Modelling everyday understandings of mortality – A qualitative enquiry

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Abstract

With few exceptions, much of the literature on mortality awareness (the realisation of one's own and other's mortality) though based on quantitative research, is focused on its negative effects and processes associated with fearing its occurrence (i.e. Greenberg, Pyszczynksi, and Solomon, 1989). However, recent studies (Levasseur, McDermott and Lafreniere, 2015; Lykins, 2009) have demonstrated that mortality awareness is multifaceted and can be associated with positive processes and outcomes. Here, everyday understandings of mortality awareness (MA) were investigated using Grounded Theory. Ten participants engaged in one-off semi-structured interviews about their everyday experiences of MA. Grounded Theory analysis revealed four main themes: (1) *Moments of MA;* (2) *Functionality of MA*; (3) *Coping strategies for MA*; and (4) *Inability to cope with MA*. Each of these themes is comprised of two to five sub-themes. The results supported the notion that MA is experienced in a multidimensional manner, which appears to align with elements of the Multidimensional Mortality Awareness Measure & Model (MMAM-M; Levasseur, et al, 2015). Furthermore, positive and/or negative outcomes appeared to depend on the function attributed to MA by the individual. Therefore, the ability to attribute such function to MA appears to be important in our understanding of this key existential issue.

Key words: Mortality awareness; qualitative; growth

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Introduction

Mortality awareness (MA), or the knowledge that we will die at some point, is consciously or unconsciously present at an individual and societal level. As such, it has been argued that MA influences day-to-day behaviours (Greenberg, Pyszczynksi, and Solomon, 1989). However, it is plausible that it is not death, as such, that motivates behaviours but rather the certainty that it will come, added to the uncertainty of when it will occur. Early philosophical writings have repeatedly highlighted issues related to this fact of existence: for example, from Epicurus 270BC (as cited in Miller, 1976) through to the 20th century philosophical writings of Jean Wahl's existential interpretation of Kierkegaard and Hegel, with the emergence of the Death Awareness Movement, recognising the need to understand the clinical symptoms of grief (Lindermann, 1967). The meaning of dying has been investigated to help professionals dealing with mortality issues (Feifel, 1959; Kubler-Ross, 1969) and to promote mortality acceptance. Existential psychotherapy has argued for the importance of these processes and reported how individuals appear to make links between experiencing mortality awareness and other aspects of their life (May, 1992; Yalom, 2008). Becker (1973) has argued that it is natural for humans to fear death and to avoid its reality through subterfuges. His work '*The Denial of Death*' (1973) was instrumental in moving our understanding of the subject forward as it offered the basis for theories of MA (Greenberg, Pyszczynksi, and Solomon, 1989) and called for further research on the topic.

   At a similar time, Erikson's Generative Theory (1959, 1982) looked at interactions between mortality awareness and development over the lifespan. The theory proposed that people go through eight psychological stages of life and endure developmental crises, the two latter ones being dedicated to dealing with issues of death and dying. For example, the penultimate

stage (around the middle of adulthood) was associated with understanding that life is ending. This latter crisis leads to either the development of 'generative' behaviours (the need to supply for future generations, to provide a legacy), or 'stagnation', the cessation of being an active contributing member of society. Generative individuals are able to teach new members of society while working towards a meaningful sense of life (Erikson, 1963). The final crisis results from increased MA and from the confrontation between 'ego integrity' and 'despair'. Here 'ego integrity' (*'a post-narcissistic love of the human ego - an experience that conveys some world order and spiritual sense, no matter how dearly paid for.'* p.168) must be attained to experience meaning and coherence, while embracing 'despair' leads to dreading mortality. Erikson has been criticised for his methods and reliance on biographical case studies, acknowledging himself as artistic rather than solely scientific (Cole & Cole, 1989; Fleming, 2004). However, his differentiation between male and female experiences based on Freudian concepts (Gilligan, 1982), his studies of older adults and observation of the association between age and generativity in women (McAdams & de St. Aubin, 1992, 1993, 1998; Stewart, Ostrove & Helson, 2001) have laid out how the development of generative impulses leads to a need to create a legacy for the world beyond life. This desire for legacy buffers the impact of death fright by extending the reach of the individual after death. So, it can be considered that such MA may encourage pro-social actions through desires to help others.

Following on from Becker's work (1973), the major movement of Terror Management Theory (TMT) was born (Greenberg, Pyszczynksi, and Solomon, 1989). TMT is grounded in the concept of mortality salience – the individuals' awareness of their unavoidable demise. According to TMT, human behaviour is mostly motivated by the fear of death, which affects decision-making, unconscious reactions, beliefs and is associated with self-esteem. In order to defend ourselves from existential anxiety, individuals generate and adhere to cultural

worldviews, an understanding of reality that provides meaning and coherence to existence (Greenberg, Pyszczynksi, and Solomon, 1989). It offers a set of standards outlining worth and which grant symbolic immortality through religious or social institutions. This allows individuals to feel connected to something meaningful, whilst providing a sense of order and stability to their reality (Pyszczynski, Greenberg, & Solomon, 1999). People can then live on through their culture, which unlike them, may survive indefinitely and buffer death anxiety (Pyszczynski, Greenberg, & Solomon, 1999). According to TMT, individuals are led to affiliate with those who share their views, and to cultivate hostility towards alternative groups that challenge them. Traditionally, research within this framework has found MS to be associated with negative outcomes, including (but not limited to): an increased preference for authoritarian leaders (Cohen, Solomon, Maxfield, Pyszczynski, & Greenberg 2004); overconfidence about the financial future (Kasser & Sheldon, 2000); and, a rise in support for former US president Bush as well as for violent counterterror measures (Landau et al, 2004). Further, when mortality salience was primed, participants were more likely to choose harsher sentences for offenders whose actions threatened one's worldviews (Arndt, Lieberman, Cook, & Solomon, 2005). Importantly, this theory differentiates between conscious and unconscious processes, which instigate qualitatively different reactions - proximal and distal defences respectively. These are used to banish death from awareness and consciousness and are based on the idea that individuals are unable to tolerate death-related thoughts and are rarely aware of them while reacting to them (Pyszczynski et al, 1999). The theory argues that some of these processes may lead to positive outcomes, yet, these would be based on how processes of fear interact with other behaviours. An example of this is the work of Jonas, Schimel, Greenberg and Pyszczynski (2002) which stipulates that there may be pro-social effects associated with mortality salience such as an increase in contributions to national charities. However, this is likely to be linked to processes of fear impacting cultural worldviews and

activating defence mechanisms. As such, prosocial instincts did not lead to an increase in donations to international charities, possibly due to defence mechanisms linked with associating nationalism to one's cultural worldview. The complexity of the fear of death has offered some insight in to how consciousness interplays with fear in a multidimensional model of fear of death (Florian and Mikulincer, 1997; Mikulincer & Florian, 2008). However, this does not explore instances where the primary process is not guided by fear and is linked, for example, to acceptance.

Despite these negatively balanced outcomes after experiencing MA, there is a new body of research that is documenting the potentially positive experiences that can come from confronting or contemplating death (Cozzolino, 2006; Cozzolino et al., 2004; Vail et al., 2012; Wong, 2010). Indeed, individuals may show resilience in face of difficulties and bounce back to previous levels of functioning (Ivtzan, Lomas, Hefferon, & Worth (2015). Going even further, the concept of 'adversarial growth' (Joseph and Linley, 2004) encompasses several theories attributing positive outcomes to the struggle of dealing with trauma, the most popular current theory being Post-Traumatic Growth (PTG). This concept, witnessed in people who (among other situations) face their or other's mortality, refers to positive changes experienced by the individual, leading to a higher level of functioning than before the trauma occurred (Tedeshi & Calhoun, 1996). Five areas of change that have been identified include: personal strength, relating to others, new possibilities in life, appreciation of life, and enhanced spirituality (Tedeschi & Calhoun, 1995). Currently, research has shown that between 30% to 90% of trauma survivors report at least some positive change (Humphreys & Joseph, 2004). Although, it has been argued that this may be due to individuals delineating positive outcomes in order to reduce anxiety and the impact of overbearing distress (ie a positive illusion, as after Taylor, 1989), the difficulties faced by human beings when facing MA possibly allow the link

between adversity and growth to be made. Indeed, Lykins et al (2007) reconciled this idea of PTG with TMT and suggested that facing death could operate goal shifts (away from extrinsic towards intrinsic motivations), resulting in a feeling of acceptance based on ones' will to rebuild oneself. Indeed, `*the awareness of mortality can motivate people to enhance their physical health and prioritise growth–oriented goals; live up to positive standards and beliefs; build supportive relationships and encourage the development of peaceful, charitable communities; and foster open-minded and growth oriented behaviours'* (Vail, Juhl, Arndt, Vess, Routlege & Rutjens, 2012, p. 1 as cited in Ivtzan et al., 2015). Solomon, Greenberg & Pyszczynsky, authors of the TMT, in their book '*The Worm to the Core*' (2015) reflect further on what philosophers can offer to reconcile the negative outcomes of mortality awareness and learning to live a better life. They talk of an 'Epicurean Cure' and of the possibility to live in an enhanced way through becoming aware of the fear of death and of its irrationality. Yet here again, it is an awareness of the fear of death rather than more positive form of mortality awareness that is prescribed. This begs the question as to why fear is central to mortality awareness research and whether an alternative and augmented understanding is possible which link other affective and goal-oriented processes to mortality awareness.

Thus, the paradoxes between theories, findings and available psychometric measures led Levasseur, McDermott & Lafreniere (2015) to produce a measure and framework that would account for different dimensions of mortality awareness, namely the Multidimensional Mortality Awareness Measure & Model (MMAM-M). One of the purposes of this model is to account for processes which are not linked with fear but rather to consider mortality awareness as a facet of experience which may have both positive and negative primary features and outcomes. The MMA measure is composed of five empirically derived and verified dimensions including: Mortality Legacy (ML); Mortality Fearfulness (MF);

Mortality Acceptance (MAcc); Mortality Disempowerment (MDP); and Mortality Disengagement (MDG). Of particular relevance here, ML was found to be independently predicted by health responsibility and by spiritual growth, suggesting that those who have an appreciation of handing down an aspect of their lives to succeeding generations as a way of overcoming death also are more likely to take responsibility for their health and place value on their internal development over the lifespan. Such a relationship was also found for MF. Additionally, as might be expected, with higher education and increasing age, respondents reported less MF, and consistent with this finding for age, older participants reported greater M-Acc. Such quantitative findings provide an understanding of the possible relationships between aspects of MA and other salient variables; however, they do not make explicit the experiential underpinnings of such relationships or the lived reality of the possible benefits of MA orientations. While previous qualitative research has focused on specific occurrences of MA in relation to patients' biographical experiences (Hirai, Miyashita, Morita, Sanjo, & Uchitomi, 2006) or to that of palliative care staff (Ablett & Jones, 2007), there is a lack of qualitative research on the experience of MA in daily life.

Although, theories of mortality awareness suggest that it is likely to be multidimensional and complex, the authors here are of the view that it was necessary to approach this topic from an exploratory stance, uninfluenced by previous theorization, allowing the possibility of a move away from explanations which place fear at the center of processes associated with MA. As such, the qualitative study as reported here is timely, given MA themes are allowed to emerge from ordinary, everyday lived experience, and the architecture of mortality awareness revealed through the momentary meaning making of conversational discourse. The qualitative study reported here was carried out with such parameters in mind.

Method

Design

In line with the research question and the researchers' ontological and epistemological positions, qualitative research was chosen as an appropriate research approach to employ. More specifically, Grounded Theory was chosen for its exploratory nature, which according to Charmaz (2006), methodologically allows for new theories to emerge from the themes, rather than based on preconceived hypotheses. The principles of Grounded Theory as a general approach to qualitative research proposes to build theory from the ground up through systematic conceptualisation and constant comparisons (Strauss & Glaser, 1970).

Thus, this study aimed to understand the processes of how people understand and experience their own mortality. In addition to this, the study was interested in what people do to buffer existential anxiety and how (if at all) death thoughts impact (positively or negatively) one's life. Therefore, the authors used constructivist grounded theory, as conceptualised by Charmaz (2006), as a theoretically appropriate methodology to investigate the process of mortality awareness.

Participants

In line with grounded theory, ten heterogeneous participants (seven female and three males) were selected across the lifespan to represent different developmental stages in terms of age and life achievements. The ages ranged from 21 to 53, averaging 37 years old, with a standard deviation of 11.19. All of them had completed some undergraduate studies. Two of them were single and eight of them were married or cohabiting. Table 1 summarises the demographic information.

Insert Table 1 here

Procedure

Ethical approval was obtained from the University of East London ethics committee. A recruitment poster was displayed on campus and online with the help of social media such as Facebook and Twitter. Participants were self-selected and ranged in age from 18 and 65 years old. 10 individuals were recruited so that different age ranges and stages in life were covered. Where possible, different ethnicities have been included. Research was carried out in a room at University of East London or in calm public places (e.g. coffee shops). Each participant was given a letter of information and an informed consent form. All interviews were recorded. Semi-structured interviews were conducted face-to-face, each lasting approximately 40 minutes. Topics were drawn from what previous research and literature found to be experienced by people. Initial questions included: 'what exactly do you contemplate when you think about your own death?' After the interview they were given the MMAM (Levasseur, McDermott & Lafreniere, 2015) to complete and a debrief sheet. After each interview the researcher wrote memos about the interview and modified the questions to meet new emerging themes and the criteria defined in Constructionist Grounded Theory (Charmaz, 2008).

Analysis

The authors followed Charmaz (2008)'s guidelines for constructivist grounded theory. Constant comparative analysis (an iterative and inductive process of reducing the data through repetitive recoding (Glaser & Strauss, 1967) according Charmaz's principles was used to analyse interview transcripts. This involved a process of initial line-to-line coding. Coding labels were designed to stay close to the language in each line so that the analysis remains grounded in the data. Focused coding was then utilised to elevate initial coding to

higher order codes. Finally, comparisons between focused codes enabled the conceptualisation of higher order themes and sub-themes. Themes emerged for each participant in order to illustrate each transcripts' most salient features, which themselves were divided in 2 to 5 sub-themes. Each transcript was subjected to a rigorous analysis until no more themes were forthcoming and the point of theoretical saturation was reached. Themes were then analysed across the participants so that a representative theoretical model for the whole sample emerged. After each participant interview, memos were written, these were then retrieved, examined and used throughout the analysis. Meetings between researchers were held every fortnight to review regularly the analysis process and discuss the emergent themes.

Overall, the analysis led to four main themes representing the experience of mortality awareness: (1) Moments of MA; (2) Functionality of MA; (3) Coping strategies for MA; and Inability to Adapt to MA. Each of these themes is comprised of 2 to 5 sub-themes as illustrated by Table 2.

Insert Table 2 here

Results

Overview

For the 10 participants, Mortality awareness (MA) was engrained in existential questions associated with the meaning of the cycle of life and death. Indeed, the participants' understanding of this cycle appeared to contribute to their assimilation of MA. Different understandings ranged from death as something natural to being an unfair part of life. When discussing mortality awareness, participants contextualised it in terms of its emergence (the

point at which MA appeared to them), arising from: illnesses, the death of a close one, religious education about an afterlife, intrinsically, or from external reminders such as media portrayals. Finally, participants reported a MA narrative development throughout their lifespan, e.g. older age raising mortality awareness, responsibilities towards family members (specifically associated with parenthood), accountability in health decisions and education in terms of risky behaviours. The four main themes identified represent participants' narratives about the process of developing mortality awareness and represent responses to the research questions: 'How do people understand/experience their own mortality?'; 'What do people do to buffer existential anxiety?'; and 'How, (if at all) do death thoughts impact positively/negatively one's life?'.

1. **Moments of MA.**

The first theme clustered participants' specific moments of mortality awareness. This includes the realisation of such a concept as well these moments of life when mortality is particularly primed. This theme is comprised of two sub-themes: *Externally caused moments of MA* and *Internally caused moments of MA.*

1.1. *Externally caused moments of MA*

Participants often attributed specific MA thoughts to external events such as news reports in media, traumatic life events, or physical vulnerability when taking part in an activity (e.g. cycling, driving). For example, Phil discussed his heighted MA awareness when he engaged in cycling:

> *'I think I am aware of my mortality, my fragility when I get on the*
>
> *bike.'* Phil.

For Celia, it was less embodied active reminders, but still visual:

> *'And so I can think about death in that context quite regularly 'cause obviously it's on the news quite a lot…'* Celia.

Others, such as Charlotte, experienced people being ill around her as a trigger. Here MA is activated by the proximity of dying individuals.

> *'(…) recently, also, I've come across a lots of people who are really ill, or who are dying, (…) but watching them, listening to them, and having to actually kind of think about it.'* Charlotte.

Thus, moments of mortality awareness seemed to be triggered at any time point in life by external personal or societal causes. These were evoked by visual, physical or actual proximity to death.

1.2. *Internally caused moments of MA*

Other moments of MA seemed to be internally caused and appeared to be a reflection of other psychological processes (e.g. anger), thereby leading participants to wish others dead, wanting oneself to disappear or else pondering existential questions of what happens after death. For example, Phil says:

> *'It is not something I think about every day...(pause) but I guess I am led to think about... you know the big questions... about what happens after death, things like this.'* Phil.

Both Celia and John take an extreme approach to internal existential thoughts with death (of oneself or others) being explored as a way of relieving one self from difficulties of life. For Celia this is through the death of others.

'You know other particular moments [of MA] are like (...) it would be so much easier if they were dead.' Celia.

But for John this is through his own demise:

'There are times really when I think about death as a way out, as a relief' John.

These quotes evidence the intensity of internally caused moments of MA. They evidence the search for an understanding of the meaning of life through understanding what happens when it no longer is but also the potential gain of life being transient.

2. Functionality of MA

Participants attributed specific positive and negative functions to MA. The first subtheme focuses on positive appraisals of MA, such as: Motivation to make the most of life; teaching consequences of risk; preparing for self and others' death; promoting reflection, meaning and valuing life. The second subtheme suggests a negative appraisal of MA, such that MA had no function, was useless, and furthermore, maybe harmful.

2.1. *Positive Functions*

The majority of participants discussed positive functions in a motivational form of MA. This emerged from participants who felt that after a specific event raising MA, they became more motivated to achieve and/or focus on valuing life. Alternatively, others felt that their MA was continuously raised (based in internal processes) and that this was the reason they were focused on achieving their valued goals. For example, Laura, Charlotte and Phil explained how MA motivated them to live life fully.

'I mean personally it [MA] gives me uh… more reasons to be more… to live my life at the most' Laura.

> *'It makes me want to do everything (…) makes more passionate cause (…) I could die tomorrow. Charlotte.*

> *'…acts as a motivation to make time count, that I have on earth and to know that I only have one shot at things' Phil.*

MA was also found to teach the consequences of risk, and was possibly to self-preserve. Here, as MA has been triggered by a specific event, risky activities become a possible prelude to end of life. As such, these as well as unhealthy behaviours were avoided in order to keep oneself safe. Olivia expressed how this awareness has led her to be more vigilant and to reflect on consequences.

> *'I'm more careful now, I'm aware of it, you have to learn to be careful'. Olivia.*

> *'You need to tell them that oh if you do that, that might happen, this goes, you know as a consequence (…) like the gangsters and things like this, like just taking life and perhaps just not thinking.' Olivia*

MA also acted as a way to prepare for self and others' death, enabling people to potentially avoid being traumatised by death. Indeed, many participants viewed the function of MA as being able to prepare themselves for the death of their loved ones. Alternatively, some participants highlighted that MA could allow them to prepare the people they love for their death or even of themselves, in terms of achieving all they want to achieve before the end. Laura reflected on the shock that the death of others could be if one is not prepared. She believes MA is positive in that it can allow us to prepare ourselves to the loss.

> *'I think if it comes suddenly in your life and you lose a person that you really love, it can be a bit of a trauma… (…) we could be a little less scared to talk about it… and uh… yes be more prepared' Laura*

Finally, MA promoted reflection, meaning and valuing life. As such, MA and existential questions were valued as they put life into perspective, promoting an understanding of the value of life and opening up reflections about personal meaning.

> *'If you don't think about life and death, or what this is all for anything, and what… the impact of other people on that, and … then… one you miss out on that depth…'* *Charlotte.*

> *'So you know life is not forever for me… So you know it made me more resilient.'* *Emily.*

Through these different forms, MA is experienced as having a positive function; participants experienced it as something which realisation has made them better, more aware and more motivated.

2.2. *Harmful or useless functions of MA*

This sub-theme relates to the participants that regarded MA as harmful or negative, possibly after appraisal. As such, they attempted to distract themselves from this awareness or denied the presence of MA altogether. For example, Olivia told us that she was worried that focusing on death may stop her enjoyments in the day to day :

> *'I don't want the thought of it to preclude me to enjoying myself'* Olivia.

Emily reported a state of powerlessness:

> *'Yes basically yes, I get a bit scared, and then I get worried as well… and then I think Ok... and then there is not so much I can do about it…'* Emily.

Charlotte, on the other hand, stated that she found MA to be useless.

'I kind of think that there's no point worrying about it, or think, or kind... of thinking about, yeah, it because its gonna happen anyway'. Charlotte.

Overall, the function of MA appeared to be experienced more positively than negatively, which contributes to the development of MA under more positive research.

3. Coping strategies for MA

Following the appraisal of the function of MA and its possible benefits, participants shared different coping mechanisms used to benefit from the positive effects of MA without getting overwhelmed by the strain of the awareness that life is finite.

3.1. *Leaving a legacy*

The first and most prominent coping theme is the one of leaving a legacy and impacting others. This idea of what is left behind (and lives forever through something or someone) was reported by many participants. George explained that his main focus in relation to MA was making sure that his legacy included providing for his children.

'The most important thing is like... what you're leaving behind. And that they're gonna be ok' George.

Olivia, on the other hand consider her legacy to be her descendants:

'Well I left my son behind... I made him, kind of...' Olivia.

Finally Gemma, also valuing legacy looked at relationships within the family and her impact on them as a form of legacy.

'I wanted to try to reunite the family and leave some kind of legacy behind of the XXXX family.' Gemma.

Similarly, through creating meaningful relationships, Margaret reported impacting others, or having the opportunity to do something for the world, improve society or simply help someone.

'I have this… what society calls a disability… and if I could just go into the world and change a few of those… that's the main thing…. Hum… just sort of being out there and ok talking to people until they realise they're wrong' Margaret.

Again, these participants have understood MA for its positive functions and therefore have found ways to mitigate its harmful effect. They are characterised by a focus on leaving a legacy to others in a way that allows them to accept that if they are not to live forever, their legacy is not limited in time.

3.2. *Giving meaning to MA*

Finding meaning while alive is widely used in this sample as a way to cope with MA. The main idea was to find meaning in ones life to justify to oneself the need for one to die. A subordinate idea here is that it is important to die to give way to new ideas and that MA is important to give boundaries to the amount of time available to us to do what is needed while alive. Through finding meaning, death becomes acceptable, which diminishes the strain of MA. Some of these participants suggest that schools and society should educate people about death and that the taboo associated with MA in western society has negative outcomes.

Laura stated that the meaning of MA allows us to value life.

'Because it [MA] means that you value more being alive.' Laura.

While Margaret stated that MA had value because death was necessary to making space for others and their ideas.

> *'We can't go on forever and otherwise there would be no room for new lives and new ideas or people.'* Margaret.

Finally, Olivia made sense of it and gave meaning to MA through the idea of the unity of the human race, this therefore devalues the death of one specific person.

> *'We should see it as a unity, it's like we're all kind of one'* Olivia.

Another way in which participants reported finding meaning is through belief in an afterlife. Religion was a prominent subject throughout the interviews. This was surprising as the sample was not specifically religious. Emily explains how she sees religion as helping individuals to not be scared of death:

> *'I think definitively, you hear Christians, they'll say there not scared of death, most of them they're not scared of death, because they know that… in the end, Allah or God will be there, waiting for them… So I think definitively, it helps for some people… (Emily)'*

Charlotte stated how comforting it is to believe in God and the presence of heaven.

> *'I supposed my biggest, my biggest fear, as a kid, was God not being around, so dying and then there's no heaven, um, and I think that is still… um, something, so I think part of me kind of thinks that is quite comforting because then there is, you know, I wanna believe I oh yeah there is something.'* Charlotte.

It seems that understanding why one has to die - giving meaning to MA - has allowed these participants to accept their own mortality and in this manner, to engage with it.

> *3.3 Protective behaviours*

Another MA coping strategy was based on enacting protective behaviours. Here, dealing with MA is based on the ability to restore some control through adopting healthy behaviours. This is based on the idea that death can be avoided for some time before the inevitable. For example, when asked if Gemma engaged actively in death avoiding behaviours, she replied by explaining her focus on health.

> *'Now I'd say I am more aware of it because I don't smoke, I tend to eat not as much fatty food, (...) and I do walk a lot so I am more conscious about healthier lifestyle as I'm older'* Gemma.

Margaret, who focused on having a balanced life and keeping her mind active, similarly explained this.

> *'I try to eat healthily. I try to have a good social life, I try to keep my mind active… now…is something that is so engrained in me that by the time I get to 60,70 or whatever, I'm in the habit of being active'* Margaret.

Such protective behaviours appeared to mitigate mortality awareness through giving participants (perceived) control over the time of their death and take responsibility for ones future.

3.4 Dramatisation of death

This subtheme encompasses the coping mechanism that involves romanticising or making fun of death so that it is less daunting. By this process, death is imagined and laughed at in such ways that it becomes familiar. Laura explained this concept by stating how she is imagining her funeral.

> *'I visualise my funeral. A lot of people there, crying, very sad and… And apart that, I don't really think about death.'* Laura.

Margaret further added to our understanding by explaining the importance that others celebrating her at her funeral matter to her:

> *'well basically, making sure that hum… when I'm gone, people comply with my wishes and don't just do what they think should be done in the event of my death, hum… you know… (…) I don't want a religious funeral, I don't want anyone coming to the funeral wearing black, and I don't want it to be sombre and… no… cause I don't want it to be, cause there will be some young people there, because my niece, so you know making sure that people know what I want.'* Margaret.

This sub-theme demonstrates how dramatizing ones death within the form of funerals and imagining others' reactions may help mitigate the effects of MA. It is possible that through processing some of the emotion associated with one's demise then it becomes easier. Dramatisation may also be giving the participants an impression of control over the mechanisms of what happens in death.

3.5 Living in the present

This final sub-theme is based on participants' narrative that the best way to deal with MA is to only focus on the present time. This is a very epicurean position in which individuals focus on getting pleasure and meaning out of the particular moment they are living in and not to look ahead. These participants did not attempt to control the time of their death.

George for example stated that 'preventing death' was not useful and that therefore he had decided to live in the present.

> *'I don't want to be defeatist, I don't want to live in the cemetery (…) I want to enjoy my life, whatever fun I can get out of it.'* George.

On the other hand, Charlotte has experienced her MA as a journey and now, the realisation of death allows her to live in the present and to explore the world.

> *'It's been this whole.. kind of ...philosophical journey, which is not… its been quite struggle to like come from there to here (…) and go back to the whole fear of the unknown, fear of it not being real, but being ok in that. Yeah…so in some ways is really freeing because now I'm like I'm just gonna explore the world.'* Charlotte.

Here participants have had a journey with MA, they are not disengaged from it but they have decided that they want to make the most of the present because death can come at any time.

4. Inability to cope with MA

This final theme emphasises people's inability to cope with MA. In the coping theme above, no judgement is made about the quality of the coping strategy opted for as long as it allowed the person to adapt to MA. Here, the outcome is negative as it creates death-associated fear and anxiety. These responses are the ones that are traditionally mentioned in MA theories and are based on that a human being is unable to cope with the idea that his/her life is finite. Despite what the death related literature focus son, this theme was not as prevalent in these participants narrative.

4.1 Death Fearfulness

The first subtheme grouped statements from participants that have such a substantive apprehension of dying, illness or risk that they are overwhelmed by death fearfulness.

> *'It's very overwhelming (…) I can't actually accept the realisation that it will happen'* (Celia).

This fearfulness was reported as having physical manifestations usually associated with anxiety.

> '*It's just emotionally and physically overwhelms me, my body just shuts down, hum, I can't cope with it, I just freeze*' (Celia).

Further, this subtheme was associated with people that had used religion as a coping mechanism, but for whom religious concepts have a negative impact. As it can be understood in the extract below, that the possibility of an afterlife that one would have to earn through life has becomes a source of anxiety instead of mitigating death anxiety.

> '*If you don't accept Christ hum… as being the son of God then they won't get into heaven (…) and then that's the one way to not just being gone, then it's quite a big deal for me, because (…) I can't just read the Bible and say, I believe that's the world.* (Celia).*

Here MA has been mitigated by religion and this has been experienced as a threat. Indeed the paradoxes between beliefs in God and religious writing can be challenging and induce mortality fearfulness. In this sub-theme, participants appeared as overwhelmed and strongly impacted by their inability to cope.

4.2. Disconnection from the death and the dying

This sub-theme is very similar to 3.4 as it is based on the focus on the present moment; however, if focusing on the present moment is a coping strategy when dealing with MA, absolute disengagement may lead to further negative outcomes. Here, George explains how this helps him to justify his unhealthy habits.

'Life ain't fair and I'm gonna live until I die, I just kind of want to experience what I can...I believe you know, I kind of think you have only one life, I've got too many bad vices (...) (George)

Furthermore, it can create a disconnection from loved ones that are dying as seen below leading to defer MA instead of coping with it. In relation to her grandfather being ill, Charlotte explains how she detached herself from him as she was unable to cope with him dying.

'It got so bad… that from that point I am, kind of just like emotionally detached from him (…) it was like a wall went up (…) I don't know how it's going to feel like when he does… actually die.' (Charlotte).

Here participants seem aware of the issues with their decisions or actions but are still engaging in these mechanism.

4.3 Experience of prolonged loss

Finally, the concept of prolonged loss was been raised by participants and is symptomatic of participants for whom MA is linked to a loss they are unable to process. This can be associated with issues with grieving but it is also characteristic of the inability to cope with the trauma. Margaret reflects on her father's experience of prolonged loss.

'my dad never really got over the death of his father… and that when he was 16 and my dad is now… 71… it's still too big to talk about…' (Margaret).

This is further evidenced by Phil's description of his prolonged loss:

'I don't know- there is death and then there is loss as well. Loss is something slightly different, but I think, the way that we feel, I don't know... maybe the same. So I have

absences in my life, which I feel... (silence) people that haven't been around when

perhaps they should have been around. it might have made a difference to my life...'

(Phil).

This subtheme demonstrates how this sense of prolonged loss further impacts the life of our participants, leading to a feeling of unresolvedness. This may show how inability to cope with MA impacts one's life in a negative manner.

Discussion

Whilst the complexity of the fear of death has been studied extensively (Greenberg, Pyszczynksi, and Solomon, 1989; Florian and Mikulincer, 1997), a relative dearth of multidimensional approaches to mortality awareness is apparent within the literature as a whole. This study aimed to explore how mortality awareness is experienced in everyday life. This included experiences at different ages/life stages. The analysis demonstrated that participants spoke of Moment of MA (Theme 1) - internally or externally triggered; of Functionality of MA (Theme 2)- an attempt at finding a function for MA – which included experiences of growth as well as negative impacts of the encounter; of Coping Strategies and Mitigating Factors for MA (Theme 3) - various coping strategies employed to mitigate issues when engaging with MA; and of their Inability to Cope with MA (Theme 4) – which arose from more difficult encounters with MA.

The results from the analysis indicated that MA is experienced as something that can be painful to engage with and can be stressful for the individual at a precise moment, but also continuously depends on how it is experienced by the person. As such, the individual needs to appraise the function of the painful engagement – here MA. If a function is attributed to

MA, then coping mechanisms emerge to adapt to it. As seen in the analysis, these coping mechanisms may be focusing on leaving a legacy for others, finding meaning in MA and focusing on the present exclusively. If the individual does not conceive death and MA in general as useful, then they may not be able to engage adaptively with such a concept. This was evidenced by death fearfulness as well as by disengagement from death awareness and of the dying.

Interestingly, it emerged that ways of coping experienced by the participants fit with Lazarus and Folkman's (1984) theory of coping. Coping, here, is defined by the person regularly adapting cognitive and behavioural efforts to manage specific internal or external stressors (see Theme 1 and internal and external causes of MA). Coping is 'process oriented', focusing on the person's thoughts and behaviours in front of the stressor – here MA. This changes as the appraisal fluctuates (Folkman & Lazarus 1986). Coping mechanisms are also contextual. They evolve as the person understands what will be necessary to deal with the stressor. Here coping is not understood as positive or negative but simply as the person's chosen/available way to deal with MA (understood here as the stressor). For example, in 'Leaving a legacy (Theme 3.1)', participants who appraised mortality awareness as positive, under the form of *Giving meaning* or *being motivational (*T.2.1), established this as a process worth coping with. Here, the values of the individual support the person in taking action and focusing on creating or influencing others so that they can leave by proxy. Alternatively, if the person has appraised MA as worthless, then the anxiety associated with end of life and loss of others can manifest itself in a range of non-adaptive ways. Our present sample demonstrated *Death fearfulness*, *Disconnection from the death or the dying* and/or *Prolonged experience of loss.*

Interestingly, the findings of this qualitative analysis support the findings from Levasseur, McDermott & Lafreniere (2015)'s Multidimensional Mortality Awareness

Measure & Model (MMAMM) in which people were experiencing mortality awareness in multiple ways (Mortality Legacy; Mortality Fearfulness; Mortality Acceptance; Mortality Disempowerment and Mortality Disengagement). In more detail, the quantitative Mortality Legacy subscale is theoretically very similar to and can be associated to the subtheme '*Leaving a legacy'*; Mortality Fearfulness can be associated to findings in the subtheme '*Death Fearfulness'*; Mortality Acceptance seems to fit with the concepts encompassed by sub-theme '*Giving meaning to MA'*; Mortality Disempowerment is based on a concept similar to sub-theme 'Experience of *prolonged loss'*. Finally, Mortality Disengagement could be representative of both '*Living in the present'* and '*Disconnection from death and dying'* depending on the positive/negative attributions to this disengagement.

This overlap in concepts between the findings here and the MMAM is important as not only does it support the MMAMM with qualitative findings but also it suggests that this model in fact represents people's coping strategies when facing MA. Furthermore, it makes a clear difference between theories that have focused on negative aspects of MA such as TMT (which is not in any way negated by the MMAMM, but instead included). Indeed, this research project reinforced the idea that death can be experienced in multiple of ways, by the same individual, and that the effects can be many (Levasseur, McDermott & Lafreniere, 2015). Additionally, one of the important themes in TMT is based on the need for people to maintain their cultural worldview, a process that can be done by protecting others that belong to the same group, but also by protecting the legacy of such worldview (Fox, Tost, & Wade-Benzoni, 2010. This often leads to negative outcomes for the individual, led by terror, however, it can also, as demonstrated by the participants in this study, be linked with positive outcomes. This permanent duality between processes leading to both positive and negative outcomes could be explained by the work of Lykins et al (2007) who attempted to establish the links between PTG and TMT. According to their research, reminders of one's mortality

can lead to beneficial intrinsic goal shifts over time, however, an individual's goal-value structure and the type of processing may need to be matched with one another. Additionally, when reminders of mortality are experienced as a long-term trauma (for example, as a life-threatening illness) intrinsic goal-structure maintenance or shifts may produce PTG by building up personal and relational resources that the individual can draw upon in times of need. In doing so, it would allow for growth, instead of defensiveness, to occur when confronting MA (Lykins et al, 2007; Hefferon, Grealy & Mutrie, 2009). Additionally, Vail et al. (2012) demonstrated how an awareness of death could lead individuals to reposition their life trajectory towards more positive goals. Finally, Cozzolino (2006) argues that when we overtly reflect in detail (rather than abstractly) about our own demise, this can lead to mortality induced growth (versus mortality induced defensiveness as seen by TMT).

The manner participants have been conceptualising moments of MA within our sample ranged from becoming aware of ones vulnerability while riding a bike to realisation of death based on traumatic events (e.g. car accident, death and illnesses of loved ones). Moreover, for those who have appraised MA as functional, coping strategies were used toward growth. For example, the manner in which participants reported the evolution from MA (predominantly from being reckless to becoming careful and responsible) showed a positive present sense of self and a feeling of growth. Often participants themselves attributed this change to MA related events. This finding is consistent with Erikson's (1982) understanding of development as resulting from crises. As such, most participants talked about MA as an event that 'happens'. Ages and development varied greatly, but the notion of crisis and resolution through different mechanism leading to pro-social behaviours or despair is present. For example, longitudinal research carried by McAdams and de St. Aubin (1992, 1998) within the Generative Theory demonstrated that MA led individuals to make more conscious choices towards creating for the benefit of society. This tendency of wanting to

create a legacy that will benefit society is one of the differences with results associated with TMT research. Indeed, TMT has often found an in-group/out-group demarcation in participants will to give. As such, participants have been more likely to give (when MA was primed) to national charity than to international for example (Fox et al, 2010). In the present study, the legacy is understood as the idea of creating for the world as a whole. As such, only few notions of in-group pro-social activities were found. However, some similarities with TMT are evidenced. For example, the concept of the 'self-protective altruist' (Hirshberger, Ein-Dor & Almakias, 2008) was illustrated by participants reporting to gain from the pro-social behaviour. Hirshberger and colleagues (2008) demonstrated that MA decreased signing an organ donation card, but would raise offering help to someone struggling to walk, therefore contributing to society in some way. This sample experienced some fulfilment from this contribution. As such, contributing and leaving a legacy appeared to be the best coping mechanism for dealing with mortality awareness. This finding contributes greatly to the understanding of Mortality Legacy as being an important factor in the previous MMAMM study.

In sum, the findings of this study support the idea that mortality awareness is experienced in a multidimensional way. As such, it has various beneficial and negative outcomes, however, the data also demonstrated that the function attributed to MA by the individual is instrumental in one's ability to mitigate its problematic effects. As such, people that have found meaning in this awareness are more likely to be able to use their coping strategies to deal with difficulties and engender growth. Alternatively, ones that have not attributed a valid function to MA demonstrated an inability to cope leading to fearfulness and prolonged loss. These findings suggest that further research on people's ability to attribute a function to MA may be important in our understanding of this fundamental existential issue. Centrally, in this study, we have found that the finitude of life is acknowledged variously by

all participants, and that what makes this recognition tolerable is the illusion that through legacy we may live on beyond death. Also we see that the realisation that time is finite is often used as motivational. The study emphasises that the perception of MA is not stable over time, but varies depending on biographical events. The meaning we attribute to an awareness of our own mortality affects the functions we ascribe to it and this in turn repeatedly changes our relationship with MA.

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Table 1. Demographics

Pseudonym Gender	Age	Partner Status	Level of education	Occupational status	Annual Earnings	Ethnic Groups	Nationality	Disability
Phil M	32	Married	PG	PT Student/FT employment	26000-30000	White European	British	No
Celia F	24	Married	UG degree	FT employment	26000-30000	Black Caribbean	British	No
Emily F	28	Co-habiting	UG degree	PT Student/FT employment	11000-15000	Black African	British	No
George M	52	Co-habiting	UG degree	Unemployment	11000-15000	White European	British	No
Charlotte F	21	Co-habiting	UG degree	FT student	0-5000	White European	British	No
Laura F	40	Co-habiting	UG degree	FT employment	26000-30000	White European	Italian	No
John M	46	Co-habiting	PG	PT Student/FT employment	6000-10000	White European	Italian	No
Margaret F	42	Single	UG degree	FT student	21000-25000	White European	British	Yes
Olivia F	36	Married	UG degree	PT employment	0-5000	Black Caribbean	French	No
Gemma F	53	Single	UG degree	FT Student/ PT employed	16000-20000	White European	British	No

Table 2. Themes, sub-themes and prevalence

Main themes and Sub-themes:

Main themes:	Sub-themes:	Prevalence
1 - Moments of MA	1. Externally caused moments of MA	10
	2. Internally cause moments of MA	7
2 – Functionality of MA	1. Positive functions of MA	25
	2. Harmful or useless functions of MA	6
3 - Coping strategies for MA	1. Leaving a legacy	6
	2. Giving meaning to MA	6
	3. Protective behaviours	8
	4. Dramatisation of death	4
	5. Living in the present	9
4 - Inability to cope with MA	1. Death fearfulness	5
	2. Disconnection from the death and dying	4
	3. Experience of prolonged loss	4