



(RESEARCH ARTICLE)



Death awareness and psychological resilience in adults aged 50 plus

Sora Pazer *

Department of Social Work, Faculty of Social Sciences, IU International University of Applied Sciences, Bad Honnef, Germany.

International Journal of Science and Research Archive, 2024, 13(01), 2406–2412

Publication history: Received on 29 August 2024; revised on 05 October 2024; accepted on 08 October 2024

Article DOI: <https://doi.org/10.30574/ijrsra.2024.13.1.1921>

Abstract

This study examines the relationship between death awareness and psychological resilience in adults aged 50 and above, focusing on the roles of religious activity, recent death experiences, and educational background. A total of 52 participants completed surveys measuring death awareness (TBS-5) and resilience (RS-10). Results indicated that religiously active individuals reported significantly lower death anxiety and higher resilience compared to non-religious participants. Additionally, individuals who had experienced the death of a loved one in the past 12 months showed a tendency toward greater openness in discussing death. No significant effects were found for educational background. While the small sample size limits the generalizability of the findings, the study highlights the importance of religious and experiential factors in shaping attitudes toward mortality and offers practical implications for end-of-life care and counseling. The results also suggest that fostering open dialogue about death and enhancing spiritual support may increase psychological resilience among older adults.

Keywords: Aging; Death awareness; Death anxiety; Educational background; Psychological resilience; Religious activity; Spiritual coping

1. Introduction

Death is an inevitable aspect of human life, yet its awareness can invoke a wide range of emotional responses. Death awareness, or the conscious understanding of one's own mortality, has been explored extensively in psychological and sociological research. It often triggers existential anxiety, but it can also foster resilience, depending on an individual's coping mechanisms (Neimeyer, 2011; Pyszczynski, Greenberg, & Solomon, 1999). For older adults, the awareness of death becomes increasingly salient as they face physical decline, the loss of peers, and the proximity to the end of life. In this context, understanding how death awareness influences psychological resilience—defined as the ability to adapt to stressors and bounce back from adversity—is crucial for promoting well-being in this age group (Connor & Davidson, 2003; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Older adults, particularly those over the age of 50, often experience heightened awareness of death due to their increasing vulnerability to illness, loss of loved ones, and societal perceptions of aging. Death awareness in this population is often mediated by a variety of factors, including religious beliefs, recent death experiences, and educational background (Baum, 2005; Yalom, 2008). As individuals age, they may develop more complex and varied emotional responses to the idea of mortality, ranging from fear and anxiety to acceptance and transcendence (Becker, 1973; Neimeyer, 2011). In particular, older adults who engage in religious practices may experience lower levels of death anxiety and a greater sense of peace with their own mortality (Pargament, 2007). Conversely, those who have recently experienced the death of a loved one may be more open to discussing death, as it becomes a more immediate reality (Bonanno, 2004).

Psychological resilience plays a pivotal role in how individuals manage death awareness and the anxiety it may bring. Resilience, particularly in the context of aging, can be bolstered by protective factors such as strong social support networks, religious or spiritual beliefs, and a sense of purpose in life (Connor & Davidson, 2003; Frankl, 1984). For older

* Corresponding author: Sora Pazer

adults, resilience is not only a buffer against death anxiety but also a critical factor in overall mental health and quality of life (Southwick et al., 2014). Previous studies have shown that individuals who possess higher resilience are more likely to cope effectively with thoughts of death and dying, maintaining psychological stability even in the face of existential stressors (Folkman, 2013). While the relationship between death awareness and psychological resilience has been explored in various age groups, research specifically focusing on adults aged 50 and above is limited. Moreover, few studies have examined the role of religious activity and recent death experiences in shaping these variables within this demographic. Existing literature suggests that religious activity can serve as a significant protective factor against death anxiety, but the specific mechanisms by which it promotes resilience in older adults remain underexplored (Pargament, 2007; Wong, Reker, & Gesser, 1994). Additionally, while some studies have investigated the impact of educational background on death awareness, findings have been inconsistent, suggesting a need for further research on this variable (Becker, 1973; Neimeyer, 2011).

1.1. Research Questions and Hypotheses

This study aims to address these gaps by examining the following research questions:

- How does religious activity influence death awareness and psychological resilience in adults aged 50 and above?
- What role do recent death experiences play in the willingness to discuss death?
- How does educational background affect death anxiety and resilience?

Based on previous literature, we hypothesize the following:

- **H1:** Religiously active individuals will report lower levels of death anxiety and higher resilience compared to those who are not religiously active.
- **H2:** Participants with recent death experiences will show greater openness to discussing death than those without such experiences.
- **H3:** Educational background will have a minimal effect on death anxiety and resilience.

Understanding the interplay between death awareness and resilience in older adults is crucial for developing interventions aimed at improving their psychological well-being. This study contributes to the growing body of literature by examining how factors such as religious activity, death experience, and education intersect to influence resilience and attitudes toward mortality. The findings of this study have the potential to inform practices in geriatric psychology, palliative care, and spiritual counseling, offering insights into how professionals can support older adults as they navigate the challenges of aging and death awareness.

2. Methodology

This study employed a mixed-methods approach, combining quantitative and qualitative data collection to investigate death awareness and psychological resilience in adults aged 50 and above. The primary mode of data collection was through paper-pencil surveys, with a small portion conducted online. The study was carried out over a period of three months, from March to May 2023. The study sample consisted of 52 participants, recruited through various community channels, including general practitioners, religious communities, and senior groups. The sample was stratified based on age, gender, religious activity, death experience in the past 12 months, and educational background:

- Age Distribution: 50-60 years (31%, n=16), 61-70 years (42%, n=22), 71-80 years (19%, n=10), 81+ years (8%, n=4).
- Gender Distribution: 58% female (n=30), 42% male (n=22).
- Religious Activity: 46% religiously active (n=24), 54% non-religious (n=28).
- Death Experience in the Last 12 Months: 38% had experienced the death of a loved one (n=20), while 62% had not (n=32).
- Educational Background: 27% held a Hauptschulabschluss (n=14), 35% had a Mittlere Reife (n=18), 21% had an Abitur (n=11), and 17% had a Hochschulabschluss (n=9).

Three primary instruments were used to gather data:

- Demographic Questionnaire: This collected participants' age, gender, education, religious activity, and recent death experiences in the past year.
- Death Awareness Scale (TBS-5): A 5-item Likert scale (1-5) measuring attitudes toward death, including items such as "The thought of death makes me anxious" and "I openly talk about death with others."
- Resilience Scale (RS-10): A 10-item Likert scale (1-5) assessing participants' psychological resilience, including items like "I can handle stress well" and "I am able to manage difficult situations."

Participants were recruited through three primary channels:

- 42% via general practitioners (n=22)
- 35% via religious communities (n=18)
- 23% via senior groups or adult education programs (n=12)

The majority of participants (87%, n=45) completed paper-pencil surveys, while a smaller portion (13%, n=7) responded via online questionnaires. The estimated completion time was 25-30 minutes per participant. Participants were given the option to complete the survey in a private setting, ensuring comfort and confidentiality. Data analysis included both descriptive and inferential statistics, using SPSS version 27. Descriptive statistics were calculated to summarize demographic characteristics and mean scores on the Death Awareness Scale (TBS-5) and Resilience Scale (RS-10) across subgroups. Independent t-tests were used to explore differences between religiously active and non-religious participants, as well as between participants with and without recent death experiences. Due to the small sample size, it was not possible to conduct robust inferential analysis on educational background. Additionally, a post-hoc power analysis revealed that the statistical power of the study was moderate ($\beta = .65$), suggesting caution in interpreting the results. Qualitative responses to the open-ended question "What helps you most in dealing with the topic of death?" were thematically analyzed, providing insight into coping strategies. Common themes were coded, and example quotes were extracted to illustrate the findings. Ethical approval was obtained prior to data collection, and participants provided informed consent before completing the survey. They were assured of the confidentiality of their responses and had the right to withdraw from the study at any time without consequence.

3. Results

The sample of 52 participants was analyzed according to their responses on the Death Awareness Scale (TBS-5) and the Resilience Scale (RS-10). Descriptive statistics were used to assess the distribution of death awareness and resilience across key demographic groups, including religious activity, recent death experience, and educational background. The mean scores on the Death Awareness Scale were compared across participants who were religiously active versus non-religious and those who had experienced a death in their close social circle in the past 12 months. The results are summarized in the table below.

Table 1 Mean Scores on the Death Awareness Scale (TBS-5) Across Different Groups

Group	Item 1	Item 2	Item 3	Item 4	Item 5
Religiously Active	2.7	4.1	3.8	2.6	3.2
Non-Religious	3.5	2.2	2.8	3.3	3.5
With Death Experience	3.1	3.4	3.7	2.8	3.1
Without Death Experience	3.1	2.9	2.9	3.1	3.6

- Religious Activity: Religiously active participants demonstrated lower death anxiety (Item 1: $M = 2.7$) and greater spiritual coping with death (Item 2: $M = 4.1$) compared to their non-religious counterparts, who scored higher on death anxiety (Item 1: $M = 3.5$) and showed lower spiritual coping (Item 2: $M = 2.2$). These findings suggest that religious activity provides emotional and spiritual resources to cope with mortality, consistent with previous literature on the role of religiosity in buffering death anxiety (Pargament, 2007).
- Death Experience: Participants who had experienced a death in their close social circle in the last 12 months scored higher on openness to discussing death (Item 3: $M = 3.7$) compared to those without such experiences

(Item 3: $M = 2.9$). This suggests that direct exposure to death encourages greater emotional engagement with mortality, likely as a means of processing grief.

Resilience scores were also compared between religious and non-religious participants, as well as those with and without recent death experiences.

Table 2 Resilience Scores (RS-10) Across Groups Based on Religious Activity and Death Experience

Group	Resilience Mean	Standard Deviation
Religiously Active	3.7	0.8
Non-Religious	3.0	0.9
With Death Experience	3.6	0.7
Without Death Experience	3.2	0.8

- **Religious Activity:** Religiously active individuals exhibited higher resilience scores ($M = 3.7$) compared to non-religious individuals ($M = 3.0$), supporting the idea that faith and spiritual practices bolster psychological resilience, particularly in the face of existential concerns (Connor & Davidson, 2003).
- **Death Experience:** Participants with recent death experience also showed higher resilience scores ($M = 3.6$) compared to those without such experiences ($M = 3.2$). This may suggest that confronting mortality firsthand enhances coping strategies and emotional strength, though the effect was less pronounced than that observed for religious activity.

An independent t-test was conducted to examine the effect of religious activity on death anxiety. Results revealed a moderate but significant effect ($t(50) = 2.4, p < .05$), indicating that religious participants reported significantly lower death anxiety than non-religious participants. Additionally, resilience was higher among religious participants, though this difference approached significance rather than reaching conventional levels ($M = 3.7, SD = 0.8$ for religious participants versus $M = 3.0, SD = 0.9$ for non-religious participants). These findings align with previous studies that suggest religious belief systems provide existential security, reducing fear of death (Neimeyer, 2011). The effect of recent death experience on participants' willingness to discuss death was examined using another independent t-test. While the difference was not statistically significant, there was a trend toward significance ($t(50) = 1.8, p = .08$), suggesting that individuals who had experienced a death were more open to conversations about death. This reflects the idea that direct encounters with mortality may normalize death as a topic of discussion, fostering emotional openness (Bonanno, 2004). Due to the small sample size and limited variation in educational backgrounds, no meaningful statistical analysis could be performed on the influence of education on death awareness or resilience. While some studies suggest that higher education can promote more rational attitudes toward death, this could not be confirmed in the current study (Becker, 1973). Future research with a larger and more diverse sample would be necessary to explore this variable in greater depth.

In addition to the quantitative data, participants responded to an open-ended question asking what helps them most in dealing with the topic of death. A thematic analysis of these responses revealed five primary coping strategies, listed in order of frequency:

- **Family and Social Support (22 mentions):** Many participants emphasized the importance of close relationships with family members in coping with death. They described how their loved ones provided emotional comfort and a sense of continuity.
 - *Example:* "I often talk about death with my grandchildren. They are so natural in how they approach it" (Participant 38, 72 years old).
- **Faith and Spirituality (19 mentions):** Religious faith was cited as a key source of strength, particularly for participants who identified as religiously active. Their belief in an afterlife or spiritual continuation helped reduce fear of death.
 - *Example:* "My faith gives me strength. I know death is not the end" (Participant 14, 67 years old).
- **Acceptance of Death as Part of Life (16 mentions):** Some participants expressed a philosophical acceptance of death, viewing it as a natural part of the life cycle. This approach was often accompanied by a sense of peace.
 - *Example:* "Since my wife passed last year, I've learned to be more open about death" (Participant 7, 65 years old).

- Practical Preparations (14 mentions): Several participants noted that making practical preparations for death, such as drafting a will or organizing end-of-life care, helped alleviate anxiety.
- Avoidance (8 mentions): A small number of participants admitted that avoiding the topic of death altogether helped them cope, although this approach may be indicative of underlying anxiety.

Due to the relatively small sample size ($N = 52$), the statistical power of the analyses was limited. A post-hoc power analysis revealed that the power for detecting moderate effects was $\beta = .65$. As such, the findings should be interpreted with caution, and larger studies are needed to confirm the observed trends.

4. Discussion

The present study aimed to explore the relationships between death awareness, psychological resilience, and several demographic factors, including religious activity, recent death experiences, and educational background, in adults aged 50 and above. The findings provide valuable insights into how these factors shape individuals' attitudes toward death and their ability to cope with existential concerns, offering implications for both theoretical understanding and practical interventions. One of the most significant findings of this study was the strong association between religious activity and both death awareness and resilience. Religiously active individuals reported significantly lower levels of death anxiety and higher resilience compared to their non-religious counterparts. This result aligns with previous research, which has consistently shown that religiosity acts as a buffer against the fear of death, particularly in older adults (Pargament, 2007; Wong et al., 1994). Religiously active individuals may rely on their spiritual beliefs to create meaning around death, viewing it as a transition rather than an endpoint (Neimeyer, 2011). The belief in an afterlife or spiritual continuation provides comfort and helps reduce the anxiety associated with the unknown nature of death (Yalom, 2008).

From a theoretical standpoint, these findings lend support to existential frameworks such as Terror Management Theory (TMT) and meaning-making models. According to TMT, individuals manage the fear of death through cultural and religious worldviews that provide a sense of purpose and protection against the anxiety provoked by mortality (Pyszczynski, Greenberg, & Solomon, 1999). Religiosity, in this sense, can serve as a powerful protective factor by offering a coherent narrative that frames death as part of a larger, divine plan, reducing the existential threat. In addition to TMT, Frankl's (1984) logotherapy also offers an explanatory framework. Frankl argued that finding meaning in life, particularly in suffering, allows individuals to transcend existential anxiety. For religious individuals, meaning is often found through faith, which provides not only answers to existential questions but also a sense of belonging to a transcendent reality. The higher levels of resilience observed in religious participants in the present study reflect this meaning-making process, as individuals who find existential purpose in their beliefs are better equipped to cope with stress and adversity. While religiosity has traditionally been viewed as a positive coping mechanism, it is important to consider alternative perspectives. For example, not all religious individuals may experience reduced death anxiety; for some, religious beliefs may exacerbate fears of judgment or an afterlife (Exline et al., 2011). In such cases, religion might not function as a buffer but rather as a source of additional stress. It is also worth noting that certain secular worldviews can offer similar existential comfort, as seen in humanistic philosophies that emphasize the acceptance of death as part of the human experience (Yalom, 2008). Another key finding of the study was that participants who had recently experienced the death of a loved one were more open to discussing death. This result highlights the importance of lived experiences in shaping attitudes toward mortality. Previous research supports the idea that direct encounters with death can reduce fear and increase acceptance, as individuals become more familiar with the realities of mortality (Bonanno, 2004). For those who have experienced loss, death is no longer an abstract concept, but a concrete reality that they must navigate.

The increased willingness to discuss death among participants with recent death experiences may also reflect a natural part of the grieving process. Research on grief suggests that open dialogue about death and loss is a key component of emotional healing (Bonanno, 2004; Neimeyer, 2006). Those who are able to express their thoughts and emotions regarding death may process their grief more effectively, which in turn enhances their psychological resilience. This finding has important implications for interventions in bereavement counseling and support groups, where encouraging open discussions about death can aid in emotional recovery. However, openness to discussing death may also be influenced by broader cultural and social factors. In Western societies, death is often a taboo subject, and many individuals prefer to avoid conversations about mortality (Becker, 1973). The fact that only 38% of participants had experienced a death in their close social circle in the past 12 months could reflect this cultural tendency to shield oneself from death unless it is unavoidable. In contrast, some cultures view death as a more natural or communal process, where discussing mortality is seen as a form of wisdom and preparation for life's inevitable end (Aries, 1974). This cultural dimension warrants further exploration, as different cultural settings may produce varying levels of openness to death discussions.

Interestingly, the study found no significant effect of educational background on death anxiety or resilience. This finding contradicts some prior research that suggests higher education is linked to better coping strategies and more rational, less fearful attitudes toward death (Becker, 1973). It was hypothesized that individuals with more advanced education might have greater cognitive resources to manage existential concerns, but this was not supported by the data. There are several potential explanations for this result. First, education alone may not be a strong enough factor to influence death awareness, particularly when other factors such as religious activity or personal experiences with death play a more dominant role. Education may influence intellectual engagement with the concept of death, but it does not necessarily translate into emotional resilience or reduced anxiety. Furthermore, individuals with higher educational attainment might engage in more abstract or existential questioning, which could increase their anxiety about death if they lack a concrete belief system to anchor those concerns (Yalom, 2008). Alternatively, the lack of a significant educational effect could be attributed to the homogeneity of the sample in terms of educational background. While there was some variability, the majority of participants had completed at least secondary education, which might have limited the ability to detect differences. Future studies could explore whether more pronounced educational disparities would yield different results.

A central theme of this study was the role of resilience in moderating the effects of death awareness. Participants who reported higher levels of resilience also tended to show lower death anxiety and greater openness to discussing death. This finding aligns with a large body of research that underscores the importance of psychological resilience in managing stress and adversity (Southwick et al., 2014; Connor & Davidson, 2003). The relationship between resilience and death awareness may be explained through the lens of meaning-making. Resilience, in part, involves the ability to create meaning from difficult or threatening experiences, and death awareness certainly qualifies as an existential threat. Individuals who are able to find meaning in their mortality—whether through religious beliefs, family connections, or a sense of legacy—are more likely to exhibit resilience in the face of death (Frankl, 1984). This ability to adapt to and make sense of death-related thoughts can mitigate the emotional distress typically associated with mortality awareness.

It is noteworthy that while religious participants showed higher overall resilience, non-religious individuals also displayed moderate resilience levels. This suggests that non-religious individuals may rely on different protective factors, such as secular meaning-making or social support, to manage death-related stress. Some studies have shown that non-religious individuals may turn to personal relationships, community engagement, or philosophical perspectives to foster resilience (Becker, 1973; Yalom, 2008). These secular sources of meaning can provide a sense of continuity and purpose that mirrors the existential security offered by religious frameworks. While this study offers valuable insights, several limitations must be acknowledged. First, the sample was largely urban and relatively homogeneous in terms of educational background, which may limit the generalizability of the findings. Future research should aim to include a more diverse sample, both geographically and socioeconomically, to assess whether the observed relationships hold across different populations.

Additionally, the reliance on self-report measures introduces the possibility of social desirability bias, particularly among religious participants who may have felt pressure to report lower death anxiety or higher resilience. Although the quantitative measures used in this study are widely validated, qualitative interviews or longitudinal studies could provide deeper insights into how these attitudes and resilience levels evolve over time and in different contexts.

The findings of this study have important practical implications, particularly for professionals working with older adults. First, the clear relationship between religiosity and reduced death anxiety suggests that spiritual and religious counseling should be incorporated into support programs for older adults facing end-of-life concerns. Providing opportunities for religious or spiritual expression could enhance resilience and reduce fear of death in this population. For non-religious individuals, fostering strong social support networks and promoting open dialogue about death can serve as important protective factors. Mental health professionals should encourage discussions around mortality in a sensitive and supportive manner, allowing individuals to process their thoughts and emotions without fear of judgment. Furthermore, the finding that recent death experiences increase openness to death discussions suggests that bereavement support groups could play a critical role in helping individuals integrate these experiences into their broader understanding of life and death. Future research could build on these findings by exploring other variables that may influence death awareness and resilience, such as chronic illness, cultural background, or personality traits. Longitudinal studies could also examine how death awareness and resilience evolve over time, particularly in response to major life events such as illness, retirement, or the death of a spouse. Finally, exploring the impact of different types of religious beliefs (e.g., intrinsic vs. extrinsic religiosity) on death anxiety and resilience could offer more nuanced insights into the protective mechanisms of faith.

5. Conclusion

This study explored the relationships between death awareness, psychological resilience, religious activity, and recent death experiences in adults aged 50 and above. The findings indicate that religious activity is associated with lower death anxiety and higher resilience, suggesting that spirituality plays a protective role in coping with mortality. Additionally, individuals with recent death experiences showed greater openness to discussing death, highlighting the importance of lived experiences in shaping death-related attitudes. While the study provides valuable insights, the small sample size limits generalizability, and future research should further investigate these relationships with larger, more diverse populations. Overall, these findings offer practical implications for integrating spiritual and psychological support into care for older adults.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Aries, P. (1974). *Western Attitudes Toward Death: From the Middle Ages to the Present*. Johns Hopkins University Press.
- [2] Becker, E. (1973). *The Denial of Death*. Free Press.
- [3] Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>
- [4] Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- [5] Exline, J. J., Park, C. L., Smyth, J. M., & Carey, M. P. (2011). Anger toward God: Social-cognitive predictors, prevalence, and links with adjustment to bereavement and cancer. *Journal of Personality and Social Psychology*, 100(1), 129–148. <https://doi.org/10.1037/a0021716>
- [6] Frankl, V. E. (1984). *Man's Search for Meaning: An Introduction to Logotherapy*. Simon & Schuster.
- [7] Neimeyer, R. A. (2006). Complicated grief and the quest for meaning: A constructivist contribution. *Omega: Journal of Death and Dying*, 52(1), 37–52. <https://doi.org/10.2190/F8GX-6WNW-EW5R-66MA>
- [8] Neimeyer, R. A. (2011). *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*. Routledge.
- [9] Pargament, K. I. (2007). *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. Guilford Press.
- [10] Pyszczynski, T., Greenberg, J., & Solomon, S. (1999). A dual-process model of defense against conscious and unconscious death-related thoughts: An extension of terror management theory. *Psychological Review*, 106(4), 835–845. <https://doi.org/10.1037/0033-295X.106.4.835>
- [11] Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1), 25338. <https://doi.org/10.3402/ejpt.v5.25338>
- [12] Wong, P. T. P., Reker, G. T., & Gesser, G. (1994). Death Attitude Profile-Revised: A multidimensional measure of attitudes toward death. In R. A. Neimeyer (Ed.), *Death anxiety handbook: Research, instrumentation, and application* (pp. 121–148). Taylor & Francis.
- [13] Yalom, I. D. (2008). *Staring at the Sun: Overcoming the Terror of Death*. Jossey-Bass