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Enhancing Well-Being: Embracing Aging, Alleviating Anxiety, and Reflecting on Mortality

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Abstract

The contemplation of mortality paradoxically fosters authentic living and diminishes apprehension as individuals approach death. Research indicates a shift in attitudes toward death reflection with aging. This study seeks to address the gap by comprehensively examining the relationship between age, death reflection, and general anxiety. This study also explores how healthy navigation through death reflections supports well-being. A survey involving 381 participants was conducted to explore the moderating influence of age on the relationship between death reflection and anxiety. Regression analysis was used to find the association between anxiety and death reflection, with age acting as a moderator of this relationship. Structural Equations modelling was used to find the moderation model fit. The findings show that as individuals' age, there is an increase in levels and anxiety and death reflection. Middle and older adults engage more in death reflection and have shown high anxiety levels compared to young adults. This concludes that age emerges as a significant predictor of death reflection.

Keywords: Ageing, Anxiety, Death attitude, Death reflection, Moderation analysis.

Introduction

Death, being an unavoidable aspect of human existence, elicits considerable distress among individuals. There exists notable variation in how people perceive and react to it. Some individuals openly express their emotions through mourning and tears, while others choose to suppress their feelings in order to support other affected family members. Furthermore, individuals engaged in spirituality or religious activities often seek to imbue death with positive significance by associating it with realms beyond human comprehension. These diverse perceptions and responses represent distinct modes of contemplating mortality among individuals. Reflection on death encompasses the integrated operation of various psychological, social, and emotional elements within an individual to grasp the concept of mortality. Diverse perspectives on death are articulated by thinkers, philosophers, and ordinary individuals alike. One such perspective, views life as perpetually progressing through an uninterrupted continuum of time. Within this paradigm, individual life is perceived as relatively insignificant, with emphasis placed on the contributions made by individuals to the advancement and evolution of human civilization (1). Another form of contemplation regarding mortality is characterized by the perception that post-mortem events hold no relevance to an individual's existence and thus warrant no significance. Within this framework, individuals contemplate the cessation of personal worries and suffering upon death (2). Conversely, an alternative approach to reflection involves contemplating the existence beyond death. Despite lacking empirical validation, a substantial portion of the global populace holds to the belief in an afterlife. This belief frequently serves to provide solace to individuals and influences various actions undertaken throughout their lives (3). Despite the discomfort and anguish often inherent in contemplating mortality, there are discernible positive outcomes associated with such reflection. One such benefit lies in the capacity to escape common pitfalls of existence. For instance, effective contemplation of mortality can serve as a deterrent against falling into commonplace traps of living, such as materialism. By engaging in profound reflection on mortality, individuals

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may gain perspective on the transient nature of material possessions and thereby cultivate a deeper appreciation for the intrinsic value of life experiences and relationships (4). Similarly, the tendency to procrastinate, where individuals continually postpone tasks for the future, can also be mitigated through effective contemplation of mortality. Such contemplation fosters clarity regarding individuals' priorities, enabling them to discern what holds greater significance for them. Consequently, individuals can achieve better prioritization of relationships, responsibilities, and various facets of life (3). In some cases, reflection on mortality can serve as a source of inspiration and motivation. This perspective underscores the impermanence of life, prompting individuals to take immediate action on matters of utmost importance. Another beneficial outcome of death reflection is the capacity for forgiveness. By intentionally relinquishing resentment and anger towards others, individuals can alleviate their own suffering as well as that of others (5).

Death anxiety refers to the profound fear of death experienced by an individual, ranging from ordinary levels of apprehension to severe manifestations indicative of an anxiety disorder. Termed thanatophobia, it qualifies as a phobia when individuals consistently exhibit fear in response to thoughts about their own mortality or that of their loved ones. Furthermore, it meets the criteria for a phobia when such apprehension endures for more than six months or impairs functioning in daily life and interpersonal relationships (6). The consciousness an individual possesses regarding their own mortality renders them susceptible to vulnerability due to the existential threat it poses to the fundamental needs for survival. Death anxiety is a prevalent phenomenon observed across the general populace (7). However, a considerable segment of the population exhibits adequate self-regulation concerning thoughts, emotions, and behaviors associated with death anxiety. Consequently, these individuals manage this anxiety through mechanisms such as emotional suppression, distraction, or other coping strategies such as spiritual beliefs or the notion of an afterlife, accepting the inevitability of death and incorporating it into one's worldview (8). Hence, it can be inferred that a considerable segment of the populace experiences such anxiety; however, the intensity of this anxiety varies among individuals. Elevated levels of this anxiety can potentially precipitate the onset of mental health conditions and significantly disrupt an individual's daily functioning (9).

Furthermore, it is crucial to recognize that various factors such as age, gender, religious beliefs, and cultural background can exert an influence on an individual's level of anxiety towards death. The degree of anxiety experienced is contingent upon the individual's attitude towards mortality (10). The individual's attitude towards death is shaped by their social environment, cultural values, philosophical perspectives, and other factors. Consequently, this attitude influences the functioning of the brain, thereby impacting the individual's behavior and emotional responses. Additionally, beliefs concerning the afterlife, the manner of death, apprehensions about being diagnosed with a debilitating illness, concerns about losing autonomy and relying on others, as well as fears associated with burial or cremation, are commonly associated with death anxiety (11). Variations in age can exert notable effects on both the phenomena of death reflection and death anxiety. As individuals progress through different life stages, they accumulate diverse experiences, engage with various social contexts, confront triumphs and setbacks, and witness substantial transformations. Consequently, these multifaceted encounters shape individuals' perceptions and attitudes towards an array of matters, including mortality (12). Chopik (13) elucidates that reflections and concerns regarding mortality tend to diminish as individuals age, a pattern observed across various demographics and age groups. This decrease might arise from older individuals' tendency to deny age-related changes or their increasing acceptance of mortality, which alleviates associated anxieties. Conversely, younger adults may intertwine concerns about mortality with fears about the responsibilities of raising children. In essence, whether diminishing or enduring, both death anxiety and contemplation of mortality are inherently tied to considerations of the future after death,

encompassing not only the deceased individual but also those connected to them.

This study aims to address the gap in literature by examining the relationship between age, death reflection, and general anxiety. It aims to understand how age moderates the association between these variables and provides insights into the aetiology of death anxiety and associated disorders. The research also explores how factors like age contribute to the development and exacerbation of mortality-related anxiety. The findings will inform interventions and strategies to alleviate the adverse effects of death anxiety on individuals' mental well-being.

This study lies in its potential to shed light on the influence of age on death reflection and death anxiety. By elucidating how age impacts individual attitudes and perceptions regarding mortality, the findings can inform the development of mental health interventions tailored to address related disorders. Moreover, the study's insights can contribute to the creation of interventions aimed at promoting healthy aging, particularly among older adults grappling with significant health challenges. Furthermore, by examining the influence of culture, society, and religion, the study can inform the development of culturally sensitive interventions essential for facilitating cross-cultural dialogue on death and mortality. Ultimately, this research has the potential to positively impact the health and well-being of diverse population groups. Additionally, it lays the groundwork for future studies with larger sample sizes and broader generalizability.

Methodology

The snowball sampling technique was used to get the data for this study. As the topic holds subjective sensitivity snowball sampling is suitable for data collection. Since it allows participants to feel more comfortable sharing their responses, as they are introduced to the study through trusted contacts. For each participant, informed consent was given. The individual characteristics were investigated using descriptive statistics, and the Death Reflection Scale (Indian version) factor structure was evaluated using the confirmatory factor analysis (CFA) approach. This technique guarantees a thorough analysis of the scale's performance and applicability in the specified cultural context. The rationale for using quantitative techniques is to measure variables, test hypothesis and to drew conclusions in order to develop targeted intervention. Another rationale for using a quantitative methodology in this study is that it allows for the collection of diverse responses to questions pertaining to the particular topic of study. The quantitative data can then be followed up with a qualitative approach to gain a more in-depth understanding of the phenomenon.

Participants

A non-clinical sample of 381 adults in all, ages 19 to 90, participated in this research. To understand the influence of broad spectrum of age group on death reflection, and anxiety and to achieve a comprehensive understanding, individuals across different stages of life were chosen. By studying all age groups, the research results can generate more generalizable applicability and relevance. In order to participate in the study, individuals needed to meet certain inclusion criteria, which included being 19 years of age or older, expressing willingness to actively participate, feeling comfortable discussing topics related to death and dying, not having a terminal illness, and possessing sufficient proficiency in English to complete the survey. Any presence of chronic illness, mental health conditions have been limited from participating in the research as it may be distressing or triggering. At first, 395 people answered the questionnaire. The final sample consisted of 381 people once the incomplete survey replies exclusion rule was applied. To maintain anonymity of the participants only demographic details were collected.

Measurements

The questionnaire consisted of the following instruments:

Death Reflection Scale

The Death Reflection Scale consists of 15 items designed by Yuan et al., (2) to capture how people think about life in light of its finiteness. Participants indicate their level of (dis)agreement with each statement using a five-point rating scale. The scale is divided into five unique dimensions such as motivation to live (MOL), motivation to help (MOH), putting life into perspective (PLP), legacy (LGY) and

connection to others (CTO). Each subscale has a maximum potential score of 15 and a minimum of 3, with respondents scoring 5 for "strongly agree" and 1 for "strongly disagree." The total questionnaire score ranges from 15 to 75, where higher scores indicate greater death reflection, while lower scores indicate lower levels of reflection on mortality.

Generalized Anxiety Disorder

The Generalized Anxiety Disorder Scale-7 (GAD-7), developed by Spitzer et al., (14), is a standardized questionnaire (α=.83) comprising seven items. It is commonly utilized by mental health professionals to assess the severity of anxiety generally. Participants are instructed to carefully read each statement and indicate their level of agreement. Responses range from "Not at all" to "nearly every day" with respondents scoring 0 for “not at all” 1 for "several days" 2 for “more than half the days and 3 for "Nearly every day." The total score on the questionnaire can range from a minimum of 7 to a maximum of 21 The GAD-7 score for seven items ranges from 0 to 21, with 0-4 minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, and 15-21 indicating severe anxiety.

Procedure

The data for this investigation were collected through a snowball sampling technique. Data collection occurred from the month of April to June both online and offline. Initially, the survey was completed by 395 individuals. However, after applying the exclusion criterion for incomplete survey responses, the final sample consisted of 381 individuals. The validity of the Death Reflection Scale was confirmed using Confirmatory Factor Analysis (CFA), yielding a CFI of 0.951. The Goodness Fit Index of 0.929 and RMSEA of 0.07 indicating a reasonably good fit. The scale's discriminant, convergent, and factorial validity were all proven by the results, which also showed its reliability (α =.92).

Statistical Analysis

For the data analysis, versions 24 and 27 of AMOS and SPSS/Windows were used. Descriptive statistics were utilized to explore individual characteristics, and the confirmatory factor analysis (CFA) method was applied to assess the factor structure of the Death Reflection Scale (Indian version). Further analysis with age as a moderating variable were performed in order to find how individuals engage with death reflection and experience anxiety related to mortality**.** To understand the moderating effect, age was classified into three categories 19-39 as young adulthood, 40-59 as middle adulthood and 60-90 as late adulthood or old age.

Results

Demographic Information

The survey methodically collected sociodemographic information, encompassing various factors such as age groups, gender, religious beliefs, residential areas, living arrangements (whether participants resided with a partner or independently), parental status, contemplation of mortality, encounters with near-death experiences, experiences of bereavement, and significant health concerns. To safeguard participant confidentiality, all responses were anonymously provided, with only sociodemographic data being gathered and analyzed. Each adult participant provided informed consent.

Descriptive of the Sample

The study results depict a diverse demographic distribution, with the largest proportions of respondents falling within the 19–39 age group (43.8%), 40–59 age group (40.7%) and the 60-90 age group (15.5%). The gender distribution is balanced, comprising (50.9%) male, (47.8%) female respondents, (0.8%) transgenders and (0.5%) prefer not to disclose. Educational backgrounds are varied, with postgraduate education being the most prevalent (42.3%), (16.5%) SSLC/HSLC, (29.7%) undergraduate and (11.5%) mentioned as others.

The majority of participants resided in urban areas (65.4%), while a smaller proportion resided in rural areas (34.6%). Among the surveyed individuals, (62.5%) had experienced the loss of a loved one, while (37.5%) had not. Regarding near-death experiences, (40.4%) claimed to have had such encounters, whereas (59.6%) reported not having experienced them. More than half (51.7%) had engaged in death-related activities, while (48.3%) had not. A noteworthy majority (56.2%) contemplated thoughts about death, indicating a substantial level of reflection on this subject and (33.3%) have responded no and (14.7%) was not sure for the same.

The mean, standard deviation skewness, kurtosis and reliability of the scales and its factors are presented in Table 1.

Table 1: Descriptive Statistics and Reliability Analysis of the Death Reflection Scale and Generalized Anxiety Scale

	M	SD	skewness	Kurtosis	α-Value
MOH	2.47	1.025	.455	-.506	.797
MOL	2.61	0.977	.391	-.299	.734
PLP	3.01	1.093	.142	-.834	.854
LEGACY	2.83	1.135	.688	1.713	.806
CTO	2.35	1.136	.635	-.625	.846
DRS	2.65	0.840	.379	-.698	.899
GAD	2.05	0.638	.213	-.529	.825

Relationship between Variables

The correlation analysis results reveal a statistically significant positive correlation between age and death reflection ($r = 0.366$, $p < 0.01$), suggesting that as individuals grow older, their levels of death reflection increase. There is also a significant positive correlation between generalized anxiety and death reflection suggesting that higher levels of anxiety are positively associated with death reflection. Furthermore, the death reflection perspectives, including motivation to help, motivation to live, putting life into perspective, connection to others and legacy exhibit strong positive correlation with death reflection ranging from $r = 0.754$ to $r = 0.829$, all significant at $p < 0.01$ indicating that individuals with high score in these aspects tend to engage in higher levels of death reflection. The Cronbach's alphas of the subscale are reported in Table 2.

Table 2: Correlation properties of the study variables

	MOH	MOL	PLP	LEGACY	CTO	GAD
MOL	0.511**					
PLP	0.509**	0.447**				
LEGACY	0.480**	0.513**	0.471**			
CTO	0.592**	0.532**	0.498**	0.596**		
GAD	0.212**	0.151**	0.148**	0.235**	0.107**	
DRS	0.788**	0.762**	0.754**	0.816**	0.829**	0.212**

Foot Note: **Correlation is significant at the 0.01 level (2-tailed).

These findings imply that as individual age, they are more likely to demonstrate heightened levels of death reflection perspectives. Notably, the strong positive associations observed between death reflection perspectives, particularly connection to others and legacy, underscore the importance of comprehending how these factors are processed by individuals in relation to thoughts concerning mortality and aging.

Before conducting the regression analysis to explore the moderating effect of age on the relationship between generalized anxiety and death reflection, preliminary steps were taken. Firstly, any covariates showing a significant association with the independent and dependent variables were included in the analysis based on bivariate correlations. Subsequently, standardized scores of the predictor variables, namely age and generalized anxiety, were incorporated into the regression model for death reflection. Finally, the moderation term, representing the interaction between age and generalized anxiety, was introduced into the model. Assumptions for regression, such as normal distribution of residuals and independence of residual values, were assessed beforehand. No outliers were detected during this process (15). The conceptual model of

moderation analysis can be seen below in Figure 1.

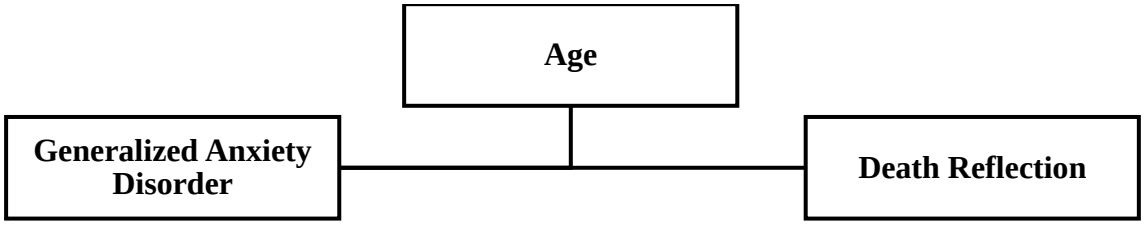

Figure 1: Conceptual Model of Moderation Analysis

Table 3: Mediation Analysis of The Study Variables

Sl. No	Variables	B	t	sig	95% CI	
					LB	UB
1	Moderation Term	.193	4.145	<.001	.084	.235
2	Generalized Anxiety	.162	3.458	<.001	.092	.335
3	Age	.317	6.711	<.001	.262	.480

Foot Note: *p < .05. 95% CI = 95% confidence interval. LB-lower bound. UB-upper bound

The provided Table 3 outlines the findings of a moderation model, elucidating the significant positive effects of three predictor variables, namely the Moderation Term, Generalized Anxiety, and Age, on the outcome variable of death reflection. Specifically: The Moderation Term exhibits a statistically significant positive effect on death reflection, indicating an anticipated increase of 0.193 standard deviations for each one-unit increment. Similarly, Generalized Anxiety demonstrates a significant positive association with death reflection, with an expected rise of 0.162 standard deviations for every one-unit escalation in Generalized Anxiety. Furthermore, Age emerges as a significant predictor of death reflection, with an anticipated surge of 0.317 standard deviations for each one-unit increase in Age (16).

The fit indices of the proposed moderation model demonstrate a favourable fit. The CFI (Comparative Fit Index) and GFI (Goodness of Fit Index), indicate a good fit. CFI (Comparative Fit Index) is 0.902, indicating a substantial proportion of variance and covariance. GFI (Goodness of Fit Index) is 0.819, indicating a reasonable fit. RMSEA (Root Mean Square Error of Approximation) is 0.038, suggesting a good fit to the data (17).

In summation, the predictor variables display significant positive associations with the outcome variable, death reflection. Notably, age emerges as the most influential predictor among the variables examined. These findings underscore the multifaceted nature of the factors contributing to death reflection, encompassing both psychological dispositions, such as generalized anxiety, and demographic characteristics, such as age, within the context of the moderation model.

Discussion

Early adulthood is marked by reduced death anxiety due to optimistic outlooks and a prolonged lifespan. Middle adulthood is marked by increased apprehension due to caregiving responsibilities, causing concerns about leaving dependents without support. In late adulthood, fears of death decrease due to reduced caregiving responsibilities, greater lifelong goals fulfilment, and acceptance of life's finite nature. The loss of loved ones and familiarity with death also contribute to a subdued apprehension. Late adulthood emphasizes autonomy and control over end-of-life decisions. In late adulthood, the emphasis shifts away from the fear of death itself towards a desire for autonomy and control over end-of-life decisions (18).

Research shows mixed results on the correlation between age and fear of death. Older individuals, especially those aged 55-70, often experience higher levels of death anxiety due to their proximity to the end of life, increased contemplation of mortality, and experiences of loss. Adolescents, on the other hand, may perceive themselves as invulnerable, leading to

lower fear of death. Despite these differences, death anxiety is a significant aspect of human experience, and promoting open dialogue about mortality can foster resilience, empathy, and a deeper understanding of mortality's impact on life (19).

The study examined the relationship between death anxiety, meaning in life dimensions, and psychological hardiness between individuals with Generalized Anxiety Disorder (GAD) and non-anxious individuals. Findings says that cultural nuances play a role in death anxiety, with Kuwaiti undergraduate students scoring higher on somatic symptoms and Spanish participants having lower mean scores. The study suggests that individuals in Middle Eastern regions may experience both trait and death anxiety more intensely, possibly due to significant life stressors, traumatic events, or the troubled geographical-sociopolitical atmosphere (20).

Death anxiety is a fundamental aspect of human psychology that manifests in varying degrees, emanating from both the fear of mortality and the psychological adaptation to the dying process. The experience of death anxiety is intricately linked to attitudes toward death, feelings of regret related to both past and future events, coping mechanisms employed in response to mortality-related stressors, personal beliefs regarding the self and the world, and the extent to which the awareness of mortality heightens existential awareness. Research findings suggest that death anxiety tends to be more pronounced in younger individuals compared to the elderly, peaking during middle age and gradually diminishing with advancing age (21).

The study reveals a negative correlation between meaning in life and death anxiety in Chinese older adults, who have experienced accelerated aging since the 1990s. Higher meaning in life leads to lower anxiety, suggesting that older adults with higher meaning can face death optimistically. Self-esteem mediates this relationship, with counselling helping to consolidate meaning, enhance self-esteem, and buffer against death anxiety (22). Another research among Chinese older adults' results indicate that perceived limited future can motivate individuals to enjoy their time, optimize well-being, and find meaning in life. However, when mortality becomes a direct threat, this process becomes more challenging. Having experienced heightened death anxiety in old age negatively impact their well-being. To cope such adverse negative impact religious and spiritual-well-being becomes the coping mechanism. This in other hand increases overall quality of life. It also indicates that higher subjective well-being, particularly feelings of happiness and worthlessness were independently associated with reduced risk of all cause of anxiety related to mortality (23, 24). In another study connecting meaning of life and death anxiety indicates that high score in meaning of life results in lower death anxiety. It suggests that older adults who have higher meaning in life tend to face death more optimistically. In light of how self esteem mediates between meaning of life and death anxiety, self-esteem established a strong mediation effect (22).

The study explores the link between death anxiety and loneliness among older adults, focusing on parental self-efficacy. Results show that those with higher death anxiety report higher loneliness levels. Those at higher risk of loneliness often have lower parental self-efficacy. Mental health professionals should focus on interventions to improve intergenerational relationships and parenting skills, as well as cognitive restructuring techniques and social skills training. These interventions can reduce loneliness and self-esteem, considering death anxiety's impact in clinical settings (25).

The idea of actively contemplating one's mortality, rather than treating it as an abstract concept, holds the potential to lead individuals from existential uncertainty to self-awareness and personal development. While it may be demanding for those trapped in an automatic existential cycle, breaking free from pre-existing cognitive-motivational patterns requires substantial existential effort. Dr. Bill Bartholome aligns with this perspective, asserting that the dividends of such introspective work lie in the capacity to embrace the reality of mortality and live authentically in the face of death (26).

Contemplating mortality can be a significant step toward a more fulfilling life. Conscious awareness of one's mortality can act as a motivator, driving individuals to improve their

physical well-being, prioritize meaningful goals, and foster positive relationships. Moreover, an unconscious acknowledgment of death can encourage adherence to high ethical standards, active participation in the community, peaceful coexistence among different groups, and behaviors that contribute to personal enrichment (27). Providing life goals, values, self-assessment standards, a sense of control over life events, and feelings of self-worth offer a more positive perspective on death anxiety. Therefore, practitioners who work with elderly people and in community development should create value in later stages of life to transform death anxiety into an inspiration for an authentic living. Also, counselling older adults who feel close to death can help consolidate and enhance meaning in life, self-esteem and serving as a buffer against death anxiety (22).

Psychological theories of ageing explain psychological changes in individuals' middle and later years, focusing on self-concept, self-esteem, and self-image. Lifespan theorists believe personality is determined by interactions between inner maturational plans and external societal demands. Selective Optimisation with Compensation Theory (SOC) explains successful ageing, considering adaptive social, cognitive, and physical development. Cognitive plasticity assumes development is modifiable throughout all life stages, including old age. Social gerontology faces more challenging theoretical progress than biological and behavior sciences due to the complex nature of social phenomena over life (28).

The Socioemotional Selectivity Theory suggests that the passage of time is a powerful driver of human motivation and emotional experience. It focuses on two main psychological goals: (i) Preparatory goals and feeling state (ii) Emotional satisfaction and a sense of belonging. People prioritize long-term goals over emotional ones as time horizons grow shorter. It also suggests that aging is not characterized by emotional distress, and older people have lower rates of psychopathology. However, emotional well-being is better among those with smaller social networks (29). In Terror Management Theory when people get older and confronts with mortality, they more likely adopt anxiety-buffering strategies through worldviews, culture, legacy, and self-esteem as alternative coping mechanisms (30).

However, death anxiety is a fundamental human concern that significantly impacts individual well-being and contributes to various mental health conditions. This fear often manifests in behavior such as seeking reassurance from physicians, practising self-control, and engaging in stress management techniques. Utilizing effective mindfulness practices and coping strategies can play a crucial role in managing the stress associated with the fear of death, offering individuals tools to navigate this existential concern and promote overall mental well-being (31).

The COVID-19 pandemic has led to a surge in global anxiety, with terror management theory suggesting that death anxiety drives human behavior. Reminders of death, such as the current pandemic, increase attempts to avoid physical death or ensure symbolic immortality (32).

Recent studies, rooted in terror management theory, have begun to explore the potential benefits of death awareness. A new study by Kenneth Vail from the University of Missouri suggests that exposure to natural reminders of mortality can prompt prosocial behavior, challenging the notion that death awareness is solely detrimental. This shift in perspective offers new insights into the complex relationship between mortality contemplation and human behavior (22).

Death reflection is a process influenced by age, life experiences, cognitive development, and existential concerns. Young adults aged 20-30, engage in it during life transitions, considering mortality, purpose, and legacy. Middle-aged individuals, aged 40-50, balance financial security, relationships, and personal fulfillment. Older adults, aged 60s and beyond, contemplate life accomplishments, relationships, and legacy, and may consider end-of-life planning. Late adulthood involves coming to terms with mortality and finding peace. However, death reflection is not limited to specific age groups and can be experienced by individuals of any age.

Conclusion

Fear of death can limit our potential for growth and fulfilment by causing us to avoid risks, stagnate, lack authenticity, regret, avoid difficult conversations, form strained relationships, and

dwell on anxieties and worries. This fear can lead to a stagnant life, avoiding opportunities for growth and fulfilment. It can also prevent us from pursuing our dreams, avoiding difficult conversations about end-of-life matters, and limiting our exploration of existential questions. Overcoming these limitations requires embracing mindfulness, accepting the impermanence of life, and cultivating a deeper appreciation for the present moment. Seeking support from loved ones, counselling, or engaging in philosophical and spiritual exploration can help us come to terms with mortality and live more authentically and fully.

In order to encourage an inclusive society that welcomes individuals of all ages and to support healthy ageing, policy makers should establish a safe space for meaningful interaction and discussions about death and dying. Addressing the need for studies in ageism can foster a holistic approach to well-being and intergenerational solidarity. Understanding their needs, creating platforms for active participation in activities that suits their interest, fostering trust and respect, supporting them in maintaining independence, social connection, investing in accessing healthcare, community-based support systems are crucial for people of all ages. Community programs and supportive groups create a platform whereby encouraging elderly to reflect on their life experiences, share their wisdom, and leave a positive legacy. This can further enhance their sense of meaning thereby reducing death-related distress. Introducing intergenerational solidarity programs helps bridging older and younger generational gap by gaining deeper understanding and appreciation for each other's life stages resulting in healthy coping with death anxiety.

By embracing a comprehensive, interdisciplinary approach that combines research, practice, and policy, we can work towards creating a more inclusive, supportive and fulfilling society for people of all ages, empowering them to navigate the convergence of aging, anxiety, and death with resilience, wisdom, and a renewed appreciation for the present moment.

Abbreviations

DRS: Death Reflection Scale
MOL: Motivation to Live
MOH: Motivation to Help
PLP: Putting life into Perspective
LGY: Legacy
CTO: Connection to Others

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Author Contributions

Both the authors have equally contributed to this research.

Conflict of Interest

On behalf of all authors, there is no conflict of interest.

Ethics Approval

The study adhered to ethical guidelines, obtaining informed consent from participants, and conducting procedures in accordance with institutional guidelines, despite not seeking formal approval due to the

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References

1. Frias A, Watkins PC, Webber AC, Froh JJ. Death and gratitude: Death reflection enhances gratitude. The Journal of Positive Psychology. 2011 Mar 1;6(2):154-62. Available from: https://doi.org/10.1080/17439760.2011.558848
2. Yuan Z, Baranik LE, Sinclair RR, Sliter MT, Rand KL, Salyers MP. Memento Mori: The development and validation of the Death Reflection Scale. Journal of Organizational Behavior. 2018 Nov 26;40(4):417–33. Available from: https://doi.org/10.1002/job.2339
3. Curşeu PL, Coman AD, Panchenko A, Fodor OC, Rațiu L. Death anxiety, death reflection and interpersonal communication as predictors of social distance towards people infected with COVID 19. Current Psychology. 2021 Mar 4;42(2):1490–503. Available from: https://doi.org/10.1007/s12144-020-01171-8
4. Blackie LER, Cozzolino PJ, Sedikides C. Specific and individuated death reflection fosters identity integration. PloS One. 2016 May 6;11(5):e0154873. https://doi.org/10.1371/journal.pone.0154873
5. Johnson K. What Reflecting on Death Can Teach Us about Living. Gregg Vanourek. 2023. https://greggvanourek.com/reflecting-on-death/
6. Lehto RH, Stein KF. Death Anxiety: An analysis of an evolving concept. Research and Theory for Nursing Practice. 2009 Feb 1;23(1):23–41. https://doi.org/10.1891/1541-6577.23.1.23

7. Harding SR, Flannelly KJ, Weaver AJ, Costa KG. The influence of religion on death anxiety and death acceptance. Mental Health, Religion & Culture. 2005 Dec 1;8(4):253–61. https://doi.org/10.1080/13674670412331304311
8. Pandya AK, Kathuria T. Death Anxiety, Religiosity and Culture: Implications for therapeutic process and future research. Religions. 2021 Jan 16;12(1):61. https://doi.org/10.3390/rel12010061
9. Jong J, Ross R, Philip T, Chang SH, Simons N, Halberstadt J. The religious correlates of death anxiety: a systematic review and meta-analysis. Religion, Brain & Behavior. 2017;8(1):4–20. https://doi.org/10.1080/2153599x.2016.1238844
10. Cai W, Tang YL, Wu S, Li H. Scale of Death Anxiety (SDA): development and validation. Frontiers in Psychology. 2017 May 31;8. https://doi.org/10.3389/fpsyg.2017.00858
11. Menzies RE, Sharpe L, Dar-Nimrod I. The relationship between death anxiety and severity of mental illnesses. British Journal of Clinical Psychology. 2019 Jul 18;58(4):452–67. https://doi.org/10.1111/bjc.12229
12. Mohammadpour A, Sadeghmoghadam L, Shareinia H, Jahani S, Amiri F. Investigating the role of perception of aging and associated factors in death anxiety among the elderly. Clinical Interventions in Aging. 2018;13:405–10. https://doi.org/10.2147/cia.s150697
13. Chopik WJ. Death across the lifespan: Age differences in death-related thoughts and anxiety. Death Studies. 2016 Aug 30;41(2):69–77. https://doi.org/10.1080/07481187.2016.1206997
14. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder. Archives of Internal Medicine. 2006 May 22;166(10):1092. https://doi.org/10.1001/archinte.166.10.1092
15. Simons M, Peeters S, Janssens M, Lataster J, Jacobs N. Does age make a difference? Age as moderator in the association between time perspective and happiness. Journal of Happiness Studies. 2016 Oct 6;19(1):57–67. https://doi.org/10.1007/s10902-016-9806-1
16. Edeh E, Lo WJ, Khojasteh J. Review of Partial Least Squares Structural Equation Modeling (PLS-SEM) using R: A Workbook. Structural Equation Modeling a Multidisciplinary Journal. 2022 Sep 9;30(1):165–7. Available from: https://doi.org/10.1080/10705511.2022.2108813.
17. Fornell C, Larcker DF. Evaluating Structural Equation Models with Unobservable Variables and Measurement Error. Journal of Marketing Research. 1981 Feb 1;18(1):39. https://doi.org/10.2307/3151312
18. Lally M, Valentine-French S. Developmental perceptions of death and death anxiety. Lumenlearning.com. https://courses.lumenlearning.com/suny-lifespandevelopment/chapter/developmental-perceptions-of-death-and-death-anxiety/
19. Chan LC, Yap CC. Age, gender, and religiosity as related to death anxiety. Sunway Academic Journal. 2009; 6:1-6. http://eprints.sunway.edu.my/id/eprint/62
20. Dursun P, Alyagut P, Yılmaz I. Meaning in life, psychological hardiness and death anxiety: individuals with or without generalized anxiety disorder (GAD). Current Psychology. 2022 Jan 8;41(6):3299–317. https://doi.org/10.1007/s12144-021-02695-3
21. Sinoff G. Thanatophobia in the elderly: The problem of the child's inability to assess their own parent's death anxiety state. Frontiers in Medicine. 2017 Feb 27;4:11. https://doi.org/10.3389/fmed.2017.00011
22. Zhang J, Peng J, Gao P, Huang H, Cao Y, Zheng L, Miao D. Relationship between meaning in life and death anxiety in the elderly: self-esteem as a mediator. BMC geriatrics. 2019 Dec;19:1-8. https://doi.org/10.1186/s12877-019-1316-7.
23. Shrira A, Bodner E, Palgi Y. The interactive effect of subjective age and subjective distance-to-death on psychological distress of older adults. Aging & Mental Health. 2014 Nov 17;18(8):1066-70. https://doi.org/10.1080/13607863.2014.915925
24. Rababa M, Hayajneh AA, Bani-Iss W. Association of death anxiety with spiritual well-being and religious coping in older adults during the COVID-19 pandemic. Journal of religion and health. 2021 Feb;60(1):50-63. https://doi.org/10.1007/s10943-021-01181-1
25. Greenblatt-Kimron L, Kestler-Peleg M, Even-Zohar A, Lavenda O. Death Anxiety and Loneliness among Older Adults: Role of Parental Self-Efficacy. International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health. 2021 Sep 18;18(18):9857. https://doi.org/10.3390/ijerph18189857
26. Cozzolino PJ. Death Contemplation, Growth, and Defense: converging evidence of Dual-Existential Systems? Psychological Inquiry. 2006 Oct 29;17(4):278–87. https://doi.org/10.1080/10478400701366944
27. Vail KE, Juhl J, Arndt J, Vess M, Routledge C, Rutjens BT. When Death is Good for Life. Personality and Social Psychology Review. 2012 Apr 5;16(4):303–29. https://doi.org/10.1177/1088868312440046
28. Dey D. Book review: Tattwamasi Paltasingh and Renu Tyagi (Eds), Caring for the Elderly: Social Gerontology in the Indian Context. Social Change. 2018 Mar 1;48(1):168–70. Available from:https://doi.org/10.1177/0049085717743855
29. Carstensen LL. Socioemotional selectivity theory: The role of perceived endings in human motivation. The Gerontologist. 2021 Dec 1;61(8):1188-96. Available from: https://doi.org/10.1093/geront/gnab116.
30. Martens A, Goldenberg JL, Greenberg J. A terror management perspective on ageism. Journal of social issues. 2005 Jun;61(2):223-39. https://doi.org/10.1111/j.1540-4560.2005.00403.x

31. Özgüç S, Serin EK, Tanriverdi D. Death Anxiety Associated with Coronavirus (COVID-19) Disease: A Systematic Review and Meta-Analysis. Omega. 2021 Oct 8;88(3):823–56. https://doi.org/10.1177/00302228211050503

32. Menzies RE, Menzies RG. Death anxiety in the time of COVID-19: Theoretical explanations and clinical implications. The Cognitive Behaviour Therapist. 2020 Jan;13:e19. https://doi.org/10.1017/s1754470x20000215