation?

On a practical level, research might check whether death valence can be manipulated. If so, does it affect gender stereotypes as in previous results (author, 2021), and does it affect other kinds of social discrimination? Can it be used to frame psychosocial intervention? If so, how can people feel close to death if they are physically not?

If death denial is associated with anxiety in a negative death culture (Greenberg et al., 1986; Spellman, 2014), then a reduction of anxiety may help approach death. Recent studies showed that contemplative practices like mindfulness reduced anxiety when participants were reminded of their own mortality, independent of their age (Analayo et al., 2022; Wilkus-Stone, 2017). Furthermore, experiential death education has shown as a promising method towards a more positive death valence (Lekes et al., 2022).

Yet, future interventions require direct measures of death valence as well as pre and post measures for social discrimination. Which effect does a more constant exposure to death have over time? And – if there was an effect – would positive death valence be more effective as an intervention frame for specific anti-discrimination contents, or would it serve the purpose of intervention against discrimination itself?

Funding

The author has no funding to report.

Competing interests

The author declares that no competing interests exist.

References

- Anālayo, B., Medvedev, O. N., Singh, N. N., & Dhaussy, M. R. (2022). Effects of mindful practices on terror of mortality: a randomized controlled trial. *Mindfulness*, 1-15. <https://doi.org/10.1007/s12671-022-01967-8>
- Athanasiou, A. (2005). Reflections on the politics of mourning: Feminist ethics and politics in the age of empire. *Historein*, 5, 40-57. doi:10.12681/historein.72
- Barrett, L. F. (2006). Valence is a basic building block of emotional life. *Journal of Research in Personality*, 40(1), 35-55. <https://doi.org/10.1016/j.jrp.2005.08.006>
- Bassett, J. F., & Dabbs, J. M. (2003). Evaluating explicit and implicit death attitudes in funeral and university students. *Mortality*, 8(4), 352-371. <https://doi.org/10.1080/13576270310001604022>
- Becker, E. (1973). *The denial of death*. Simon and Schuster.

- Bronfenbrenner, U. 1994. Ecological models of human development. In T. Husén & T. N. Postlethwaite (Eds.), *International Encyclopedia of Education* (2nd ed., Vol. 3). Elsevier.
- Chen, M., & Bargh, J. A. (1999). Consequences of automatic evaluation: Immediate behavioral predispositions to approach or avoid the stimulus. *Personality and Social Psychology Bulletin*, 25(2), 215-224.
<https://doi.org/10.1177/0146167299025002007>
- Coll-Planas, G. (2012). *La carn i la metàfora. Una reflexió sobre el cos a la teoria queer*[Flesh and metaphor: A reflection about the body in queer theory]. Editorial UOC.
- DeGrazia, D. (2021). The definition of death. In Zalta, E. N. & Nodelman, U., *Stanford Encyclopedia of Philosophy*. Retrieved from <http://seop.illc.uva.nl/entries/death-definition/>
- Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behavior Research and Therapy*, 38, 319-345. [https://doi.org/10.1016/S00057967\(99\)00123-0](https://doi.org/10.1016/S00057967(99)00123-0)
- Fransen, M. L., Arendsen, J., & Das, E. (2019). Consumer culture as worldview defense: a terror management perspective. In C. Routledge & M. Vess (Eds.), *Handbook of terror management theory*(pp. 485-512). Academic Press.
- Freytag, J., & Ramasubramanian, S. (2019). Are television deaths good deaths? A narrative analysis of hospital death and dying in popular medical dramas. *Health Communication*, 34(7), 747-754.
<https://doi.org/10.1080/10410236.2018.1434735>
- Goranson, A., Ritter, R. S., Waytz, A., Norton, M. I., & Gray, K. (2017). Dying is unexpectedly positive. *Psychological Science*, 28(7), 988-999. <https://doi.org/10.1177/0956797617701186>
- Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of a need for self-esteem: A terror management theory. In R. F. Baumeister, *Public self and private self* (pp. 189-212). Springer.
- Hammack, P. L. (2008). Narrative and the cultural psychology of identity. *Personality and Social Psychology Review*, 12(3), 222-247.
<https://doi.org/10.1177/1088868308316892>
- Hirschberger, G., Ein-Dor, T., Caspi, A., Arzouan, Y., & Zivotofsky, A. Z. (2010). Looking away from death: Defensive attention as a form of terror management. *Journal of Experimental Social Psychology*, 46(1), 172-178.
<https://doi.org/10.1016/j.jesp.2009.10.005>
- Hoyt, C. L., Simon, S., & Innella, A. N. (2011). Taking a turn toward the masculine: The impact of mortality salience on implicit leadership theories. *Basic and Applied Social Psychology*, 33, 374-381.
<https://doi.org/10.1080/01973533.2011.614173>
- Janoff-Bulman, R. (2006). Schema-change perspectives on posttraumatic growth. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of Posttraumatic Growth: Research and Practice* (pp. 81-99). Psychology Press.
- Järviö, T., Nosraty, L., & Aho, A. L. (2022). Older individuals' perceptions of a good death: A systematic literature review. *Death Studies*, 1-14. <https://doi.org/10.1080/07481187.2022.2092787>
- Kübler-Ross, E. (1969). *On death and dying*. Touchstone.
- Lehto, R. H., & Stein, K. F. (2009). Death anxiety: An analysis of an evolving concept. *Research and Theory for Nursing*

Practice: An International Journal, 23(1), 23-41. <https://doi.org/10.1891/1541-6577.23.1.23>

- Lekes, N., Martin, B. C., Levine, S. L., Koestner, R., & Hart, J. A. (2022). A death and dying class benefits life and living: Evidence from a nonrandomized controlled study. *Journal of Humanistic Psychology*, 00(0), 1-22. <https://doi.org/10.1177/00221678221079069>
- Lewis, K., & David, A. (2019). *Death and racism: Mortality salience effects on stereotypical tendencies*. Retrieved from metamorphosis.coplac.org
- Lormans, T., de Graaf, E., van de Geer, J., van der Baan, F., Leget, C., & Teunissen, S. (2021). Toward a socio-spiritual approach? A mixed-methods systematic review on the social and spiritual needs of patients in the palliative phase of their illness. *Palliative Medicine*, 35(6), 1071-1098. <https://doi.org/10.1177/02692163211010384>
- Maj, M., & Kossowska, M. (2016). Prejudice toward outgroups as a strategy to deal with mortality threat: Simple reaction with complex foundation. *Theoria et Historia Scientiarum*, 12, 15-28. <https://doi.org/10.12775/ths.2015.002>
- Merriam Webster, Incorporated (2022). *Dignity*. Retrieved from <https://www.merriam-webster.com/dictionary/intersectionality>
- Merriam Webster, Incorporated (2022). *Intersectionality*. Retrieved from <https://www.merriam-webster.com/dictionary/intersectionality>
- Nario-Redmond, M. R. (2019). The evolutionary and existential origins of ableism. In *Ableism: The causes and consequences of disability prejudice*. John Wiley & Sons.
- Niesta, D., Fritsche, I., & Jonas, E. (2008). Mortality salience and its effects on peace processes: A review. *Social Psychology*, 39(1), 48. <https://doi.org/10.1027/1864-9335.39.1.48>
- Petty, R. E. & Wegener, D. T. (1998). Attitude change: Multiple roles for persuasion variables. In D. T. Gilbert, S. T. Fiske & L. Gardner (Eds.), *The handbook of social psychology* (4th ed., Vol. 1, pp. 323–390). McGraw-Hill.
- Pyszczynski, T., Solomon, S., & Greenberg, J. (2015). Thirty years of terror management theory: From genesis to revelation. *Advances in Experimental Social Psychology*, 52, 1-70. <https://doi.org/10.1016/bs.aesp.2015.03.001>
- Rodríguez-Ferreiro, J., Barberia, I., González-Guerra, J., & Vadillo, M. A. (2019). Are we truly special and unique? A replication of Goldenberg et al. (2001). *Royal Society Open Science*, 6: 191114. <https://doi.org/10.1098/rsos.191114>
- Roylance, C., Routledge, C., & Balas, B. (2017). Treating objects like women: The impact of terror management and objectification on the perception of women's faces. *Sex Roles*, 77(9-10), 593-603. <https://doi.org/10.1007/s11199-017-0747-x>
- Schimel, J., Simon, L., Greenberg, J., Pyszczynski, T., Solomon, S., Waxmonsky, J., & Arndt, J. (1999). Stereotypes and terror management: Evidence that mortality salience enhances stereotypic thinking and preferences. *Journal of Personality and Social Psychology*, 77(5), 905-926. <https://doi.org/10.1037/0022-3514775905>
- Samarel, N. (2018). The dying process. In H. Wass & R. A. Neimeyer (Eds.), *Dying: Facing the facts* (3rd ed., pp. 89-116). Taylor & Francis.
- Schwarz, N. (2007). Attitude construction: Evaluation in context. *Social Cognition*, 25(5), 638-656. <https://doi.org/10.1521/soco.2007.25.5.638>
- Spellman, W. M. (2014). *A brief history of death*. Reaktion Books.
- Thwaites, R. & Freeston, M. H. (2005). Safety-seeking behaviours: Fact or function? How can we clinically differentiate

between safety behaviours and adaptive coping strategies across anxiety disorders? *Behavioral and Cognitive Psychotherapy*, 33, 177- 188. <https://doi.org/10.1017/S1352465804001985>

- Wheeler, S. C., & Petty, R. E. (2001). The effects of stereotype activation on behavior: A review of possible mechanisms. *Psychological Bulletin*, 127(6), 797-826.
<https://doi.org/10.1037/0033-2909.127.6.797>
- Wilkus-Stone, A. (2017). *This mortal coil: The effects of a mindfulness of mortality induction as compared to a mindfulness of breath induction for older adults* (Document no. 10285845). [Doctoral dissertation, Alliant International University, San Francisco]. ProQuest Dissertations Publishing.
- Wong, P. T. P. (2008). Meaning management theory and death acceptance. In A. Tomer, E. Grafton, & P. T. P. Wong (Eds.), *Existential and spiritual issues in death attitudes*(pp. 65-87). Erlbaum.
- Worldbank (2020). *Life expectancy at birth, total (years)*. Retrieved from <https://data.worldbank.org/indicator/SP.DYN.LE00.IN>