

Attitudes Toward Death and Dying

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LEARNING OBJECTIVES

- LO1: Define the term *attitude* and explain its three components.
- LO2: Summarize the origins of attitudes in general and the origins of death attitudes in particular.
- LO3: Describe the factors contributing to attitudes about death.
- LO4: Describe the prevailing attitudes toward different types of death.
- LO5: Analyze attitudes toward death in the Western world and in other cultures.

CHAPTER OUTLINE

- Learning Objectives 1
- Real Life 2
- Understanding Attitude 2
 - Components of Attitude 2
 - *Cognitive Component of Attitude* 4
 - *Emotion Component of Attitude* 5
 - *Behavior Component of Attitude* 8
 - Origins of Attitudes 9
 - *Feedback From Self-Action* 9
 - *Feedback From Others* 9
 - *Interactions With People of Influence* 9
 - *Need to Conform* 10
 - Origins of Death Attitudes 10
 - *Own Experience* 11
 - *Parents* 11
 - *Media* 12
 - *Immediate Environment* 13
 - *Literature* 13
 - *Popular Music* 14
 - Factors Affecting Attitudes Toward Death 14
 - *Age of the Deceased* 14
 - *Cause of Death* 15
 - *Lifestyle at Death* 16
 - *Context of Death* 16
 - *Death of a Significant Other* 16
 - *Religious Upbringing* 17
 - *Near-Death Experience* 17

- Changes in Death Attitude in the Western World 18
 - *Role of Technology* 18
 - *Death Attitudes in Other Cultures* 20
- Reflection Questions 20
- Key Terms 21
- Summary 21
- Additional Readings 22

REAL LIFE

On December 14, 2012, one of the deadliest mass shootings in U.S. history occurred at Sandy Hook Elementary School in Newtown, Connecticut. Adam Lanza fatally shot six adult staff members and 20 children between the ages of 6 and 7 years old. For many of the surviving students, the incident was their first experience coming close to death. As such, it formed the basis of their initial attitudes about death and dying.

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UNDERSTANDING ATTITUDE

Attitude is a person's settled disposition toward another person, group, object, or situation. It is "a relatively enduring organization of beliefs, feelings, and behavioral tendencies toward socially significant objects, groups, events or symbols" (Vaughan & Hogg, 2005, p. 150). Put in other words, attitude is "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (Eagly & Chaiken, 1993, p. 1). In sum an attitude has cognition, emotion, and behavior components which directed toward a person, object, or situation in a positive or negative way (Ciccarelli & White, 2017). Although enduring, attitude is subject to changes.

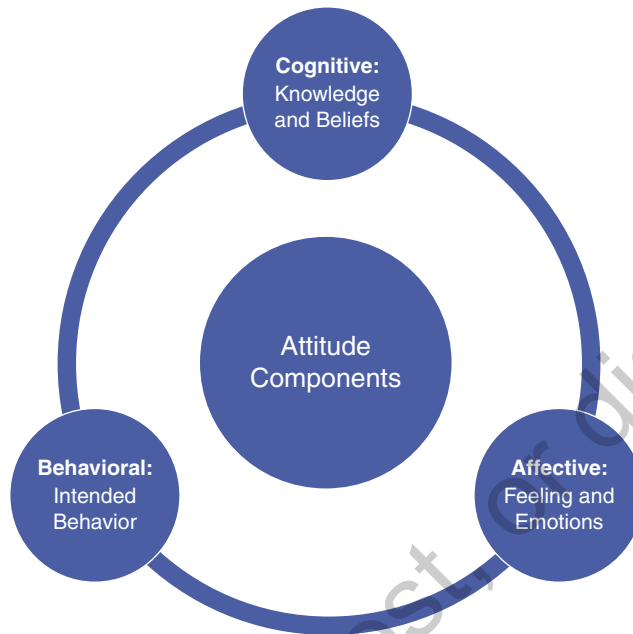
As soon as children learn about death, they typically develop an attitude about it. Before that, they are unaware of death and therefore have no attitude about it. The Real Life box provides insight into how personal experiences of death can shatter someone's neutrality and shape death attitudes. Other factors besides experience also contribute to the development of death attitudes, even from childhood. This chapter examines these factors in a later section.

Components of Attitude

As shown in Figure 1.1, the three components of an attitude are cognition, emotion, and behavior. **Cognition** has to do with your thoughts, beliefs, and memories, specifically how or what you remember about a person, object, or situation. The **emotion** aspect pertains to feelings that are either expressed or experienced, such as anger, happiness, sadness, disgust, or joy, in relation to the object of the attitude. **Behavior** is the action you take when you encounter the object of the attitude (in some respects, an inaction could be a behavior; that is deciding to do nothing about a situation).

These three aspects of attitude relate to each other. For example, if you remember your 21-year old cousin who died from breast cancer and concluded there was something wrong with a life cut short at such a young age (cognition), you might feel sad about it (emotion), and decide to participate in a fundraising event for breast cancer

FIGURE 1.1
Component Parts of Attitude



Source: Morales-Martinez, G. (2013). Parental and educators' judgments and attitudes toward life challenges of persons with intellectual disability: Functional measurement contributions to special education from a cognitive algebra approach. In A. Thurgood & K. Schuldt (Eds.), *Caregivers: Challenges, practices and cultural influences* (pp. 97–117). New York, NY: Nova Science.

(behavior). This scenario would perhaps describe many people who participate in the yearly Susan G. Komen Race for the Cure. At age 33 Susan Komen was diagnosed with breast cancer and died three years later. Her younger sister believed that Susan's situation would have been different had women known more about breast cancer. She decided to take action. In 1982, the Susan G. Komen Breast Cancer Foundation was established in memory of Susan. The Foundation raises money for research programs.

While these three components appear sequential in operation—cognition leading to emotion and emotion turning into behavior—this sequence doesn't play out the same for everyone. Some people might reckon the loss to breast cancer as *wrong* (cognition) and may feel sad about it (emotion), yet take no action (behavior) like Susan Komen's younger sister. Here, attitude ends at the cognition and emotion phases. This is a good example of the often-touted argument that attitude may not predict behavior.

Icek Ajzen's (1991) theory of planned behavior (TPB), discussed later, explains how to bridge the attitude-behavior gap.

Cognitive Component of Attitude

The cognitive component of attitude reflects the thoughts and beliefs someone has toward a person, object, or situation. For example, you know that some snakes are dangerous. You might acquire this information firsthand through direct experience with snakes or indirectly, such as by reading about them, watching a video, or talking to an expert. Your knowledge that some snakes are dangerous contributes to your negative attitude about snakes.

One question to consider is when children are developmentally ready to form the cognitive component of an attitude. Jean Piaget (1929) identifies ages 7–12 years as the stage when children develop an ability for “concrete operational” thinking, which is characterized by logical thoughts (cognition). The ages of 12 years to adulthood are the stage for “formal operational” thinking, signaled by abstract thoughts. Prior to these levels are the “sensori-motor” stage, when children’s senses and motor abilities guide their thought processes; and the “pre-operational” stage, when children use language to explore the world but cannot see the world through someone else’s perspective (a phenomenon Piaget called *egocentrism*). Also, up to age 4 or 5 the child has animist beliefs that almost everything (e.g., toys) is alive (Piaget, 1929; see Table 1.1). According to Piaget’s work, before age 7 children might have difficulty in comprehending death from natural causes because they need to move beyond egocentrism and animism to grasp the idea that a living body like theirs is different from a dead body. They may, however, understand death as caused by violence or illness only, due to experience or exposure.

TABLE 1.1
Piaget’s Stages of Cognitive Development

Stages	Age Range	Death Knowledge
Sensori-Motor	0–2 years (use of senses and motor abilities to guide thought processes)	Lack knowledge of death
Preoperational	2–7 years (egocentric thoughts; use of language to explore the world)	May have an understanding of death caused by illness or violence, due to exposure or experience
Concrete Operational	7–12 years (Logical reasoning)	Can comprehend death from natural causes
Formal Operational	12 through adulthood (abstract thinking)	Can comprehend death resulting from illogical reasons (death of a 21-year-old as opposed to an 81-year-old)

Source: Author’s creation

Emotion Component of Attitude

The emotion component of attitude includes the feelings about a person, object, or situation. For example, your fear of snakes contributes to your negative attitude about them.

Emotion forms a part of conscious experience and is expressed through feelings. An emotion has three characteristics: (1) physical arousal; (2) overt behaviors—that is, actions that are seen; and (3) covert experiences—that is, experiences that are not seen. For example, if you fear snakes and encounter one in the woods, your heart rate increases (physical arousal) and you back away from the snake (overt action). You experience the reaction as unpleasant (covert experience).

Psychologist Paul Ekman (1992), a pioneer researcher in the field of emotion acknowledges the universality of the emotions of anger, happiness, fear, disgust, surprise, and sadness. Common emotions associated with death and dying include anger, sadness, fear, and surprise, with their displays governed by rules in the person's culture. Researchers, for example, report gender differences in the expression of emotions (Chaplin, 2015).

The following four theories help in explaining how emotions come about:

1. **Common sense theory.** The common sense theory suggests that a stimulus triggers emotional and physical responses through the autonomic nervous system, which controls the body's involuntary functions such as breathing and blood flow. If you unexpectedly receive news of a death, you would react with surprise, leading to an increase in heart rate and breathlessness. According to this theory, emotions produce responses in the body.
2. **James-Lange theory.** Earlier psychologists William James (1884) and Carl Lange (1885) independently propose that a stimulus produces a physical arousal, which then creates a *fight-or-flight* response in the body's sympathetic nervous system (part of the autonomic nervous system). Anger might be tied to a fight response, whereas fear to a flight response. A patient diagnosed with a terminal illness, for example, who is angry about the diagnosis, might fight to overcome the illness. However, a patient who is afraid to confront the diagnosis might flee by either avoiding or denying the news. According to the James-Lange theory, your nervous system develops physical reactions to events and the physical reactions create emotional responses.

In discussing the multidimensionality of fight-or-flight behaviors, however, Robert Kastenbaum (2008) identifies the following types:

- a. Selective attention—responding to only what is important in the midst of multiple stimuli; e.g., a patient might go ahead with a wedding plan even after receiving the bad news of a terminal illness.

- b. Selective response—responding only in certain conditions. For example, a patient might delay a response to the bad news of a terminal illness to avoid upsetting family members before a get-together on Thanksgiving Day.
 - c. Compartmentalizing—separating the attention given to different situations without trying to see how one affects the other. For example, a patient might realize the gravity of the bad news of a terminal illness, yet also prepares for a grandchild’s high school graduation party scheduled for the following year.
 - d. Deception—deliberately telling a lie to another person, with the intent of projecting a certain image. For example, when asked after her health, a mother responds to her young child, “I’m fine,” because she doesn’t want to project weakness.
 - e. Resistance—deciding not to *give in* to a stressful situation by continuing to behave in a typical fashion. For example, in communities where death and dying is commonplace, people try to live a *normal* life in the midst of the violence and disruptions that surround them.
3. **Facial feedback hypothesis.** This hypothesis suggests that facial expressions provide feedback to the brain concerning emotions. For example, a happy face triggers to the brain the emotion of happiness, whereas a sad face elicits the emotion of sadness. The changes in the facial muscles used when smiling or frowning cue the brain to produce an emotion.

However, facial expressions may not necessarily reflect a person’s true emotions. An individual may feel sad inwardly, yet express a *happy* face to align with societal norms. In many societies, during funerals the survivors are expected to look sad, notwithstanding their inner feelings or thoughts; and it would be socially unacceptable not to. In an extreme example, some people contemplating suicide do not appear to be sad, depressed or despairing. Patrick Skerrett, a former executive editor of *Harvard Health*, describes how his colleague’s close friend committed suicide “out of the blue.” The colleague recently had spent time with this friend without detecting any warning signs (Skerrett, Kölves, & De Leo, 2015). In these cases, smiling is not signaling to the brain to produce happiness, but is masking emotions instead.

The facial expressions of others can also affect your emotions. Dead people do not have emotions, yet a study suggests their facial expressions affect the emotions of the living (e.g., Eyetsemitan & Eggleston, 2002). During the viewing period after a death, survivors interpret their deceased love

ones' facial expressions in emotional terms; and their mourning trajectories might be affected as a result. In other words, survivors who describe their deceased loved ones' faces as "peaceful" or "content" might deal with their losses better than those whose deceased loved ones' faces are described as "angry" or "sad."

Although the expression on the deceased's face could not possibly be biologically induced, viewers still ascribe emotions to the faces of the dead, indicating that facial expressions (and their perceptions) are not necessarily in sync with the brain.

In short, in connecting facial displays to cognitive thoughts and vice versa, the facial feedback hypothesis has limitations.

4. **Cognitive mediational theory.** The cognitive mediational theory by Richard Lazarus (1991) says that people appraise and react to an external stimulus depending on their experience with similar stimuli. Although most people feel fear when they hear a gunshot, for example, emergency medical technicians might draw on their training and feel motivated to help. Between older and younger people also, several studies point to differences in affect control. They suggest that older people tend to have better control over their emotions than younger people because older people have a broader base of experience that enables them to contextualize emotion-provoking stimuli. They are likely to have experienced more losses, which can help them handle a loss better than younger people (cf. Carstensen et al., 2011; Scheibe & Carstensen, 2010).

The cognitive mediational theory also draws on individual dispositions; some people are optimists while others are pessimists. In a difficult situation, such as the dying experience of a loved one, an optimist is hopeful for a happy ending whereas the pessimist is not. The case of a man on life support comes to mind. His son was a pessimist while his daughter was an optimist. After 2 weeks on life support, the son was ready to *pull the plug*, insisting that his father was making no progress toward a recovery, contrary to the doctor's belief. The daughter, on the other hand, wanted to continue with life support, insisting that her father was making progress, although rather slowly. A disagreement ensued. The son then shifted his argument by saying even if his father finally recovered, he would not be able to regain his full functions and therefore should be allowed to die. The daughter again resisted this argument. Eventually, their father not only regained his consciousness after several months in rehabilitation, but also his full functions. Fortunately, based on her cognitive mediation orientation, the daughter saw her father's medical situation optimistically (with encouragement by the doctor's belief), which trumped her brother's pessimistic attitude (perhaps based personal beliefs and/or those of other family members).

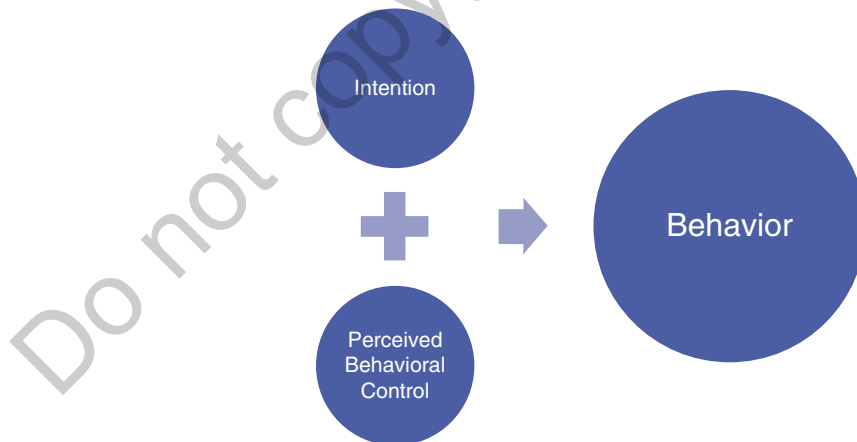
Behavior Component of Attitude

The behavior component of attitude refers to actions taken in response to a person, object, or situation. For example, if you encounter a snake and run away from it, that avoidance behavior contributes to your negative attitude about snakes.

Recall that the three aspects of attitude (cognition, emotion, and behavior) can be exercised independently of each other. For example, you may be aware that breast cancer is taking young lives and feel sad about it, yet choose to not participate in an awareness campaign for breast cancer. In this regard, the other components of attitude are poor predictors of behavior.

In Icek Ajzen's (1991) theory of planned behavior (TPB), as shown in Figure 1.2, behavior can be determined from intention and from perceived behavioral control (PBC). Intention is measured by plans or the motivation to act and is influenced by attitudes, subjective values, and cultural norms. On the other hand, PBC is governed by the perceived control or confidence (also called *self-efficacy*) that an individual has in performing an act. In predicting behavior from the other components of attitude, both of these elements are essential. For someone who knows breast cancer is a death-causing agent, feels sad about it, and yet does not participate in an awareness campaign for breast cancer, the likely questions to ask are: (1) Is your act of not participating motivated by subjective values or cultural norms? For example, do you

FIGURE 1.2
Ajzen's Theory of Planned Behavior (TPB)



Source: Author's creation

think awareness campaigns do little to reduce the incidence of breast cancer? (2) Is your act of not participating based on a lack of perceived control or confidence to participate? For example, are you motivated to participate but cannot make out the time?

The TPB is able to predict health behaviors (McEachan, Conner, Taylor, & Lawton, 2011) and in predicting behavior there is more reliance on cognitive rather than emotional aspects of attitude (Manstead & Parker, 1995), yet both aspects are important (Ajzen & Fishbein, 2005).

Origins of Attitudes

Attitudes are learned, not innate. Psychology suggests that attitudes come from the following four sources: feedback from self-action, feedback from others, interactions with people of influence, and the need to conform with the group.

Feedback From Self-Action

B.F. Skinner's operant conditioning theory (1938; 1948) suggests that in learning new attitudes and behaviors, people first must "operate" on their environment and the feedback they receive will determine their future attitude and behavior. If the feedback is positive, they are likely to continue that action in the future. For example, suppose you are a student preparing for a test by using a study method. If you receive an A on the test, you are likely to use that study method again in the future. On the other hand, if the result is an F, you will probably abandon the study method. Your attitude toward the study method is either positive or negative, based on the feedback you receive. In a similar way, if a loved one dies, a surviving family member might resort to self-blame, attributing the death to a certain behavior or attitude of his. In the future, the family member is likely to change that behavior or attitude to avoid self-blame when the death of another loved one occurs.

Feedback From Others

Responses from others can help shape attitudes. In this case, *others* includes authority figures (e.g., parents, teachers, coaches, and clergy) who are influential and are in positions to enforce sanctions on behaviors. For example, teachers could encourage students to develop positive attitudes toward hard work by rewarding with good grades and punishing with poor grades in school. Members of the clergy could help congregation members develop a positive attitude toward death by emphasizing their beliefs that a good life lived here on Earth leads to the end of suffering and a reunion with loved ones in heaven.

Interactions With People of Influence

Interactions with others may also influence attitudes. People you look up to, hold in high esteem, or aspire to emulate are likely to influence your attitudes as you model

your behavior after their attitudes—either positive or negative (Bandura, 1977). People of influence include parents, teachers, counselors, clergy, and celebrities. In the Sandy Hook Elementary School shooting incident, people of influence could have molded survivors' attitudes toward handling a loss. For example, if the male parents and teachers did not cry openly, the male survivors were more likely to behave in the same manner, believing that remaining stoic was the appropriate manner of handling a loss.



Need to Conform

The need to conform is the need to not be an outlier, or different from others. Conformity often takes the form of *groupthink* (developed by social psychologist Irving Janis in 1972), whereby the need to maintain a group's cohesiveness is more important than acting independently. Again, in the Sandy Hook Elementary School shooting, a surviving child's attitude on guns, death, or handling a loss may reflect the attitude of the majority. If most children openly discussed the incident or decided to take a stand against gun violence, those actions would inform the attitude of the child who has a need to conform and not be an outlier.

Origins of Death Attitudes

According to Robert Neimeyer and colleagues (2003), most studies on death attitude focus on fear and death anxiety. However, other researchers find that attitudes toward death fall into categories, no matter the culture. As with attitudes toward other things the prevalent death attitudes are broadly positive and negative.

From Table 1.2, all the positive attitudes could be subsumed under "Death as acceptance." Death as Acceptance, however, could be further categorized as "neutral acceptance" (death is not welcomed but not feared either); "approach acceptance" (death as passage into a happy afterlife), and "escape acceptance" (death as leaving behind a painful existence) (Gesser, Wong, & Reker, 1988). Studies show that death as acceptance

TABLE 1.2

Examples of Positive and Negative Death Attitudes

Positive Death Attitudes	Negative Death Attitudes
- Death as end to suffering	- Death as loss
- Death as reunion with deceased loved ones	- Death as suffering
- Death as going to heaven	- Death as final
- Death as celebrating the deceased	- Death as disruption of life
- Death as acceptance	- Death as unfinished business
	- Death as judgment and retribution

Source: Author's creation

has enabled people to live a happy, fulfilled life (Neimeyer, 1994) and helped nurses demonstrate ease and positivity in communicating with dying patients (Iranmanesh, Axelsson, Häggstrom, & Sävenstedt, 2010).

Attitudes about death originate from the same sources as all attitudes. More specifically, origins of death attitudes come from your own experience (feedback from self-action), parents, media, literature, and popular music (feedback from others), and from your immediate environment.

Own Experience

For many of the surviving students, the Sandy Hook Elementary School shooting was the first time they likely experienced the death of someone they knew. Their cognitive, emotional, and behavioral reactions to the experience formed their initial attitudes toward death. If a student has another experience with death that elicits different thoughts, emotions, and behavior, the student would have multiple death attitudes. The multiplicity of attitudes may reflect the type of death and/or the context of death (e.g., Eyetsemitan & Eggleston, 2002).

Parents

Attitudes about death also originate with a child's parents through discussions, warnings, and actions. A parent's first discussion about death and dying with a child may revolve around the child's own death. Such a discussion could be couched regarding the consequences of the child's risky behavior. The parent might mention death to dissuade or scare the child away from a risky behavior that could be fatal, such as riding a bicycle without helmet or crossing the street without adult supervision and being hit by a vehicle. Each death scenario might be different based on race or socioeconomic class (e.g., not all parents can afford to buy their child a bicycle).

Discussions such as these could lead a child to ask what happens in the event of a death. The child learns that death would cause a permanent separation between him

and his parents and other loved ones (including family members and friends); it would be a sad event for all. The sadness or fear of permanent separation would characterize the emotion component of a child's attitude toward death.

The child might also be introduced to the topic of death as a survivor. The passing away of a beloved family pet after a prolonged illness might provide the trigger. The parent could discuss a specific disease and its impact on animals and humans. The discussion might cover what the disease does to the body, the different types of the disease, and progress being made in finding a cure in the medical sciences. The child might develop an attitude that death from disease should be prevented as much as possible. Such discussions could stoke the child's interest in a future career in medicine. The child, even at a young age, could start thinking about how to make a difference in this world. He or she may even become passionate about fundraising to help find a cure for cancer or similar deadly diseases.

With the Sandy Hook shooting, a parent-child discussion could also include "What kind of people would want to kill innocent children?" Discussions could lead to mental illness and its broader manifestations that include depression, with consequences such as homicide and suicide. Are people with depression responsible for their actions? Is society doing enough to help them? Discussions could further lead to researching the Centers for Disease Control and Prevention website and the child getting to learn more about mental illness.

Beliefs about an afterlife might also be included in these discussions. Is there an afterlife for pet animals or only humans? How parents respond to such a question or articulate their beliefs about an afterlife will shape the cognitive component of a child's attitude about death. What parents do—perform a brief ritual and bury the pet, for example—contributes to the behavior component of a child's attitude about death.

Media

Attitudes about death are also shaped by mass media, including television, radio, the Internet, and various social media platforms (e.g., Facebook, Twitter, or Instagram).

Here is an example of the power of the social media: A funeral home informed a rabbi who was going to officiate in the funeral of an elderly lady that no one was planning to attend her funeral. She had no husband and children. The rabbi's daughter learned of this and immediately sent out messages through Facebook to friends who forwarded her messages to other friends. Within 24 hours, 30 people showed up for the funeral of someone they did not know. Ten volunteers recited the Kaddish, others carried the casket, and some took turns to shovel dirt on the casket.

On TV and radio, news items are not just reported and run on a 24-hour cycle but are commented on by opinion leaders or experts who reflect their attitudes (either positive or negative) on a particular issue. Viewers and listeners are likely to be influenced by these attitudes as a result.

On learning through the media about the Sandy Hook shooting, even in faraway California (three time zones away), children might engage their parents in discussions on several issues relating to death. Also, some schools might take proactive measures in initiating such discussions.

Openly discussing or reporting on suicide was taboo at one time. As the media began to portray or describe suicide, attitudes changed, making it seem more acceptable. The more open attitude toward suicide has had unfortunate consequences. Cases of suicide in one part of the United States have led to *copycat suicides* in other parts of the country, especially among young people—a phenomenon also known as a *suicide cluster* (Halgin & Whitbourne, 2006). The person copying the suicide often learns of the original event through accounts in the media.

David Phillips (1974), from several studies, finds a significant rise in suicides among young people following well-publicized cases of suicide, especially involving famous persons. Following the death of Marilyn Monroe, for example, the suicide rate went up by 12%.

Immediate Environment

The immediate environment might alert a child to the issues of death from an early age, leading to the development of death attitudes when very young. It is likely that in communities with high rates of violence resulting in death, children might be exposed to more conversations about death at home, in schools, or in other public places than their counterparts living elsewhere. Death conversations are likely commonplace in East St. Louis, Illinois; Chester, Pennsylvania; Gary, Indiana; St. Louis, Missouri; and Baltimore, Maryland—the top five cities with the highest murder rates in 2019 (Schiller, 2019).

Literature

People also develop attitudes about death through children's literature, mirroring the attitudes portrayed by characters or themes in the books. Attitudes range from portraying death as temporary, whereby the dead person comes back to life (e.g., *The Juniper Tree* by the Brothers Grimm), as happening only to bad people (e.g., *Sleeping Beauty*), as humorous in Mother Goose when Humpty Dumpty falls and dies because he is a broken egg that cannot be put back together), to death as sacrifice (e.g., *The Lion, the Witch, and the Wardrobe* by C. S. Lewis).

Literature can also explain death in simple terms that children can understand. Through stories, children learn that, ultimately, death is when an animate being ceases to live. When spoken to, a person can no longer hear or respond. He or she can no longer eat, watch TV, take a shower, smile, or go for a walk. Children's literature also helps answer questions. For example, can we avoid death? Based on Piaget's theory (1929, explained earlier), a young child's mind may not comprehend the biological changes that lead to death as in illness, yet can learn to associate certain risky behaviors with death.

Popular Music

As an expressive art, music resonates the most for many young people and may serve as the source of their attitudes about death. Contemporary songs often address the concept of death and reflect a specific attitude of the songwriter or singer. The attitudes come from personal experiences or from what was happening in society at the time. Examples include the following songs:

- “Ready to Die,” The Notorious B.I.G. In this 1994 track, the rapper seems frustrated with life and is ready to die. Death seems to be the solution to his frustration.
- “Knocking on Heaven’s Door,” Bob Dylan. Recorded in 1973, the songwriter was despairing of the violence and killings around the world and saw death as a solution in a serene place called heaven.
- “Coldest Winter,” Kanye West. Recorded in 2008, after his mother’s death, Kanye wonders if he could move on and ever love again.

Factors Affecting Attitudes Toward Death

Different types of death elicit different attitudes because they are likely to not provoke the same emotions, thoughts, and behaviors. For example, the attitude of a student who witnessed and survived the Sandy Hook shooting would be different from his or her attitude toward the death of a dog who died after a long illness. The emotions, thoughts, and actions of the two events would not be the same. Unlike the shooting incident, which might provoke a strongly negative attitude, the dog’s death was nonviolent and expected. The child might even view the death as humane if the dog’s health had declined toward the end of its life (cf. Eyetsemitan & Eggleston, 2002).

A society’s value system shapes attitudes toward different types of death, depending on factors including the age of the deceased, cause of death, the deceased’s lifestyle, and the circumstances of the death. Researchers Kevin Franke and Joseph Durlak (1990) studied which life factors affect death attitudes and ranked them according to their relative importance and effect. They identified three experiences that most significantly determine attitudes about death. In order of importance, the experiences are (1) the death of a significant other, (2) a religious upbringing, and (3) a near-death experience.

Age of the Deceased

In most societies, death is expected to occur at a certain age, sometimes called a *ripe* age, which differs from one society to another. In developing societies, with relatively shorter life expectancies, a ripe age occurs earlier than in developed societies with relatively longer life expectancies, though not as early as childhood.

The definition of ripe age varies from one era to another depending on life expectancy. The average life expectancy (and by extension, the average ripe age) in 1900 was 49, increasing to 66 for men and 71 for women by 1950. With advancements in biomedical technology in today's developed world, the ripe age for death has increased further. According to Duffin (2019a) the life expectancy at birth in 2019 in the United States for men is 76 years, while for women it is 81 years. In his last State of the Union address to Congress in January 2016, former U.S. president Barack Obama called for a "moon shot" approach to finding a cure for cancer "once and for all." With a cure for cancer (the second leading cause of death in the United States), the ripe age for death could rise substantially.

The attitudes toward death before and after a ripe age are significantly different. Because age 70 is not currently considered a ripe age (for both males and females), the attitude toward a death before the age of 70 would be negative. A death beyond the ripe age (e.g., 100 years or more) would generally elicit a positive attitude.

Attitudes toward the age of the deceased are reflected in language. For example, phrases such as "her life was cut short" describe a death before a ripe age. However, if the death resulted from a protracted illness with much suffering, it might be viewed as a relief instead, even if not at a ripe age. Phrases such as "he's in a better place," "he will experience pain no more," and "he looks peaceful" are used instead.

In contrast, attitudes about premature death in the United States reflect a desire to prevent the death of an infant or child at all costs. A study by the Pew Research Center (2013b) found that most American adults believe that infants should receive treatments as much as possible irrespective of life threatening defects "an infant should receive as much treatment as possible in the case of a life-threatening birth defect."

The attitudes of death of a young person may be related to the incidence of death by age, which varies by country. Whereas in the developed world, 7 in 10 deaths occur among people aged 70 and older; in the developing world only 2 in 10 deaths occur for people aged 70 and over (World Health Organization [WHO], 2011). In the developed world, therefore, death before age 70 may be less accepting.

Cause of Death

The cause of a person's death affects attitudes toward that death, especially when also considering age. For example, the death of an 85-year-old woman from a leading cause of death such as heart failure might be met with calm acceptance. The death of the same woman from accidental violence such as an errant gunshot would provoke anxiety and anger (e.g., Eyetsemitan & Eggleston, 2002).

Leading causes of death differ from one society to another. According to the Centers for Disease Control and Prevention (2017a), the top two causes of death in the United States for all ethnic groups are heart disease and cancer. However, among Hispanics, American Indians, and Asian/Pacific Islanders, cancer is the most prevalent cause of death while heart disease is number two. Heart disease and cancer are chronic

illnesses; that is, you can live with heart disease or cancer for years in some cases before it becomes a cause of death. In contrast, the leading causes of death in the 1900s were infectious diseases such as pneumonia or tuberculosis. Someone could contract an infectious disease suddenly and then die within days. Knowing that death could come at any time, people had a commonplace acceptance of death and were more aware of it as an inevitable end to life.

According to the World Health Organization (WHO, 2018), the top two factors that cause death in lower income countries in 2016 are lower respiratory infections and diarrheal infection. Other leading causes of death are from infectious diseases. In contrast, most deaths in the developed world are from chronic diseases (e.g., heart diseases, cancers, and diabetes).

Lifestyle at Death

Death attitudes are also influenced by the lifestyle of the deceased. For example, compare typical attitudes of death by cancer, one of a 60-year-old man who had an active, healthy lifestyle and another of a 60-year-old man who smoked, never exercised, and drank more than the recommended amount of alcoholic beverages. Unhealthy or risky lifestyles are viewed as contributing to an avoidable death (though genetics also play a major role in longevity). Such deaths are disapproved of by society. On the other hand, people generally consider the death of someone living a healthy, cautious lifestyle as unfortunate or undeserved.

Context of Death

Besides lifestyle, the context, or circumstances, of death affects death attitudes, even if death occurred at a ripe age. In a study conducted by Frank Eytsemitan and Tami Eggleston (2002), two groups of respondents were shown the same pictures of recently deceased people with their death scenarios varied. In one group, the narrative was that the dead person died after a prolonged bout of cancer. The other group's narrative was that the deceased was leaving a store when he or she fell victim to a drive-by shooting. In the first scenario, the respondents described the deceased's face as "peaceful" and saw the death as a relief. The respondents' attitudes about the death were positive. The respondents in the drive-by shooting scenario interpreted the facial expression of the decedent as "angry" and had negative attitudes about the death.

Death of a Significant Other

The death of a significant other is like no other (as is the death of a child or parent). For most people, the death of a spouse or partner is the loss of a friend, a confidant, and a companion. The Fluties, parents of former NFL quarterback Doug Flutie, died one hour apart. They were married for 56 years. Johnny and June Cash, a famous case, died within four months of each other. This phenomenon is known as the *widow*

effect. Nicholas Christakis and Felix Elwert (2008) reviewed data collected from 373,189 elderly couples and analyzed when each half of the couple passed away and why. They found an 18% risk for men whose spouses died first and a 16% risk for women who lost their spouses first. Heart disease was the number one cause for death. This was triggered by emotional distress and provoked by the fight-or-flight hormone.

With the widow effect, life seemingly becomes so unappealing after the death of a significant other that the surviving partner finds death preferable to living without the significant other and dies shortly afterward. Clearly, the death of a significant other can have a profound effect on a survivor's attitude about death. Perhaps it might help change death attitude from negative to positive, and death becomes acceptable or preferred.

Religious Upbringing

Studies find that a religious upbringing helps in shaping death attitudes. Researchers Israel Orbach and Victor Florian (1992) gave 142 boys and girls a semi-projective test that involved fairy tales. The children were ages 10 to 11 and from four religious faiths (Christian, Druza, Jewish, and Muslim). The researchers wanted to assess the children's attraction to and repulsion from life and death. They found that the religious children displayed a higher attraction to death compared to their nonreligious counterparts. In other words, the religious children viewed death more positively than the nonreligious children.

The effects of a religious upbringing may not be sustainable over a life span. Children with a strong religious upbringing when they leave home and are no longer under their parents' direct supervision may become less religious. They may take classes in colleges and universities that question their religious thinking and try to conform to their nonreligious peers (groupthink).

Conversely, in anticipation of an afterlife, which many religions teach, people without a religious upbringing can become religious in later life.

Near-Death Experience

A **near-death experience** is a life-changing event that can occur when someone is close to death and feels detached from his or her physical body, enjoys a sense of well-being and serenity, and detects the presence of light on the other side of a tunnel or void (International Association for Near Death Studies, 2015).

Those who live through a near-death experience change their perspective on life and death. A case in point is Dr. Eben Alexander, a neuro surgeon raised as a Christian who accepted the agnostic tenets of the scientific worldview of his medical profession. His near-death experience changed his beliefs about an afterlife, the existence of a consciousness after his current consciousness. From being an agnostic, he became spiritual

and wrote a best-selling book, *Proof of Heaven*, to describe his experience (2012b). Dr. Alexander's attitude toward death changed from practical, scientific recognition to an enthusiastic welcome. More about near-death experience in a later chapter.

Changes in Death Attitude in the Western World

Historically, death attitudes have changed over time in different societies. In Western societies, French historian Philippe Ariès (1974) captured four seasons of this change: (1) Tamed Death, (2) One's Own Death, (3) Thy Death, and (4) Forbidden Death. However, continuous changes have occurred since then.

In the Tamed Death, prior to the 17th century, death was expected, prepared for, and accepted. The dying person performed certain rituals, including religious rituals, and readied his body by lying in bed facing the heavens. Loved ones said their good-byes only when he consented to them. Death during this period was seen as a normal part of the life cycle and was witnessed by loved ones.

In One's Own Death, characterizing the 11th and 12th centuries, emphasis was on what happens in the afterlife. To both the dying person and loved ones a person's deeds on Earth and its aftermath in either heaven or hell became important. Tombs became popular during this period and had personal inscriptions and epitaphs.

During Thy Death, started around early 18th century, there was excessive display of emotions in the loss of a loved one. Death was unexpected and memorialization of the deceased took center stage. There were efforts to personalize death with different styles of tombstones and markers.

In the era of Forbidden Death, hospitals replaced homes as death locations. Death was seen as the outcome of failure of the medical science. Efforts to keep a person alive could drag on for weeks and months, by which time people had lost interest in the meaning of death.

America's attitude toward death is an amalgam of Thy Death and Forbidden Death, according to Ariès (1974). Americans deny death and die in hospitals, but also perform rituals according to the desires of the deceased.

While Ariès' work might overgeneralize death attitudes (irrespective of socio-economic class, ethnic differences, and geographical locations), it, however, points to changes in death attitudes in the Western world over time.

Role of Technology

Because technology changes faster than culture, culture is always playing *catch up* with technological innovations. Keeping pace with technology requires a paradigm shift in new behaviors and attitudes. Following are a few examples:

- In some U.S. states and European countries, physician-assisted suicide is legal. The physician prescribes a lethal dose of medication to allow the patient to die

with dignity. Using a physician helps in softening negative attitudes toward a person who commits suicide (and their loved ones), since he or she sought the cooperation of an expert (physician). Researcher Susanne Fischer and colleagues (2009) analyzed doctors' reports and letters of 165 patients who sought physician-assisted suicide in Zurich, Switzerland. The following were the most often reported motives: pain, need for long-term care, neurological symptoms, immobility, and dysphonia (difficulty speaking due to a physical disorder). Other motives include feeling overwhelmed by circumstances, loss of dignity, weakness, decreased ability to engage in activities that make life enjoyable, and insomnia and loss of concentration. Most frequently mentioned was pain, followed by concern for autonomy and individual judgment. Any one of these reasons could also lead to an unassisted suicide, with the added burden of guilt and stigma.

As physician-assisted suicide becomes more prevalent, it may become more acceptable for people suffering from chronic pain or unbearable disability to end their own lives.

- Enhancements in life-support technology have increased debate about death and dying, particularly what it means to be alive. The case of Terri Schiavo drew national and international attention over end-of-life decisions. Terri was in a vegetative state on life support; both her husband and court-appointed legal guardian (someone with authority to make healthcare decisions on her behalf) wanted her artificial life support to end. Terri's parents insisted otherwise leading to a legal and political tussle that caused a 7-year delay before artificial life support was stopped. This case proved that death is deniable, is not always an easy decision, and the state could intervene if need be.
- Technological advancements have also made organ donation possible. As illustrated in the following anecdote, organ donors often see themselves as contributing to a good cause and find organ donation a way to memorialize themselves in the lives of others after death.

A Texas mom told KTVU (a TV station serving the San Francisco Bay Area) how her 15-year-old son, who was killed in a hit-and-run accident, helped save lives as an organ donor. Two people received his kidneys and another his heart. The mother called her son a hero and said her son's act helped in dealing with her grief.

Those considering organ donation might ask: If I'm declared brain dead and my heart still beats, am I dead? What if my doctor knows that I am an organ donor? Would this dampen his efforts to keep me alive? Also, given my religious beliefs of a resurrected body in an afterlife, is my body complete without an organ?

- Social media has also been influential in changing death attitudes. For example, people can post obituary notices and burial ceremony pictures on social media sites. Funeral homes now have websites where people can do same. The collective thoughts about the departed become a shared experience of the various ways to remember a friend, colleague, spouse, or relative. Considering that not everyone is allowed to give eulogies during a burial ceremony or is even present at one, social media platforms have provided a public platform for learning about the departed from a more diverse group of people, no matter their location.

Social media platforms also provide survivors the opportunity of sharing their feelings with friends and receiving support and encouragement in return, as needed. Friends can validate each other with positive statements made on pictures and on comments posted. Ongoing social support in the post-bereavement period encourages a change in attitude from denial to acknowledgement.

Death Attitudes in Other Cultures

Honor killing is an example of group-based self-esteem, where homicidal killing is viewed as a positive act to preserve family or group pride. It is a kind of murder practiced in Pakistan (and other Asian countries) that involves the killing of a person who has caused *dishonor* to his or her family. Karo-Kari, another name for this type of killing, is usually carried out by the immediate or extended family members. The victims are mostly females, though males are not excluded. The family regards behaviors perceived as bringing dishonor and able to tarnish the family's good name to include rape, asking for a divorce, not agreeing to an arranged marriage, flirtatious behavior, and infidelity. To bring restoration and stop such behaviors from happening in the future, they believe the murder is justified. Pakistani authorities are against honor killing. However, it is still being practiced especially among rural dwellers, because a positive attitude to this kind of death remains (Pilt, 2018).

REFLECTION QUESTIONS

1. With the proliferation of news about death and dying in the media, music, literature, and some neighborhoods, what proactive measures can be taken in cultivating death attitudes in young children? Should the topic of death have been introduced to students at the Sandy Hook Elementary School prior to the shooting experience? If yes, whose responsibility is it to introduce the topic—parents, teachers and administrators at the school, or both? Why is it their responsibility? If no, why not?

2. Has your death attitude been influenced by the images of death portrayed in the media, literature, and popular music? Explain if yes or no.
3. Write your own obituary, listing statements that reflect your attitude toward death?
4. Examine three obituary notices you do not find interesting and explain why.
5. Plan your own funeral, providing a list of dos and don'ts.
6. Examine three news reports on a mass shooting or a disaster, explaining how people's death attitudes could be influenced by those reports.
7. Related to death and dying:
 - What aspects of your cognition on death and dying could change now or in the future?
 - What about your emotion on death and dying could change now or in the future?
 - What about your behavior on death and dying could change now or in the future?
8. How might death attitudes in the United States be influenced by the frequency of deaths from heart disease and cancer?
9. Some Pakistanis conduct honor killings, while some U.S. citizens believe in physician-assisted suicide. What are the similarities and differences between honor killings and physician-assisted suicides?

KEY TERMS

attitude 2
behavior 2

cognition 2
emotion 2

near-death
experience 17

SUMMARY

1. An attitude is a settled way of thinking, feeling or acting toward a person, situation, or an object and can be either positive or negative.
2. Attitude is comprised of cognition (thoughts and beliefs), emotion (feelings), and behavior (actions) components.
3. All three components of attitude are often interrelated, though not in every situation. Sometimes thoughts can lead to emotion and emotion to behavior. Other times, emotions may not reflect thoughts. Even when they do, the emotions may not lead to a behavior. For example, you may think that a person's death had occurred at an *unripe* age, feel sad about it, yet take no action about it.
4. In Ajzen's (1991) theory of planned behavior (TPB), intention and perceived behavioral control (PBC) are important factors for predicting behavior from attitude. Both emotion and cognition are contributors to intention and PCB, but more so the latter.
5. Attitudes in general are learned from four sources: feedback from self-action, feedback from others, interactions with people of influence, and the need to conform with the group.

6. Death attitudes are learned from childhood through a variety of sources including personal experience, parents, the media, literature, arts such as popular music, and the immediate environment.
7. An individual can have multiple attitudes about death and dying, depending on their experiences with death and factors such as the type of death and context of the death. Certain deaths elicit negative attitudes while others positive attitudes.
8. Franke and Durlak (1990) note three important experiences that determine attitudes about death: the death of a significant other, a religious upbringing, and a near-death experience.
9. Historically, Western societies have witnessed changes in death attitudes over time. Phillippe Ariès identified the major periods of (1) Tamed Death, (2) One's Own Death, (3) Thy Death, and (4) Forbidden Death.
10. Technology continues to drive changes in death attitudes.

ADDITIONAL READINGS

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