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Attitudes Toward Death:

How Buddhist Teachings Help a Person Cope with Death Anxiety and Accept Death

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ATTITUDES TOWARD DEATH

Abstract

Death attitudes are an evolving field of study that continues to expand due to its universal relevance. Clinical and psychological research emphasize how these personal attitudes greatly impact a person's life and death and are rooted in one's unique perspective of death and the dying process. This paper provides an in-depth examination of two death attitudes: death acceptance and death anxiety. The two attitudes are complex and shift throughout a person's lifetime depending on many personal factors, including culture, religion, and age. The paper reveals that death acceptance positively effects a person's life and promotes greater quality of life, while death anxiety impedes on a meaningful life and dying experience. The paper presents a secondary body of literature to buoy the multiple models that alleviate the negative effects of death anxiety. Focusing on one area, the paper argues that Buddhist teachings provide strong support to a person coping with the negative effects of death anxiety and wanting to cultivate a greater sense of acceptance. Included in this argument are Buddhist teachings on death, impermanence, suffering, and mindfulness-based practices. The paper argues that clinical research and theoretical literature both indicate Buddhist philosophy as positively effecting a person's ability to cope with death anxiety and generate a more accepting attitude toward death.

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Attitudes Toward Death:

How Buddhist Teachings Help a Person Cope with Death Anxiety and Accept Death

Death is an experience all beings face in their lifetime. Due to this fact, attitudes toward death manifest throughout life and influence how a person lives and dies. Attitudes toward death vary among individuals; with some people naturally accepting their mortality, and others assigning a more anxious attitude toward the thought of death. Clinical and psychological research on death acceptance and death anxiety reveal both attitudes shift throughout a person's life and greatly depend on the individual's definition of death, among other personal factors. The need for positive coping mechanisms is necessary for people struggling to accept death because death anxiety can, at times, prevent individuals from experiencing a meaningful life. Buddhist teachings offer greater insight into how a meaningful life can be experienced through the process of accepting death and releasing the personal fear associated with death anxiety. In addition to Buddhist philosophy, studies utilizing mindfulness-based practices indicate promising results in strengthening acceptance and coping with anxiety.

This paper closely examines both death acceptance and death anxiety through clinically based research and cross examines these death attitudes from a theoretical perspective based in Buddhist tradition. The cross-examination of Buddhist tradition illustrates the far-reaching potential these teachings have on helping a person live freely from the attachment to an impermanent life and accept life's inevitable end. The paper's analysis of death acceptance and death anxiety incorporates several factors that make up a person's attitude, including culture, religion, and age. These characteristics are presented to emphasize the multiple dimensions that make up death acceptance and death anxiety and how both attitudes are dependent on certain circumstances to evolve throughout life.

Following the clinical research of death acceptance and death anxiety is a discussion of Buddhist philosophy on death and impermanence. The section demonstrates that death is an important part of life and a person can prepare for this event at any time in life. Buddhist theory instructs the individual to cope with death anxiety and cultivate acceptance through training the mind to detach from personal conceptions and expectations of death and to see the impermanent nature of life. The paper exhibits how both impermanence and attachment are sources of anxiety that prevent a person from living a life of acceptance through an in-depth exploration of the topics. A section on mindfulness-based practices provides further clarity into how Buddhist teachings support an individual coping with their death anxiety and cultivating acceptance. The clinical research on death acceptance and death anxiety synthesizes with theoretical literature on Buddhist philosophy to show that everyone experiences the impermanent nature of life, but their attitude toward death can prevent them from living a meaningful life. The paper argues that Buddhist teachings help a person cope with death anxiety and accept death through releasing attachments to life and accepting impermanence.

Introduction to Death Attitudes

This section explores the body of research pertaining to two different death attitudes: death acceptance and death anxiety. Included in this is an analysis of the many published works exhibiting the complexity of each attitude and how death acceptance and death anxiety are influenced by multiple factors, including culture, religion, and age. The analysis of this body of research is followed by a presentation of Buddhist teachings on death in order to provide a broader view of these topics and how acceptance and anxiety can be cultivated through mindfulness-based practices and understanding the insight of detachment.

A person's attitude toward death depends greatly on the individual's experience in life. Certain responses toward a death event, or the idea of death, prompt various physical and emotional symptoms (Missler et al., 2012; Wong, 2008). Death acceptance and death anxiety are two complex attitudes toward death that sometimes appear together (Wong, 2008). In some cases, people experience death anxiety as they think about their impending mortality, while others engage a more accepting attitude towards these thoughts (Surall & Steppacher, 2018; Wong, 2008). However, this is not to say if someone is accepting of their mortality, they no longer feel anxious, rather, they are more equipped to cope with anxiety if it is coupled with acceptance of mortality (Hinton, 1999). The attention one places on the notion of death has the potential to create anxious mental states, but a person accepting of death experiences a greater freedom in life and is better able to cope with any unpleasant mind states (Wong, 2008).

Acceptance or anxiety around death is complex, but researchers provide multiple tools and methods to measure such attitudes in order to better understand the human experience of grappling with death. Throughout the body of research on death-related attitudes, multiple models measure how people process and approach their attitude toward death. These scales gauge an individual's attitude from a multidimensional perspective of death acceptance or death anxiety that speak to the human understanding of death and dying. Over the last several decades, multiple models and tools have been used to measure a person's death attitude (Gesser, Wong, & Reker, 1988; Winston, Leshner, Kramer, & Allen, 2004; Templer, 1970). Despite the personal nature of these attitudes, researchers present thematic similarities in how people respond to death.

Petty et al. (2015) present one such model, the Death Perspective Scale. The scale measures a person's response to death and dying within two approaches: overcoming and

participating. These approaches to death were first introduced by Kastenbaum and Aisenberg in 1976. They define an overcoming approach as seeing death to be a final defeat and an external event happening to someone, while a participating approach understands death to be a natural end to life and an event occurring naturally within a person's body. The later study by Petty et al. (2015), looks at how a person's cognitive and behavioral response approach helps or hinders their management of death anxiety. They drill down further into the approach-based measurement and find there is a sub-scale to a person's death acceptance or anxiety. These studies imply that people have multiple definitions of death and apply different behaviors and responses depending on these definitions. Petty et al. (2015) show that despite a person's acceptance of death, a fear of it still exists. Whether denying its inevitability or accepting death in all its complexity, Kastenbaum and Aisenberg (1976) suggest people cope better with any emotional responses to thoughts and experiences of death by shifting their death perspective and any coinciding responses to it. Depending on a person's concept of death, (i.e. seeing death as an opposition to overcome or a natural end to life) everyone has their own approach to living life based on their understanding of death.

In the way many people grasp to life and push away death, some people naturally experience a mental state of acceptance toward the idea of death (Wong, 2008). The inevitable end to life is cause for both acceptance and anxiety, but each attitude emerges from the same space of awareness that life ends in death. It is in desiring to change this inevitability that gives way to additional suffering. The moments of awareness that are not met with resistance give way to a more accepting attitude that remains clear and focused on the freedom that life offers. Such moments of acceptance are recorded in clinical and psychological research (Hinton, 1999; Tomar

& Eliason, 2000; Wong, Reker, & Gesser, 1994) that highlight a person's ability to see beyond anxiety and accept death as inevitable.

Death Acceptance

Connelly (2003) defines death acceptance as the "...underlying meaning implied in all deliberate attempts by individuals to facilitate or cooperate with the dying process" (p. 43). This death attitude is analyzed throughout years of clinical and psychological research that show the complexity of acceptance and how an individual prepares for their own mortality. Elizabeth Kübler-Ross (1969) first presented her work on death and a person's sometimes-complex death attitude in her research about the stages of dying. Her definition of acceptance—as reviewed by Wong, Reker, and Gesser in the second edition of the *Death Anxiety Handbook* (edited by Neimeyer, 1994)—is the final stage of resignation that follows the four stages of denial, anger, bargaining, and depression (especially for patients with a terminal illness).

Research by Wong et al. (1994) is concerned with how a relatively healthy individual psychologically prepares for their ultimate death, rather than a person with a terminal disease. Wong et al. (1994) highlight a person's ability to naturally accept death at any time in life, but that anxiety around death is associated with more than just personal mortality. Some research explores death acceptance using the assumption that people are only fearful of death itself and cannot naturally accept it. However, further research by Weidmann, Gibbs, and Achalaw (1978) and Wong (2008) indicate that people differentiate between the fear of death and the dying process.

Over time, research acknowledges death acceptance as a more complex attitude (Gesser et al., 1988). The Death-Attitude-Profile (DAP) (Gesser et al., 1988) provides a more accurate

reading of a person's acceptance or anxiety toward death. The profile defines three distinct types of death acceptance: neutral death acceptance, seeing death as an inevitable end to life; approach acceptance, accepting death as a gateway to a better afterlife; and escape acceptance, choosing death as a better alternative to a painful existence (Wong et al., 1994). The DAP reveals insight into a person's perception of death and that these understandings influence their accepting attitude (Wong et al., 1994). This model of acceptance shows the multidimensional nature of death acceptance develops from the multiple definitions that a person assigns to the functionality of death. Death acceptance research considers the complete construct of death that a person is accepting of and the approach they take in displaying it.

Research by Tomer and Eliason (2000) find individuals that accept death as an integral part of life display lower rates of fear relating to non-being. In conjunction with Wong et al.'s (1994) neutral death acceptance, Tomer and Eliason (2000) indicate death acceptance negatively affects death anxiety in this research group. Additionally, they show that people displaying higher rates of meaningfulness in their life struggle less with the fear of non-being. They note people who assign more meaning to life are less afraid of their own death, but not necessarily more accepting of it. Further data reveals individuals with a higher life satisfaction also display a higher sense of death acceptance (Flint et al., 1983; Gesser et al., 1988; Surall & Steppacher, 2018). However, Surall and Steppacher (2018) note that a person satisfied with their life and place in the world have a more accepting attitude toward death, but even for those who are accepting of death, anxiety is still present.

Individuals assigning more meaning to life display lower rates of fear, indicating that people choose to live fully despite the inevitable arrival of death. Despite the presentation of death acceptance and absence of death anxiety, Ray and Najman (1974) note that the two

attitudes are not opposites. A person can experience death anxiety regardless of their acceptance toward it or display a lower fear of mortality while still not accepting it. The presence of one attitude does not always equate to the absence of the other.

Individuals living with a terminal disease experience different attitudes toward death that vary from those living a relatively healthy life (Hinton, 1999; Prigerson, 1992). Research shows these individuals do not necessarily display higher rates of anxious responses despite their closer proximity to death. Clinical research on death acceptance finds that individuals with a terminal diagnosis, or those closer to death, do not exhibit higher rates of death anxiety compared to healthy research groups (Lichtenthal et al., 2009; Weidmann et al., 1978). Weidmann et al. (1978) indicate that individuals living with a terminal disease have lower rates of fear when prominent religious beliefs are present or have experience with a dying person. Lichtenthal et al. (2009) indicate that a prevalence of, “major depressive disorder, generalized anxiety disorder, panic disorder, and posttraumatic stress disorder were not associated with closeness to death” (p. 57). Their research reveals that an individual’s proximity to their own death does not increase their anxious attitude toward death. These findings exhibit how lower rates of anxiety do not automatically increase rates of acceptance, even for individuals closer to the end of life.

However, further research shows that individuals who accept their prognosis, or that of a loved one, experience increased death acceptance as they progress closer to death (Chochinov, Tataryn, Wilson, Enns, & Lander, 2000; Hinton, 1999). Patients and their relatives in a London hospice center display significant shifts in their awareness and acceptance of the patient’s mortality throughout Hinton’s (1999) research. Certain patients indicate a decreased awareness of their impending death, while their relatives show a greater awareness of the patient’s mortality over time. Relatives with this greater awareness report higher rates of depression, while patients

with a greater acceptance of their death display lower rates of depressive and anxious symptoms. Patients who accept their pending mortality not only experience lower depressive symptoms, but also are likely to experience a better quality of death. Overall, acceptance rates for both groups generally increase as patients move closer to the end of life.

Research by Prigerson (1992) finds that patients who acknowledge their death are more likely to receive palliative care without additional aggressive intervention and participate in their own advance-care planning. Additionally, a patient is more likely to experience a better quality of death if they emotionally and cognitively accept their death (Ray et al., 2006). Accepting death earlier in life not only helps a person experience a more satisfying life, it also promotes a better quality of death. The closer a person is to death, the more difficult it becomes to avoid thoughts of mortality, but with a greater sense of death acceptance a person can make the most of the end of life. Research by Wong (2008) focuses on a person's natural ability to find this acceptance at any time in life through the meaning-management theory, where he analyzes the reframing of any adverse death attitude by letting go of attempts to control or deny death's inevitability.

Meaning-management theory. Meaning-management theory (MMT) is one approach a person applies to the idea of death and personal mortality in which they reframe their inner dialogue as the motivation for action in the external world. MMT presents a person's inclination to naturally accept death that was not closely examined in past research (Wong, 2008). Wong (2008) finds people are more accepting of death if they identify meaning in life and invest in a life purpose. This theory is in line with other research that exhibits a person assigning greater meaning to their lives also display lower rates of death anxiety and higher rates of death acceptance (Surall & Steppacher, 2018). MMT is when a person reframes their fear into

acceptance in order to embrace life and engage in meaningful activities (Wong, 2008). He defines death as an uncontrollable event in life, but death acceptance is a way of focusing on the things that are controllable or meaningful in life. Wong (2008) writes,

Meaning management refers to...the need to manage meaning-related processes, such as meaning-seeking and meaning-making, in order to understand who we are (identity), what really matters (values), where we are headed (purpose), and how to live the good life in spite of suffering and death (happiness)...The objective of meaning-management is to manage all our fears and hopes...the various meanings we attach to events and people, in such a way as to facilitate the discovery of...equanimity in the midst of...suffering and deaths. (p. 70)

MMT (2008) does not deny the inevitability of death, nor an individual's fear of it. Rather, it works to transform this fact into an energizing concept to inspire meaningful action for living. "We can never escape from the reality of death, but we can always use our capacity for meaning and narrative construction to transform death anxiety into a source of inspiration for authentic living" (p. 83). Wong (2008) does not deny the suffering a person experiences when thinking of or witnessing death, he surmises that some feel discomfort but transform it into motivation for seeking purpose in life. Death in this sense, is a motivating factor in finding meaning in life. Through MMT, Wong (2008) exhibits how it is possible to cultivate death acceptance at any time and prepare for death by reframing death anxiety in order to live a satisfying life.

Death Anxiety

Tomer and Eliason (1996) define death anxiety as the fear of death and annihilation of the self. There is further understanding that anxiety is more complex than the fear of one's

mortality (Mikulincer & Florian, 2006; Missler et al., 2012). Research shows a person's fear of death spans multiple categories, that include the fear of a loved one's death to a fear of bodily decomposition (Wong et al., 1994). According to Mikulincer and Florian (2006), there are additional categories of death anxiety that include: intrapersonal, interpersonal, and transpersonal. Intrapersonal death anxiety is the fear of not living a fulfilling life, interpersonal death anxiety is the fear of leaving loved ones behind, and transpersonal death anxiety that is the fear of what happens to a person after they die. Just as death acceptance is experienced through multiple understandings of death (Wong et al., 1994), so too is death anxiety. Mikulincer and Florian (2006) present further depth to a person's anxiety beyond the fear of mortality. Findings show a person's understanding of death is linked to multiple anxieties that greatly impact their attitude toward death. The complexity of one's attitude is bound together with their understanding of death along with other personal factors (Aday, 2006; Mikulincer & Florian, 2006).

One such personal factor includes social support (Aday, 2006; Besser & Priel, 2008). With a lack of community support, many individuals report feelings of isolation and loneliness (Carr, Nesse, & Wortman, 2006). Besser and Priel (2008) find isolation to be a major factor in a person's anxious attitude toward death because those isolated from greater social support lack the, "interpersonal aspects of self-regulation of distress" (p. 1722). Identifying strong communal support throughout life helps a person effectively cope with anxiety and experience a higher quality of life (Besser & Priel, 2008). Life satisfaction and self-esteem also influence a person's death anxiety (Fortner & Neimeyer, 1999; Neimeyer, Wittkowski, & Moser, 2004). Individuals with lower self-esteem and life satisfaction display greater death anxiety, most prominent in elderly populations (Fortner & Neimeyer, 1999; Neimeyer et al., 2004). While there are many

conditions that exacerbate feelings of anxiety, researchers find the presentation of death acceptance or anxiety is dependent on higher or lower rates of such factors.

One study by Missler et al. (2012) focuses on the multidimensional nature of death anxiety in order to understand the complexity of a person's perception of death. The group measures death anxiety in elderly persons living in care institutions across the Netherlands and finds higher anxiety in this population as compared to other individuals not living in care facilities (Missler et al., 2012). They measure anxiety within three dimensions: fear for their significant other after they die, fear of the dying process, and the fear of the unknown. Missler et al. (2012) reveal that individuals score differently across the multiple definitions of fear, showing that death anxiety is not a one-dimensional state. Missler et al. (2012) write,

...We can conclude that death anxiety is indeed a multidimensional phenomenon; much would have been missed had we adopted a unidimensional strategy. In particular, Fear for Significant Others and of the Dying Process emerged as very separate constructs. Notably too, high means for Fear for Significant Others and Fear of the Dying Process were found, when compared with the mean for Fear of the Unknown. This again demonstrates the benefits of distinguishing among components of death anxiety. (p. 374)

Many factors lead to an anxious outlook on death, including the perceived uncontrollability of a situation (Devins, Binik, Hollomby, Barre, & Guttman, 1981). Devins et al. (1981) present data, however low in magnitude, from patients with end stage renal disease reporting symptoms of depression when experiencing uncontrollability in their life. Researchers report older patients display depressive symptoms at a higher rate after experiencing multiple failed transplants during disease management. Indicating that patients experience poor mental health when it is combined with failed attempts for improved health outcomes. Patients suffering at the end stage of a

terminal illness display additional depressive symptoms due to their own and their practitioner's inability to control the disease and report a negative self-view after these attempts to treat the disease have failed. Devins et al.'s (1981) research emphasizes that death itself is beyond anyone's control and grappling with this fact negatively effects a person's outlook on life and themselves.

The clinical research on death anxiety shows the multiple consistencies that influence a person's anxiety toward death. Such consistencies include the data showing that as a person ages, their death anxiety tends to decrease (Neimeyer, Currier, Coleman, Tomer, & Samuel, 2015; Russac, Gatliff, Reece, & Spottswood, 2007; Surall & Steppacher, 2018). In addition to age, lower personal satisfaction and self-esteem consistently lead to an increase in death anxiety (Surall & Steppacher, 2018). When an individual has a positive self-view, they orientate toward pursuing a meaningful life and believe in themselves to fulfill these pursuits (Fortner & Neimeyer, 1999; Neimeyer et al., 2004). Death anxiety is defined by Wong (2008) as a defense mechanism that is based in fear and is one way a person copes with their nonexistence.

Research identifies Terror-management Theory (TMT) as one method people commonly deploy to cope with the terror of death (Wong, 2008). The theory describes a person's utilization of avoidant strategies when thoughts of death emerge in the conscious mind in order to decrease anxiety. Wong (2008) writes,

Greenberg, Arndt, Simon, Pyszczynski, and Solomon (2000) showed that people engaged in denial of their vulnerability to death (proximal defenses) in order to block out the terror of death, when their mortality was made salient and death-related thoughts were in their immediate conscious awareness. However, they engage in affirming their cultural worldview and self-esteem (distal defenses) when mortality was made salient but death-

relevant thoughts were not in immediate conscious awareness. The mechanism of cultural defense manifests itself in cognitive and behavioral efforts to defend or validate one's cultural world view. The mechanism of self-esteem manifests itself in cognitive and behavioral efforts to bolster self-esteem according to the standards prescribed by one's culture. According to TMT, an individual understands death as the ultimate threat against existence. In further research by Greenberg et al. (2000), people respond to this threat of annihilation by asserting their cultural worldview onto thoughts and experiences of death. (p. 79)

The individual applying TMT defines death as an ultimate threat against existence. In order to protect themselves from this threat, the individual attaches to false roles within a society as a way to temporarily suppress the fear of death. However, this strategy only increases anxiety (Surall & Steppacher, 2018; Wong et al., 1994).

Within the TMT model, people utilize specific cultural norms to avoid the acknowledgement of one's inevitable mortality by attaching to cultural-belief systems that create false protections against death (Kirkpatrick & Navarrete, 2006; Wong et al., 1994). However, Kirkpatrick and Navarrete (2006) argue that the fear of death is no more terrorizing than other intrusive thoughts and that TMT is simply a distraction from the sometimes-anxious experience of realizing one's mortality or that of a loved one. There is no denying that anxiety is bound together with thoughts of personal mortality, but by identifying death anxiety, a person can clearly see the suffering that exists from this anxiety and not death itself. TMT highlights a person's understanding of the role they have within society, and that this understanding greatly effects a person's attitude toward death. Several factors are explored in the following sections

that illuminate why a person responds to death in a certain way and how such factors impact an individual's perception of reality and death.

Factors to Death Attitudes

There are multiple factors that make up a person's response to personal mortality or the mortality of a loved one. The following sections include an in-depth presentation of three factors found in the clinical research on death attitudes, including culture, religion, and age. These three factors significantly influence a person's death attitude and the presentation of acceptance or anxiety. The studies below explore the functionality these ingrained perceptions have when dealing with and responding to death.

Culture. Death is a universal occurrence that impacts every person's reality, regardless of where they are in the world. Hayslip and Peveto (2005) describe a person's attitude toward death is largely shaped by the values and structures within a culture. Irish, Lundquist, and Nelsen (1993) indicate that any response to death is born out of the societal understanding of the world, they are not randomized mental states. A person's death attitude is rather a culmination of cross-culturally influenced factors. There are many cultures present in the United States, however research shows a shift in the dominant cultural attitude toward death and dying.

Compared to three decades ago, there is a shift in how people see and feel about death in the United States (Hayslip & Peveto, 2005; Petty et al., 2015). The sample group in Petty et al.'s (2015) study indicate a shift toward acceptance of death and dying, versus the more controlling and denying system that is prominent in Kastenbaum and Costa's (1977) research. Hayslip and Peveto (2005) note an increase in ambivalence toward death in the twenty-first century, as participants indicate they are neither afraid nor unafraid to die. The study shows people are not

necessarily attached to fear, but rather hold a more neutral stance in facing their mortality. Researchers attribute this ambivalent shift to a decrease in thoughts of mortality that is a new development since the 1970s (Hayslip & Peveto, 2005; Kalish & Reynolds, 1976). Displays of death become more personal and apparent between the 1970s and early twenty-first century leading to the personalization of death (Hayslip & Peveto, 2005). This personalization of death is associated with the end-of-life and patient-centered movements that helped people witness and be a part of the dying process (Hayslip & Peveto, 2005).

Despite a greater familiarity with death, Hayslip and Peveto (2005) do not find people are any less afraid of mortality, and emphasize a clear shift in the opinion of participating in and accessing a good death significantly increases after the 1970s. A societal shift takes place that calls for the patient, not the physician, to be in control of the dying process. This data is significant because it does not necessarily show a person who is less fearful or anxious of death, but rather shows how people attempt to ensure aspects of death are less frightening. Further reasons behind this cultural shift are noted in King and Hayslip's (2002) article, citing the greater awareness of death, larger elderly population, and increased media coverage of death are influencing factors in this shift.

More broadly, the idea that cultures cope with death differently is understood through the notion of a *death system*. This system, according to Hayslip (2003), is the fear or anxiety one attaches to death depending on how they react to this system. It affects a person's actions and behaviors that protect against the threat of death and dying. The death system's fear or anxiety is influenced, in part, by the effectiveness of the system's defense mechanisms (i.e. denial or acceptance). Within the colonized western culture, the use of denial is employed to control the fear of death and bring about a false sense of order in society (Hayslip, 2003). According to

Kastenbaum and Costa (1977), such a system is called a *death denying system*. However, the understanding and coping mechanisms of death and dying are different outside this cultural system (Bullock, McGraw, Blank, & Bradley, 2005; Hayslip & Peveto, 2005; Rine, 2018).

End-of-life care across cultures. Hayslip and Peveto's (2005) research reveals many individuals wish the dying process was more inclusive and the conversation around end-of-life care focused on a more positive death experience. Prigerson's (1992) study further supports this claim in showing patients are willing to forego prolonging life measurements in order to have a more peaceful death experience. The shift over the last several decades highlights how death attitudes are starting to acknowledge the significance of this time in life and realizing death is something to prepare for.

Hospice services have become widely accepted and well-known in the United States since facilities first opened in 1970s (National Hospice and Palliative Care Organization, 2018). Caregivers assisting patients with terminal diseases, or at the end of life, provide services that ease the physical and mental suffering associated with the dying process. Rine (2018) describes the shifting landscape of hospice and the patients it typically serves,

Although medical conditions are often the most conspicuous concern, a range of cultural dimensions require additional attention. This is imperative as populations who have been traditionally underserved by hospice and palliative care are now seeking this care. Other cultures may require increased engagement and recruitment efforts. (p. 42)

Striving to administer care from a multicultural perspective means providers not only consider a person's cultural background, but also the cultural understanding of death and how that impacts the patient's attitude toward their own death.

Many international hospice teams apply an open perspective that integrates the needs and understandings of multiple cultural systems (Cottle et al., 2013). A case study in New Zealand by Cottle et al. (2013) looks at an Auckland hospice that utilizes an established open-care system to help palliative care providers create a “...space for alternative cultural meanings and practices, and to support and defend that space as necessary within a larger social system that reflects a range of social inequalities” (p. 67). Listening to the needs of people in the Māori tribe helps this center provide better care and appropriate services to those not previously served. The center took the time to establish relationships and educate themselves on the attitudes of their patients. Cottle et al. (2013) note the importance of an individual feeling supported and belonging to a larger community in Māorian culture that does not deny death and the uncomfortable feelings surrounding it. Māori culture accepts the individuals that make up their community and works to create space for them to explore their attitude toward death. Understanding death as a unique and personal experience, this center defines the dying process as a shared experience that goes beyond medical treatment.

The cultural shift in the United States sees more individuals electing to be a part of the dying process and the importance of well-being at the end of life that was not as pertinent several decades ago (Hayslip & Peveto, 2005). As patients are shifting their attitude toward death, Rine (2018) describes the need for hospice providers to shift their approach in providing care to match the attitude that is more aligned with accepting death instead of pushing away from it (Hayslip & Peveto, 2005; Rine, 2018). These cultural systems prove to be significant factors in not only the personal attitude toward death, but also in how a person provides or accepts support at the end of life (Cottle et al., 2013; Hayslip & Peveto, 2005; Rine, 2018).

Ecuadorian hospice. In a 2018 study by Armendariz Dyer; patients, their family, and staff in an Ecuadorian hospice center discuss their personal and cultural understanding of death. The data reveals that individuals define death as a *spiritual journey* and see it as a sacred process that leads to the next life. The priest, not the healthcare provider, has the final word in the dying process because they are the ones to lead the patient's journey. The meaning of death is embodied through the spiritual leader guiding the death experience, while other team members carry out the social agreement that death is experienced through community and companionship, that is not meant to be experienced alone. Armendariz Dyer (2018) writes, "Being with others and dying in the presence of the community are required in order to achieve a good death" (p. 11).

In addition to the interactions of the hospice team, death is defined as an interpretive process of cultural and societal norms. For example, hospice staff do not use the word "death" when interacting with patients, saying the word is considered disrespectful. Death is further described as an ongoing experience, or transition into another existence, "individuals referred to death in terms of an ongoing existence...We can continue existing in a different form, in a different condition, and in a different reality" (p. 8). Hospice staff refrain from saying "death" to provide hope for a better existence, "...the understanding of death as an ongoing existence is also reflected in the avoidance and rejection of talking about death with patients" (p. 9). Healthcare providers see language as a powerful tool in providing a positive death experience for patients. However, the emphasis on life and continued existence creates a barrier between healthcare providers and dying patients in experiencing open dialogues in the present moment.

While the community is centered around the patient, great emphasis is placed on supporting the religious leader's care for the patient. According to the CIA's *The World Factbook* (2019), 74% of the Ecuadorian population identifies as Roman Catholic. It is important to note the strong influence religion has on the cultural approach to defining death and the social behavior in providing end-of-life care. The attitude toward death in this hospice center is one of both acceptance and anxiety because death is accepted as a spiritual process that transitions a patient to continued existence. However, the idea that death is an end to life is rejected and is even seen as disrespectful to the spiritual journey. This rejection creates a barrier to care and prevents an open dialogue between healthcare providers, patients, and loved ones. Armendariz Dyer (2018) distinguishes religion as a significant factor in a person's death attitude along with the cultural system from which they function.

Religiosity. Another factor that influences a person's attitude toward death is religion. Research indicates that a person identifying with an afterlife or higher power influences their acceptance or anxiety toward death (Neimeyer et al., 2011; Surall & Steppacher, 2018). The concept of one's religiosity presents contrasting viewpoints of death and a person's attitude toward it. Studies find the multidimensional presentation of religion translates to both a positive outlook on life and death (Niemeyer et al., 2011) and negatively affects the fear of death (Bassett & Bussard, 2018). In Niemeyer et al.'s (2011) research, they find only two factors (religion and ethnicity) relating directly to a hospice patient's approach-acceptance of death, exhibiting the relationship between religion and a positive outlook on the afterlife and death in general. However, within the same study, participants holding a different perspective of religion display death avoidant behavior and maladaptive coping mechanisms at the end of life. Other studies show patients with regret over immoral behavior (Bassett & Bussard, 2018), or feel rejected by

God and alone at the end of life, (Niemeyer et al., 2011) display a maladaptive outlook at the end of life.

A study by Johnson, Bell, Ridner, and Murphy (2019) indicate patients who display a maladaptive coping response closer to death is due, in part, to religious factors. For patients dying at home, hospice staff report some patients or caregivers refusing pain-management treatment because they felt they, the patient, was deserving of physical suffering due to past immoral behaviors. Hospice staff in this report witness religious doctrine being a barrier to care and a maladaptive coping strategy to a person's response to death that bolsters their death anxiety.

However, Surall and Steppacher (2018) find religion does not directly increase death anxiety or maladaptive coping in the response to death. The study shows that the certainty of an individual's belief in something is more important than what it is they are believing. Surall and Steppacher (2018) measure religiosity by a person's belief in an afterlife and find that the more someone believes in an afterlife, the higher the rate of death acceptance. In Tomer and Eliason's (2000) study, older adults show an orientation toward religiosity that leads to an increase in meaningfulness and consequently to a decrease in the fear of non-being. Religiosity is measured through devotional acts, such as praying or reading religious texts. Participants report an understanding that pure chance does not control life and death, and that both life and death carry a purpose. The study shows older people with religious devotion assign meaning to death and see it as a natural part of life. Surall and Steppacher (2018) and Tomer and Eliason (2000) both consider religion to have a positive effect on death attitudes, through devotional acts or faith in an afterlife, individuals with greater religiosity report a greater sense of death acceptance.

A person's religious views can help or hinder their attitude toward death. In some research, religion is a barrier to care and reminds them of all the immoral actions in life (Johnson et al., 2019; Bassett & Bussard, 2018). For others, religion helps people accept an end to one life will bring them into a next life (Armendariz Dyer, 2018; Surall & Steppacher, 2018). Though each article measures religion differently, they still present religion being a significant factor that influences a person's attitude toward death.

Age. A person's age is another factor that contributes to the personal attitude toward death. There is some evidence that suggests as a person ages, death anxiety decreases (Neimeyer et al., 2011; Russac et al., 2007; Surall & Steppacher, 2018) and death acceptance increases (Gesser et al., 1988; Neimeyer et al., 2011; Wong et al., 1994). However, further research indicates that death anxiety does not necessarily decrease as a person ages, but that it shifts over time. Stricherz and Cunnington (1982) find that people within three different age brackets have various fears about the idea of death. The youngest bracket fears the loss of a loved one and the finality of death. The middle-aged group fear a painful and untimely death. While the oldest fears a steady deterioration in health and independence, as well as a drawn-out death. Despite some manifestation of fear remaining in the later years of life, research indicates the highest anxiety surrounding mortality is present in the youngest participants.

Wittowski (2005) finds that older people understand death more clearly because they have experienced more death events than younger people. Stricherz and Cunnington's (1982) age brackets show this in their reporting of younger people being more fearful of the finality of death and an untimely death compared to older participants who fear a drawn-out death. Having more experience with losing people and witnessing the finality of death, anxiety shifts in older people from fear of personal mortality to death being a drawn-out process. Despite this shift, Tomer and

Eliason (2000) find that older adults think about death more frequently and this leads to a greater fear of personal death, while younger people show a decrease in fear despite the same thoughts. This is significant because it shows a person closer to the end of life is accepting of death, and even wishes it to come quickly, but thinking about it more frequently increases fear. Perhaps fear increases because they understand that death can arrive at any time, there is no longer the space to adapt to or avoid the idea of dying as there once was in younger years. Death is imminent at any time in life, but older populations know that it is only a matter of time before their life ends. Younger people have the space to adopt healthy lifestyle choices that create the façade of prolonging life. But as a person ages, it becomes more obvious that despite any healthy habits in life, death is still inevitable. It is only a matter of time before life ends.

In a study by Petty et al. (2015), younger adults respond to death with a sense of defeat or an urge to resist it. This response is categorized as an overcoming response to death that is affiliated with a higher rate of death anxiety and the fear of others dying. Older adults, especially women, in the study do not respond in the same way. They see death as a natural end to life and not something to resist. Another response participants exhibit is a participating response that displays a decrease in fear, but an overall presentation of anxiety. Tomer and Eliason (2000) and Petty et al.'s (2015) research both provide evidence that as a person ages, their anxiety around death does not subside, but rather shifts.

The above research implicates age as a significant factor in a person's death attitude. Defining death from a multidimensional perspective shows the many ways populations assign meaning to their life and identify the functionality of death as either a natural end to life (Tomer & Ellison, 2000), or as a personal threat to existence (Petty et al., 2015). The many facets that make up a person's interpretation of death show how attitudes toward death are continually

shifting as a person ages. Death attitudes continue to shift despite death moving closer every day. Familiarizing one's self with the personal understanding of death is important to the process of enjoying a good life. Buddhist literature provides supportive teachings on how a person can understand death through this theoretical lens, and then continue to identify their personal definition of death to experience a more positive life and death.

Introduction to Buddhist Teachings on Death and Mindfulness

In Buddhist tradition, death is an important time of life. According to Lama Zopa Rinpoche's handbook, *How to Help Your Loved Ones Enjoy Death and go Happily to their next Rebirth* (2015), death is the time before a person enters the between state where their next rebirth is determined. Lama Zopa Rinpoche (2015) advises, "Helping our loved ones at the time of death is the best service we can offer them...Because death is the most important time of life: it's at death that the next rebirth is determined" (p. 10). By preparing for death, a person is better suited to enter the between state and determine a positive rebirth. Death in the *Tibetan Book of the Dead* (1994), as translated by Thurman, is understood as one of three stages in the predictable cycle of existence. Thurman (1994) writes,

The Tibetan attitude toward death and the between is neither mystical nor mysterious.

This guidebook for the journey through the between shows how the reality of death fits into the Tibetans' world, vividly picturing the continuity between former, present, and future lives. (p. 18)

Death, the between, and rebirth are processes that are described in Buddhist tradition as an inevitable pattern that all sentient beings will experience, also known as *samsara*. Thurman (1994) describes death as an inevitability that many fear because they do not know when it will

arrive. Death is waiting to emerge and judge the individual on all good and bad deeds from their lifetime. Thurman (1994) writes, “They...see death as a...powerful nihility...that will come for them at any time” (p. 18). He presents any fear of death being directed at the God of Death, Yama, the king of the underworld and judge of the dead, “Yama judges them and then sends them on, to the various heavenly realms if their virtue predominates, to the animal and hellish realms if their sins predominate” (p. 19). People do not necessarily fear death, but rather they fear the ignorance of its arrival and the judgement placed upon their pure or impure actions from their lifetime, “Though the personification of Death is vivid in the Tibetan imagination, we notice at once that it is not Yama himself that is so awful, but rather his judgement and the possibly negative fate he metes out” (p. 19). Yama is the personification of a person’s past actions reemerging at the end of life to determine the fate of their next rebirth. Yama’s judgement is directed at actions, not the person carrying out such actions. He judges the collections of actions that create the karma spanning the many rebirths of person’s existence.

The Tibetan understanding of death encompasses the Buddhist practicality of utilizing one’s lifetime to learn about themselves and break free from negative actions in order to live a more compassionate life and have a positive rebirth (Thurman, 1994). Living a life in the human realm is an opportunity to prepare for death and any future lives by improving ethical actions, emotional habits, and critical insights. Buddhist monastics and scholars, including Lama Zopa Rinpoche (2015) and the Dalai Lama in his book *Advice on Dying* (2002), advise individuals to practice mindfulness to become more accepting of death so that when it does arrive it is not overwhelming. The Dalai Lama (2002) writes, “If you accept that death is part of life, then when it actually does come, you may face it more easily. When people know deep inside that death will come but deliberately avoid thinking about it, that...is counterproductive” (p. 40). The Dalai

Lama (2002) and Lama Zopa Rinpoche (2015) both suggest a person detach from fear and personal definitions of death in order to relinquish the suffering that emerges from attaching to the false assumption that life is permanent. Lama Zopa Rinpoche (2015) shares, “At the time of death, clinging to the body causes unimaginable suffering. Breaking this attachment is vital to dying with a peaceful and happy mind” (p. 27). He suggests individuals begin breaking this habit before the time of death because correcting this attachment takes practice, “So don’t wait until you’re close to death to practice renunciation. If you practice in your daily life, freeing your mind from the bondage of the emotional pain of attachment, your mind will be trained” (p. 28-29). Both the Dalai Lama (2002) and Lama Zopa Rinpoche (2015) agree that becoming aware of thoughts, sensations, and attachments helps a person detach from phenomena and experience a more positive reality that is free from unnecessary suffering.

The Dalai Lama (2002) and Lama Zopa Rinpoche’s (2015) teachings are rooted in the Buddhist belief that suffering is change and there is no way of avoiding it in life. The Buddha developed a formulation to better understand suffering called “The Four Noble Truths,” as depicted in Thanissaro’s translation of the *Dhammacakkappavattana Sutta: Setting the Wheel of Dhamma in Motion* (1993). The four noble truths are defined as: the truth of the nature of suffering, the truth of the nature of its cause, the truth of the nature of its cessation, and the truth of the nature of the path leading to its cessation. In *Setting the Wheel* (Thanissaro, 1993) suffering is defined in the first noble truth as, “Birth is stressful, aging is stressful, death is stressful; sorrow, lamentation, pain, distress, and despair are stressful; association with the unbeloved is stressful, separation from the loved is stressful, not getting what is wanted is stressful” (p. 1). The human experience is imbued with suffering because a person attaches to impermanent phenomena by craving more of something or desiring less of something at any

given time. The Dalai Lama (2002) and Lama Zopa Rinpoche (2015) suggest people detach from these attachments because life is not everlasting and death can appear in any moment.

Thurman (1994) explains that death is the ultimate freedom from which all phenomena dissolve. If death can happen at any time, a person should start to practice their awareness of attachments in order to become familiar with the freedom that occurs when all phenomena dissolve into nothingness. Thurman (1994) writes,

All the somethings in and around us with which we preoccupy ourselves from morning to night are potentially nothing to us. If we died, they would dissolve in our tightest grasp...faded into blank numbness if they were our mind and body. Surprisingly, once we become accustomed to the omnipresent possibility of death in life, we feel greatly liberated. We realize we are essentially free at all times in all situations. We realize that all compulsion is only based on the illusion of substantial continuation...We become completely immersed in the medium of freedom. (p. 20)

Thurman (1994) describes death being the foundation for life itself because it is either the driving motivation to live a positive unattached life, or it is the terrifying judgement that is lurking behind every corner. However, as Thurman (1994) describes, death is a state free from all phenomena. It is the individual who attaches their lived experience and false perception of a permanent reality that intensifies anxiety around death.

Thich Nhat Hanh's book *No Death, No Fear* (2002) also describes death as being free of all phenomena. Nhat Hanh (2002) presents the Buddha's teaching that death is a notion, but any notions are false illusions. The concept of death is only what the mind makes it to be. Death itself is only dependent on conditions being sufficient or conditions being insufficient, "When

conditions are sufficient things manifest. When conditions are no longer sufficient things withdraw. They wait until the moment is right for them to manifest again” (p. 2). Death is a reoccurring circumstance that becomes an object of attachment.

According to Thich Nhat Hanh (2002), the attachment to the concept of death leads to confusion and further suffering because a person overlooks the deeper insight of the true nature of reality when they only observe the idea of death. Nhat Hanh (2002) explains,

When you have a match, you have the condition to make a fire. If the flame you make with the match lasts long enough, it will also burn up the match. The match gives rise to the fire, but the fire itself burns up the match. The teaching of impermanence is the same. It helps to have the awakened understanding of impermanence, and the insight of impermanence is what will burn up our idea of impermanence. (p. 19)

Death is a nothingness in which all attachments and phenomena dissolve (Nhat Hanh, 2002; Thurman, 1994). Death acceptance or anxiety are expendable at the end of life because death itself is free of any personal concepts. A person better prepares for death by relinquishing any attachments to notions of death during their lifetime. This relinquishing is accomplished through the use of mindful practices throughout a person’s life. Mindfulness-based practices help a person clearly see their attachments to definitions of death and how these definitions create further suffering in life.

There are many mindful practices that enhance a person’s awareness of suffering at any time in life, not just at the time of death. The practice of present-moment awareness and observing the thoughts in one’s mind helps to remove any barriers to experiencing the true nature of reality, even at the time of death (Dalai Lama, 2002; Lama Zopa Rinpoche, 2015). A key

factor in abiding in the present moment is the ability to observe the attachment occurring in the mind and meet it with compassion (Dalai Lama, 2002). The individual understands that any suffering is caused by attachments once they see past the misconception of permanence. Lama Zopa Rinpoche (2015) shares, “As soon as we investigate the nature of this kind of hallucinated happiness, we discover that it is only suffering. Then we can cut this emotional pain, free our mind from attachment, and die with a happy mind” (p. 28). The practices discussed below support a person both during life and at the time of death, as they help create favorable conditions to promote a person’s rebirth into a higher realm where the opportunity to break out of the endless cycle of samsara exists.

Mindfulness-based Practices

Thich Nhat Hanh defines mindfulness in *The Heart of the Buddha’s Teaching: Transforming Suffering into Peace, Joy, and Liberation* (1998) as paying attention to the present moment in a nonjudgmental way. Multiple mindful tools and practices that help individuals realize the inner workings of their mind are explored in research and theoretical analysis. The practices below are presented in relation to how they help a person cope with death anxiety and bolster death acceptance.

The Dalai Lama (2002) urges people to prepare for death now by providing accessible practices to implement at any time in life. His first instruction is on the importance of having a calm mind in order to practice anything, “Realize that the root of your own happiness and welfare rests with a peaceful and tamed mind” (p. 89). The human body and mind provide favorable conditions for practicing any of the Buddhist teachings that support acceptance. The Dalai Lama (2002) advises people to take advantage of these conditions, “Realize the value of the human body with which you have been endowed, for it is the result of many past good

causes. Appreciate the fact that teachings are available and ready to be implemented” (p. 88). The cultivation of a calm mind is possible through the practice of meditation and mindfulness. The Dalai Lama (2002) hopes everyone will take advantage of this unique human quality in which individuals can cultivate and experience clarity from attachment through any practice.

The Dalai Lama (2002) recommends a meditation focused on the awareness of death that is organized into three roots, nine reasons, and three decisions. The first root is, “Contemplation that death is definite” (p. 92) with a decision being “I must practice” (p. 93). The second root is, “Contemplation that the time of death is indefinite” (p. 93) with its decision, “I must practice now” (p. 93). The third root is, “Contemplation that at the time of death nothing helps except practice” (p. 93), its decision being “I will practice non-attachment to any of the wonderful things of this life” (p. 93). The meditation helps a person prepare to die by accepting the uncertainty of death’s arrival, but seeing clearly that it will arrive, “If you develop an appreciation for the uncertainty and imminence of death, your sense of the importance of using your time wisely will get stronger and stronger” (p. 96). He wants people to take advantage of their life in order to strengthen the mind at the time of death.

Another practice the Dalai Lama (2002) provides is a threefold mindfulness that meditates on the Highest Yoga Tantra. The daily practice focuses on all eight signs of death and the principal of detachment. The eight signs are as follows: mirage, smoke, fireflies, flame of a butter lamp, vivid white appearance, vivid red-orange increase of appearance, vivid black near-attainment, and finally clear light. The practice visualizes a specific sign then recalls the signs before and after to familiarize the mind with each sign. The natural appearance of the signs emerge only for advanced practitioners, but the Dalai Lama (2002) advises any one to become

familiar with the order of each sign and to imagine how they could appear at the time of death.

He says,

Although the eight signs do not actually appear in meditation except for advanced yogis, you maintain the three mindfulness in your imagination for the sake of developing familiarity with these signs. In full-fledged practice, when you reach the level of actual cultivation, you remain in meditative concentration on emptiness and the signs appear of their own accord. (p. 174)

The larger practice of Tantra utilizes the mind to increase any type of spiritual development and the mind's endless source of opportunity and virtue. This meditation helps acclimate a person to the uncertainty of the death process. The threefold mindfulness and awareness of death meditation both support a person's reluctance to acknowledge death and the uncertainty of it. Death anxiety can be tamed by visualizing the signs of death into daily life through these practices.

Thurman (1994) also discusses the importance of visualization exercises prior to death in his description of the six realms that tempt people in the between stage. According to Thurman (1994), Buddhists teachings organize the multiple life realms that a person reincarnates into six main categories: hell realms, hungry ghost realms, animals, humans, antigods, and the realm of the gods. Each realm encompasses extreme blissful or terrifying imagery. Such imagery is considered a manifestation of the emotional fear or pleasure-states that the human mind creates (Thurman, 1994). A person is better prepared for the terror of the negative realms or the intoxicating bliss of the tempting realms after familiarizing themselves with their personal emotional spectrum during life and witness the impermanent emotions to be projections from the mind.

The practice of a human's lifetime is to meditate on detachment and realize the human reality is only a projection of the mind. The emotional projections that are part of the human realm become objects of attachments that Thurman (1994) and the Dalai Lama (2002) advise individuals to acknowledge, especially any emotional responses toward death. At the heart of these practices is the motivation of enjoying a positive life in order to experience a positive rebirth.

In addition to the reflective practices that the Dalai Lama (2002) and Thurman (1994) describe, are the mindfulness-based therapies that are studied in clinical research. As every person's experiences of death are different, so too are the tools used in supporting a person's death attitude.

Mindfulness-based practices in research. There is clinical data showing certain meditation practices help a person cope with the end of life by providing additional coping strategies in moments of physical or emotional discomfort. Specific clinical findings indicate meditation is a useful tool in overcoming death anxiety and grow toward death acceptance.

An accepting attitude is a more adaptive coping mechanism than anxiety when faced with human mortality (Surall & Steppacher, 2018; Wong, 2008). Many individuals discover the meaning of death after they accept its inevitability and focus more on living a fulfilling life (Wong, 2008). One practice that enhances acceptance is defined in the book *Acceptance and Commitment Therapy, Second Edition: The Process and Practice of Mindful Change* (2011). Hayes, Strosahl, and Wilson define Acceptance and Commitment Therapy (ACT) as a practice that promotes acceptance and creates a space between an uncomfortable mental state and the reaction to it. The commitment aspect of ACT asks the person to behave freely from the limitations of one's mind, or the specific disturbance that is emerging in the moment (Hayes et

al., 2011). “Suffering occurs when people so strongly believe the literal contents of their mind that they become ‘fused’ with their cognitions” (p. 20). ACT utilizes mindfulness and acceptance-based strategies to take a more balanced approach in accepting disturbing thoughts and feelings instead of trying to shift away from them (Hayes et al., 2011).

ACT reduces death anxiety and improves mental health in patients with HIV (Mirzaeidoostan, Zargar, & Zandi Payam, 2019) by increasing psychological flexibility and enables the patient to seek alternative coping methods when uncomfortable thoughts, emotions, memories, or desires emerge (Hayes et al., 2011). Rost et al. (2012) find people utilizing ACT experience an improved quality of life, death acceptance, emotional control, thought suppression, and mental disengagement. ACT shows an increase in “the creation and development of ‘commitment’ and ‘acceptance’ among clients, especially those with generalized anxiety disorder to reduce avoidance, tension, and depression” (p. 3). The study shows anxiety decreases and a person’s acceptance rate increases after they begin ACT treatment.

ACT is a therapeutic tool under the same umbrella as other mindfulness-based practices like Mindfulness-based Stress Reduction (MBSR) and Mindfulness-based Cognitive Therapy (MBCT) (Fashler et al., 2018). The goal of MBSR is to self-regulate pain, or cope with the negative symptoms that do not improve from standard medical care (Kabat-Zinn, 1982). Within this model, a person’s suffering should decrease as they adopt an open awareness and acceptance of painful sensations in order to decrease secondary reactivity to such pain (Kabat-Zinn, 1982).

Awareness and acceptance of the present moment are used in the MBCT model to assist patients in relating differently to their thoughts, emotions, and behaviors with the intention of preventing them from worsening a person’s outlook (Fashler et al., 2018). MBCT decreases negative mental states in patients across multiple studies, including cancer-related anxiety and

distress (Segel, Williams, & Teasdale, 2012). ACT, MBSR, and MBCT ask the practitioner to turn towards discomfort instead of away and to accept this pain from a different perspective (i.e. as just a sensation without attaching a secondary thought to it).

Compassion training. Another mindful practice that increases a person's acceptance of death and their anxiety toward it is compassion training. Compassion is fostered when a person creates the space to feel their pain and suffering and work toward accepting it. In a study by Klimecki, Leiberg, Lamm, and Singer (2012) participants improve their emotional stability and positive affect after starting compassion training. People trained in compassion exhibit a greater capacity to view discomfort while maintaining a positive outlook, "We observed that, compared with a control group, compassion training elicited activity in a...brain region previously associated with positive affect and affiliation" (Klimecki et al., 2012, para. 1). These findings indicate compassion training can help a person apply a positive outlook and affiliation to death anxiety and work toward accepting the instability of human emotions.

Focused attention meditation. Another tool that helps a person cope with death anxiety is the practice of staying in the present moment. By remaining present, a person detaches from distraction and focuses their attention on whatever is occurring in the moment (Brefczynski-Lewis, Lutz, Schaefer, Levinson, & Davidson, 2007). Focused attention meditation is associated with increased activation in the region of the brain related to present moment awareness and enhanced attention. Brefczynski-Lewis, et al. (2007) expose expert meditators to distracting audio stimulation, but find they have "less brain activation in regions related to discursive thoughts and emotions and more activation in regions related to response inhibition and attention" (p. 11483). This finding is relevant to someone coping with death anxiety because

training the mind to stay in the moment can help decrease emotional reactivity and intrusive thoughts that are associated with increased suffering.

According to Brewer et al. (2011), the default mode network is a region in the brain that supports self-referential processing and is associated with mind wandering. This region is activated when someone is recalling past memories or creating future scenarios. Activation in the default mode network leads to stress and anxiety from rumination due to a lapse in awareness. Practicing focused attention meditation prevents a person from ruminating on past thoughts or experiences associated with death that disrupt the present moment. This type of meditation helps a person stay aware of discomfort but not become overwhelmed by it (Tomasino & Fabbro, 2015). The practice is not meant to avoid discomfort, but rather to bolster awareness of the present moment and identify whatever is occurring in it. This presence is useful for individuals struggling with death anxiety because it reinforces positive coping mechanisms that accept discomfort in the moment.

Open monitoring meditation. Open monitoring meditation is a practice that is utilized during difficult situations. Unlike focused attention meditation, open monitoring does not focus on a specific object (Lutz, Slagter, Dunne, & Davidson, 2008). Lutz et al. (2008) describe open monitoring as emphasizing the cultivation of a “reflexive awareness” (p. 164) that allows the meditator to experience each moment in a more actualized reality. Similar to focused attention meditation, emotional distress is observed and acknowledged in the moment, but does not lead to an emotionally charged reaction. The practitioner does not identify with the emotion (i.e. “this is anger” versus “I am angry”). The practice decreases emotional reactivity and distress by increasing effortless awareness of each experience (Lutz et al., 2008). Death anxiety is a

common mental state that many people experience, but open monitoring meditation is a tool that can help people realize the mind state is only a passing phenomenon.

Clinical limitations. It is important to note that much of the above research is conducted on expert meditators, some having over 40,000 hours of meditation practice (Brefczynski-Lewis et al., 2007). The average person will not have this experience at the time of death or hold the capacity to develop such skills throughout their lifetime. The greatest indication of change occurring in a relatively short amount of time is compassion training (Klimecki et al., 2012). Participants received only several hours of training and still displayed significant changes, indicating a promising tool for those with limited time. These contemplative practices help people struggling with death anxiety to better navigate the upsetting situations that are experienced when contemplating mortality by remaining present for others and themselves, which in turn ensures improved awareness of their personal perceptions of death and any suffering associated with it.

Death Attitudes and Buddhist Teachings

This section connects Buddhist teachings to the above research on death attitudes. Death acceptance, Meaning-management theory, death anxiety, and the different factors of a person's death attitude are examined through the lens of Buddhist teachings and how these philosophies help a person cope with death anxiety and accept death as a universal occurrence. The examination of death acceptance and death anxiety through this theoretical lens reveals a further understanding of the topics, and the impact each attitude has on an individual's ability to cope with death.

Death Acceptance and Buddhist Teachings

Death acceptance is one frame of mind a person has when thinking about death and dying. Research indicates this attitude is multidimensional and finds a person is more accepting of certain aspects of death than others (Wong, 2008). This attitude manifests in multiple ways, but studies show a person holding this mind-state has a lower fear of non-being and an increased satisfaction in life (Flint et al., 1983; Surall & Steppacher, 2018). The many dimensions of such acceptance shows how a person views the functionality of death itself. Death can be understood as a natural end to life, a positive alternative to a painful life, or a transition to an ideal after-life (Wong, 2008). Such research shows death is not defined as a singular experience. A person's acceptance or rejection of death depends greatly on their definition of it. Often these definitions emerge from a person's experience and perception of the way things are in their life.

Death acceptance is only one death attitude, a person can simultaneously experience a contrasting mind state, such as death anxiety. A person feels one attitude in the moment, while in the next it falls away. From the *Maha-nidana Sutta* (trans. 1997a), this pattern of shifting experiences is understood as *causality*. Gethin (1998) describes the mental states of acceptance or anxiety as seeming different, but each attitude is a "continuous causal connectedness of patterns and clusters of physical and mental events" (p. 142) that occur throughout a lifetime. Buddhist philosophy links a person's attitude toward death to any past physical and mental events that create the conditions for acceptance or anxiety to arise in any given moment.

Missler et al. (2012) show how older adults become less fearful of certain aspects of death and more accepting of others, indicating that a person's death attitude shifts throughout their lifetime. Findings like this help to emphasize another Buddhist teaching: impermanence. Gethin (1998) defines impermanence as closely connected to suffering because the nature of reality in life is inherently unstable and shifting moment to moment, "We are part of a world

compounded of unstable and unreliable conditions” (p. 62). The notion of acceptance is liable to shift because that is the nature of reality. Missler et al. (2012) presents fear not disappearing as a person ages, but that it shifts based on a person’s understanding of death and dying. This finding indicates that fear or acceptance shift when conditions for one attitude arise depending on what is present in the moment. These conditions continue to shift throughout life, so rather than measuring the prevalence of one attitude and the absence of the other, it is important to understand that conditions disappear, not the attitude.

As Thich Nhat Hanh (2002) describes, “...we are not the same and we are not different. When conditions are sufficient we manifest and when conditions are not sufficient we go into hiding” (p. 2). Buddhist teaching asks the individual to become aware of these shifts and familiar with endings and beginnings to realize the inevitability of death and the rebirth cycle that all humans experience (Thurman, 1994). Becoming comfortable with this, a person can prepare for their own death and experience the acceptance or anxiety in any given moment by becoming comfortable with the ever-shifting landscape of life and the inevitability of death. The Dalai Lama (2002) writes,

I reflect on the fragility of caused phenomena, and then snap my fingers, the brief sound symbolizing impermanence. This is how I remind myself that I will soon be descending from this high throne. Any living being...must eventually die. Not only must you die...you do not know when the end will come...If you develop an appreciation for the uncertainty and imminence of death, your sense of the importance of using your time wisely will get stronger. (p. 95-96)

Impermanence emphasizes the ever-shifting landscape of life, but causality helps a person understand these shifts as having a certain sequencing to them and not occurring in random

order. Experiencing anxiety from this perspective allows a person to understand why it is occurring and become more accepting of the current phenomena.

These moments of acceptance bolster a person's realization that life also ceases to exist, just like the mental and physical phenomena of each moment. Buddhist teaching describes a greater wisdom of the present moment emerging from the acceptance of this inevitable truth. Lama Zopa Rinpoche (2015) provides analytical descriptions of the multiple channels that the human body holds and that the ultimate mind, or wisdom, lies at the center of the heart. The true wisdom in the heart is called the clear light mind and is released at the time of death, but it is possible to release this wisdom during life. A person's consciousness is carried through each channel, but knots are created around the channels and the heart center that make it difficult to penetrate the deeper wisdom. Lama Zopa Rinpoche (2015) explains that if the knots unwind and engage with the clear light mind, a person can begin to free themselves from the delusion of permanence. Lama Zopa Rinpoche (2015) theorizes that all humans have the innate potential to experience the clear light mind that is free from negative qualities of attachment.

When a person experiences the conditions for death acceptance, even for a moment, they embody the wisdom of the clear light mind. The acceptance of life falling away and death arising is one way an individual removes the false notion that life is permanent. According to the *Niramisa Sutta: Unworldly* as translated by Nyanaponika Thera (1998), when a person attaches to these higher insights, they experience greater anxiety and dissatisfaction in the present moment. In the moment of grasping or accepting, a person realizes their personal attitude toward death. The individual experiencing acceptance sees the impermanent nature of life and observes phenomenon falling away. However, even this acceptance is impermanent and shifts over time.

Buddhist teaching of causality and impermanence instruct the person to see past the conditioned reality in order to understand life and death are only notions that are born out of attachment.

Meaning-management Theory (MMT) and Buddhist Teachings

Wong (2008) presents a realistic explanation of how a person accepts death. He identifies that death as an inevitable part of life and the realization of this can be terrifying: "...we can never be completely free from death anxiety...the specter of death is always hovering over us, reminding us of our mortality. No matter how we rationalize...death...The relationships between death acceptance and death fear are complex and dynamic" (p. 69). His position here is similar to Buddhist teachings of suffering because Wong (2008) acknowledges that anxiety, or suffering, is an inevitable part of life. A person cannot escape their own mortality, and that is stressful.

MMT describes the nature of human perception as having a strong impact on the external world around them. Wong (2008) theorizes that if a person reframes their purpose in life they will become more accepting of death because they see it as motivation to live a meaningful life. He summarizes in MMT (2008) that when a person accepts death and agrees that it is a part of life, they theoretically set out to live a meaningful life. This *setting out* is a similar concept to the Buddhist tenant of *going forth* as depicted in the *Pabbaja Sutta: The Going Forth* (trans. 1997b). The Sutta describes the beginning of the Buddha's journey where he sets out on the path towards awakening. He finds joy and happiness in his going forth, because he knows there is more to experience beyond what is perceived in the limited mind and world. "Household life is crowded...while going forth is the open air...I have gone forth, but not in search of sensual pleasures. Seeing the danger in sensual pleasure—and renunciation at rest—I go to strive. That's where my heart delights" (sn. 405-424). Wong (2008) postulates a person can recognize a limited view of death can negatively impact the way a person lives their life. He suggests, based on the

findings from multiple studies (Gesser et al., 1988; Wong et al., 1994), that as a person adopts a more open and accepting perspective on death, they set out to live a meaningful life. Wong (2008) does not discredit the suffering from anxious feelings or fear of death, rather he suggests combating any suffering through acceptance of the inevitable. Just as the Buddha in the *Pabbaja Sutta*, who witnessed the suffering around him, went forth to realize a greater depth to life beyond suffering.

Wong (2008) emphasizes the pursuit of a *good life* as motivation for a purposeful and meaningful life. However, such emphasis on a particular life unearths an attachment to the concept of a good life, or the detachment from a bad life. According to Watts in *The Way of Zen* (1957), Buddhist teachings in the Mahayanist tradition teach the realization of the "...absurd vicious circle of desiring not to desire...by one-self...does so as an expedient for bringing the individual to a vivid awareness of his own futility" (p. 68). The effort put forth in acquiring a good life is bound to fail because the person remains attached to the notion of a good life. Any ideas are mental phenomenon that eventually dissolve, so a person pursuing a good life will find themselves grasping onto something that does not exist. As Watts (1957) writes, "Nothing in the universe can stand by itself...and for this reason it is absurd to single anything out as the ideal to be grasped" (p. 71). A person experiences a good life when they free themselves from the concepts of a good or bad life.

Wong's (2008) objective in MMT is to describe a way of managing and reframing the various definitions a person associates with death in order to experience a more positive reality. The *Sunyada: The Doctrine of the Void* presents the nature of reality, or the conceptions of reality, that a person creates in their mind. Watts (1957) describes how the *Doctrine* breaks apart a person's conception of reality and calls on them to detach from any unconscious thoughts and

actions in order to discover the freedom of reality. The *Sunyavada* sees this detachment as the only way to achieve liberation and, like Wong (2008), the freedom from death anxiety of nonexistence.

Wong (2008) does not address a person's grasping in as much depth as the Buddhist teaching of relinquishing. The idea of a good life remains an object of desire and is subject to attachment. In the *Sunyavada* the reader is presented with further instruction to detach from all concepts, even that of freedom because it too is only an object of attachment. When a person lets go of the attachments they create throughout life, they experience the true nature of reality. As described in *Self Liberation Through Seeing with Naked Awareness* by Padmasambhava, "there exist others who, being attached to their own personal ideas and interpretations, become fettered by these attachments and so do not perceive the Clear Light" (sec. 5, 2010). Clinging to one's conditioned reality prevents the freedom of life and death acceptance from emerging into a person's awareness. Wong (2008) urges individuals to reframe their negative perspective of death in order to accept it and begin living life with greater meaning and purpose. A person can easily accept death and life's inevitable suffering by reframing their concepts of death.

Death Anxiety and Buddhist Teachings

Just like death acceptance, death anxiety also undulates throughout a person's life depending on multiple conditions. One condition Tomer and Eliason (2000) identify as amplifying death anxiety is a person's direct fear of personal nonexistence. Their research shows it is the absence of life or self that is feared, not the presence of death. Death anxiety only exists because the conditions for both life and death exist. The fear of death cannot exist without life first existing. Conversely, life cannot be clung to if death is not also present. Death anxiety arises because a person clings to the illusion of permanence. However, a person can learn to cope with

death anxiety by becoming familiar with how an attachment to certain conditions creates this anxious attitude and additional suffering.

Each of the four noble truths, as described in the *Dhammacakkappavattana Sutta* (1993), are connected by the presence of suffering, which is inherent to the human experience. The second truth, the origin of suffering, describes the craving for further becoming or non-becoming as one way a person creates suffering in their life. "...This, monks, is the noble truth of the origination of stress: the craving that makes for further becoming—accompanied by passion and delight, relishing now here and now there—i.e., craving for sensual pleasure, craving for becoming, craving for non-becoming" (sn 56.11). A person desiring more or less of something relates to Wong et al. (1994) and Mikulincer and Florian's (2006) research that associates death anxiety with the fear of a loved one's death or the fear of leaving a loved one behind. A person clinging to their current existence in relation to themselves or another creates additional suffering because they refuse to accept the impermanent nature of every person's existence. Desiring for more life shifts a person away from the true nature of existence that all beings die. Suppressing this fact only creates further suffering because the individual refuses to see life for what it is, impermanent.

The impermanent nature of life sees all phenomena shifting from one moment to the next. As Gethin (1998) describes, if a person clings to an idea of who they are and the life they experience, they are observing suffering as change. "...When we are enjoying something, or even when there is nothing that is causing us particular unhappiness, things are always liable to change: what we were enjoying may be removed from us or something unpleasant may manifest" (p. 61). Even if a person accepts their suffering as change, they are still prone to different forms of suffering. The person acknowledging the impermanent nature of existence can

still desire for further becoming and strive to avoid the pain of unbecoming, or death. A person is dissatisfied and anxious from the realization that the world they perceive is inherently unstable. Gethin (1998) calls this suffering as conditions. Conditional suffering emerges when a person is negatively affected by the experience of impermanence and no longer finds pleasure in life. Clinical research shows people aware of life's instability experience an increased dissatisfaction in life and anxious attitude toward death (Devins et al., 1981; Fortner & Neimeyer, 1999; Neimeyer et al., 2004).

A person who is aware of the inherent suffering in life attaches to any phenomenon to maintain the illusion of control and permanence. Devins et al. (1981) highlights that patients with end-stage renal disease exhibit an increase in depressive symptoms as they experience uncontrollability in their disease management. For both terminally ill and healthy individuals, the same grasping to a false sense of stability leads to a continued manifestation of suffering. The thirst for permanence is never satisfied and quickly turns into attachment. Once attached to this illusion, a person believes they are in control of life and relies on similar conditions to manifest false permanence. The desiring and attaching only create additional suffering.

By acknowledging the suffering in a person's life, an individual sees the interconnectedness of all phenomena from the clear mind that exists under the grasping and dissatisfaction of an unstable life. The notion of self in Buddhist teaching depicts the idea of dependent arising, or the nature of causality. In this sense, a self only exists in the present moment by virtue of the self that exists from previous moments. Gethin (1998) describes, "causal connectedness is such that the patterns in which events occur tend to reproduce themselves and so are relatively stable over a period of time" (p. 144). Despite experiencing life in one way today, this reality is liable to change. To define one's existence as permanent is a notion that

comes from a faulty perception of the world. Death anxiety is caused by clinging to a false conception of permanence from repeated conditions that create patterns making up who a person thinks they are and a life they think they live.

There is not a singular self that owns any individual experience or collection of experiences. In Thanissaro's translation of the *Sunna Sutta: Empty* (1997c), the Buddha describes it this way, "The eye...forms...the ear...the nose...the tongue...the body...the intellect...ideas...intellect-consciousness is empty of a self or of anything pertaining to a self. Thus it is said that the world is empty" (sn 35.85). The concepts of life and self both materialize from the repeated sensations that linked phenomena produce. A person constrained to these false perceptions attaches to things and situations that ultimately fall away and live in fear that what is acquired through these impermanent patterns will be taken from them. Gethin (1998) explains,

The idea that one exists as a permanent, unchanging self is born in faulty reasoning based on the failure to perceive the world as it actually is. This notion of self is born of delusion and ignorance. Additionally, the notion of self can be bound up with craving and attachment...to understand the world in terms of self is not only to see it wrongly but to be led by greed, desire, and attachment. The sense of self stems from a delusion and also desire to identify and claim some parts of the universe as one's own possession. (p. 146-147)

The Buddhist definition of a self describes a false understanding of the world that is rooted in greed and attachment. One's view of reality is tainted by a delusion that there is any control over the way things are. The perception of the self influences the projected reality from which a person functions. Gethin (1998) explains, "There is a discrepancy between our craving and the world we live in, between our expectations and the way we live, between our expectations and

the way things are...We want the world to be other than it is” (p. 73). A person functioning in such a system limits their authentic existence because attachment prevents them from living as a complete being. By ignoring the reality of death and fearing the many aspects of it, an individual continues to create additional suffering that prevents them from living a fulfilling life in alignment with a clear and open mind.

Because death can happen at any time, it is important to see all the conditions and phenomena that a person attaches to escalate death anxiety and make the dying process more difficult. Lama Zopa Rinpoche (2015) explains how attachment leads to panic at the time of death or when a terminal diagnosis is given. If a person has spent their life grasping and collecting attachments, when the veil of delusion falls their habit of attaching will not serve them because all attachments dissolve at the time of death. Lama Zopa Rinpoche (2015) says,

What causes the worry and fear, what makes death so difficult is attachment, desire, clinging: to this life, to the body, possessions, family, friends and so forth. This clinging makes death difficult, bringing so much worry and fear. And we cause this ourselves. (p. 26)

A person attached to situations or concepts remains in fear of their life ending and prevents themselves from experiencing the clear reality that exists in the present moment. The mind is clouded by the delusion that any situations or people are permanent. By allowing attachments to dissolve, a greater sense of the ever-changing reality can be experienced.

The practice of laying down attachment, according to Lama Zopa Rinpoche (2015), is done through the intention of clearing out space for love and compassion. Love and compassion are both at the foundation of all Buddhist practice says Lama Zopa Rinpoche (2015): letting go

of attachment creates the space for love and compassion, but also first cultivating love and compassion helps dissolve any attachment. With this newfound practice, a person understands that love and compassion are meant to be shared with all beings. Lama Zopa Rinpoche (2015) says, “Their happiness depends upon your good heart, comes from your good heart. This is the most important thing in life.” (p. 30) With the heart expanding toward compassion and away from attachments, it inspires others to do the same. The chain reaction helps each person see the true nature of reality and its interconnectedness. The compassionate and loving heart is in fact the root of happiness and not the delusional reality that attachment creates.

The reminder of nonexistence becomes even more pressing for a person moving closer to death. Death is a reminder that both this life and the physical and emotional being experiencing it are impermanent. Nhat Hanh (2002) describes the fear of death and the Buddha’s prescription for it, “Our greatest fear is that when we die we will become nothing. Many of us believe that our entire existence is only a life span beginning the moment we are born” (p. 2). The fear of non-being or nonexistence is a legitimate fear that Missler et al. (2012) describe in their research. However, the teaching that a self does not exist can help a person cope with the fact that death and nonexistence are inevitable. The anxiety associated with non-being emerges when a person attaches to a false sense of self that are created through repeated conditions. Nhat Hanh’s (2002) description helps to relieve this anxiety,

The Buddha has a very different understanding of our existence...The Buddha taught that there is no birth, there is no death...there is no permanent self, there is no annihilation.

We only think there is. When we understand that we cannot be destroyed, we are liberated from fear. (p. 3)

To relinquish fear or death anxiety is to accept the ultimate reality that exists beyond the grasping at conditions. Nhat Hanh (2002) urges an individual to lay down the concepts of life and death in order to experience the true nature of reality, “Our true nature is the nature of no birth and no death. Only when we touch our true nature can we transcend the fear of non-being, the fear of annihilation” (p. 6).

Factors and Buddhist Teachings

Culture, religion, and age significantly impact a person’s life and death experience and their unique attitude toward death. Buddhist teaching interprets these factors as notions created by conditions that are impermanent and only exist in a person’s perception of reality (Nhat Hanh, 2002). However, each factor significantly influences an individual’s personal definition of death. For instance, a person defines death through a larger cultural understanding of death that they are most familiar with (Hayslip & Peveto, 2005). Additionally, religion and age are also root factors in a person’s definition of death (Neimeyer, et al., 2011; Surall & Steppacher, 2018) and contribute to a person’s concept of a good death (Hayslip & Peveto, 2005) or an afterlife (Armendanz Dyer, 2018). In contrast to Nhat Hanh (2002) and the Dalai Lama’s (2002) description of death as an empty freedom, the definition that one attaches to death creates further suffering in their life. The same suffering created by attachment also applies to a person’s conception of a good death or afterlife.

Hayslip and Peveto (2005) highlight the cultural shift in the United States toward a good death that finds people actively participating in the dying process. The positive repercussions from this shift include people acknowledging the inevitability of death (Hayslip & Peveto, 2005), and also the cultural support pushing to relieve the additional physical and mental suffering around the time of death that hospice services provide (Cottle et al., 2013). However, there are

negative repercussions to this shift as noted by Hayslip and Peveto (2005). Such a shift toward a good death creates another notion of death that is rooted in a false sense of control. Joan Halifax writes in her book *Being with Dying* (2008) about the effect this attachment to a good death has on patients dying in hospice care. She describes when caregivers or patients strive toward a certain experience at death each are attached to the idea of a good death. Halifax (2008) warns of this distraction focusing more on assumptions and preconceived notions of how things should be,

When I sit with a dying person...if I allow one single thought of outcome to rear its head, the truth of the moment dies. I've stopped being with what is and I've started to have ideas about the way I think it should be...People often ask me about having a 'good death.' ...There is no good or bad death. Being with dying is simply being with dying; each being does it his or her way. With no gaining idea, no attachment to outcome, the...caregiver bears witness and gives no fear. (p. 27)

The caregiver and patient are both suffering in these moments of being, whether emotionally or physically. There is an urge to fix or run away from suffering, but in remaining present a person observes both themselves and the other person are connected in this experience of suffering.

Halifax (2008) emphasizes the importance of relinquishing desire for control because it is rooted in fear and only prevents a compassionate response from emerging in the present moment. The dying process is not always peaceful and calm but relinquishing any desire for control can lead to more compassionate care. Halifax (2008) says by ignoring death as the ultimate outcome of life, a person only restricts the heart and binds it tightly with delusions, preventing them from seeing clearly the interconnectedness of all beings who experience suffering and death.

In Chödrön's book *When Things Fall Apart* (1997), she advises a person to lay down their personal motivations for control in order to experience the present moment and cultivate compassion for one's self and all beings. According to Chödrön (1997), The present moment is always shifting, but when someone is distracted by their personal narrative, they miss the impermanence of life and focus instead on grasping to their thoughts for security. Chödrön (1997) believes the act of hoping distracts a person from the present moment because it places attention on the future and craves a reality different from the present moment. Allowing this hope to grow into a repeating pattern increases suffering and prevents the truth of a situation from emerging. Chödrön (1997) says, "One has to give up hope that this way of thinking will bring us satisfaction. Suffering begins to dissolve when we question the belief or hope that there's anywhere to hide" (p. 39). For some people, hope can provide a great deal of relief, even if temporary. It is more difficult to let go of hope because their reality is more painful than others. However, the only dependable phenomenon is impermanence and the ever-changing landscape of life. Any anxiety or fear will eventually subside because change is the only constant. A person can trust that when they relinquish the hope for a better future, they begin to settle into the groundlessness of the human experience in the present moment. Within each being is the same love and compassion waiting to emerge and be applied in the present moment.

Just as the cultural shift towards a good death comes with both positive and negative repercussions, the hope in an afterlife or further existence from religious factors also present contradictory results. Surall and Steppacher (2018) and Neimeyer et al. (2011) present the positive effects that the concept of an afterlife helps individuals at the end of life, as they become more accepting of death. Lama Zopa Rinpoche's (2015) instruction to relinquish all attachments is intended to help a person free themselves from any unnecessary suffering at the time of death.

However, what if such attachments provide relief or help calm the mind of a dying patient? A person who is actively dying experiences a unique situation that only those who have died can understand. Despite attaching to notions of death or an afterlife, compassion for the person dying, is just as important as the relinquishing of attachments to death or an afterlife. Such compassion for dying helps lead a person to relinquish their own control or ideas of how the present moment should be.

Stricherz and Cunnington (1982) exhibit that the fear of death remains constant in a person's life, despite their age. The fear attaches to different ideas of death that evolve over the years, but all participants in the research display some sort of fear and suffer because of it. Halifax (2008) discusses this shared death anxiety between hospice patients and caregivers. The caregivers who neglect to acknowledge their own mortality prevent themselves from providing unconditional compassion to the patient and further exacerbate their own suffering. By seeing a shared suffering, both patient and caregiver connect in the present moment and a relatedness emerges. When a person accepts their fear, they connect to themselves and others in a more authentic way. Halifax (2008) describes,

We cannot realize this kind of liberation without the presence of relatedness. This is where spirit appears—not in an individual but between individuals. When this happens, the distinction between self and other simply vanishes, as the spines of fear disappear from around the heart. (p. 19)

Instead of protecting the self from death and suffering, a person can work to see beyond this fear and find an openness from which compassion is freely shared and accepted. Halifax (2008) says, "Patient and caregiver are one and the same, connected by life and death as by suffering and joy. When we manage to step through fear by reconnecting with each other, real compassion arises"

(p. 25). For both patient and caregiver, regardless of age, an openness to the present moment emerges when both can set aside their attachment to fear and the notions that keep them from experiencing the present moment.

The interconnectedness that Halifax (2008) describes is also visible in Cottle et al. (2013) and Armendariz Dyer's (2018) research on two different hospice centers and their approach to care. Cultural factors in these centers help to create a shared experience of the dying process. The interrelated approach helps people and their loved ones cope with anxiety and accept death, in whatever understanding they assign to it. The Dalai Lama (2002) shares that it is in the interest of all beings to become familiar with the fear and compassion that emerge from this human existence and its inevitable end. When a person acknowledges they will die, they see that every being experiences the same end. All beings are connected by the same fate: one day each will cease to exist. Knowing this, people can take a more compassionate approach to living.

Discussion

The above findings reveal that suffering and dying are inevitable parts of life, but acceptance of these facts help a person to set out for a good life and strive for a good death. A person setting out to live a meaningful life lays down their attachment to death anxiety and is motivated to live and die despite the suffering that is present in life. However, setting out to have a good life and death run the risk of creating objects of attachment that act as a barrier between suffering and clarity. Constructing notions of how life or death should be creates additional suffering because it moves a person away from the present moment and their acceptance of death. Buddhist teachings urge the individual to relinquish any attachments in order to achieve true freedom from death anxiety (Dalai Lama, 2002). A person feeds anxious mind-states by avoiding the nature of reality in the present moment because of their desire for an alternative life

or death outcome. There are tools, like mindfulness-based practices, that help a person directly cope with death anxiety by detaching from any mental phenomena that cause unnecessary suffering (Dalai Lama, 2002; Hayes et al., 2011).

However, coping with death anxiety is a twofold process. It is just as important to cultivate compassion for one's self and any anxious mind-states as it is to detach from mental phenomena. As the Dalai Lama (2002) and Lama Zopa Rinpoche (2015) present, everyone is connected by the fact that all beings suffer and all experience death. The Buddhist teaching of compassion through interconnectedness encourages an individual to find the truth that all beings are connected through mutual suffering and cultivate compassion for all who experience this suffering (Dalai Lama, 2002). There is relief for the person struggling with death anxiety in knowing they are not alone in this mind state; others have struggled or are currently struggling alongside them. Training in compassion is meant for the betterment of the individual and for the individual to outwardly express.

Death anxiety flourishes in avoidant behaviors because it thrives in the absence of acceptance and compassion (Lama Zopa Rinpoche, 2015) and in failed attempts to control or alter the end of life (Devins et al., 1981). Avoiding anxiety does not make it go away, it is waiting to emerge in the acknowledgement of life's impermanence and the acceptance of death (Missler et al., 2012). Buddhist teachings emphasize that a person should familiarize themselves with impermanence to cope with the accompanying anxiety from accepting the inevitable end. Utilizing the practices of mindfulness, a person can slowly observe the beginning and endings of the present moment in order to gain a gradual awareness of death. Relinquishing attachment over time strengthens the path toward accepting death and life's inevitable suffering.

Buddhist teaching on impermanence provides further clarity as to why a person struggles with death anxiety. The true nature of life is that everything is liable to change, and this shifting leads to suffering because people attach to phenomena that are impermanent by nature (Gethin, 1998). People work hard to avoid the fact that life ends in death by forming attachments to phenomena like possessions, people, ideas, and identities to ignore the fact that everything and everyone eventually dissolves into the nothingness that is death. Suffering continues to manifest even as a person attempts to buffer themselves from their impermanent existence by grasping on to all they have acquired over their lifetime. Attaching to phenomena creates a false perception of stability that only offers temporary relief from death anxiety. Lama Zopa Rinpoche (2015) asks the individual to take the time to let go of these attachments throughout life in order to experience a more positive dying process. Over time, a person can relinquish smaller attachments before attempting to relinquish larger notions of self or death in order to familiarize themselves with the intention of freeing one's self from phenomena that is causing unnecessary suffering.

Humans hold a multitude of death attitudes based on their personal definition of it. Despite a person's understanding and acceptance of death, fear and anxiety over one's death is as inevitable as death itself (Stricherz & Cunnington, 1982). Death acceptance should not be considered a more favorable attitude because it is only a concept that is still subject to attachment. Death acceptance is an attitude to observe in the present moment, recognizing the impermanence of any attitude reminds a person that attachment to mental phenomena leads to further suffering (Dalai Lama, 2002; Lama Zopa Rinpoche, 2015). A person accepting of both death and their death attitude creates the space for greater compassion to emerge, not only for themselves, but for all beings. Accepting death does not mean anxiety vanishes, rather it means a

person can accept the emotional spectrum that is present in the human realm and fully experience what is in front of them. When functioning from this space, a person is living a free and compassionate life.

Conclusion

Death acceptance and death anxiety are complex attitudes that a person experiences throughout their lifetime. Both attitudes shift over time and depend on the individual's personal understanding of death. Research measures these unique definitions and how they impact a person's attitude toward death (Gesser et al., 1988; Petty et al., 2015), linking death anxiety to more negative factors in a person's life (Aday, 2006; Besser & Priel, 2008). Findings show individuals struggling to accept death and let go of desiring for a different outcome experience a lower quality of both life and death (Hinton, 1999; Prigerson, 1992). Death anxiety leads to avoidant strategies that rely on temporary relief from the fear or death.

In contrast, death acceptance is a person's cooperative response to death and the dying process (Connelly, 2003) and has multiple positive effects on a person's life (Flint et al., 1983; Tomar & Eliason, 2000). Though this attitude does not equate to the absence of anxiety (Ray & Najman, 1975), acceptance of death helps a person live a more fulfilling life because they are continually accepting whatever the present moment offers. A person sees the additional suffering that comes from anxiety, and not death itself, when they acknowledge the fear that is attached to the perception of death.

Buddhist teachings help a person cope with their death anxiety and reach death acceptance by revealing that all mental phenomena are impermanent and will eventually subside (Dalai Lama, 2002; Gethin, 1998; Lama Zopa Rinpoche, 2015; Thurman, 1994). Utilizing any

number of mindful practices prepares a person for their mortality by becoming aware of any emotional reaction to death. Buddhist teachings also help an individual accept death because it shows how anxiety emerges from a person's attachment to an attitude and not from death itself (Nhat Hanh, 2002; Thurman, 1994). Death is free of any notions or complexities associated with it. Training the mind to observe shifting phenomena and relinquish attachment helps a person realize all beings are bound by the suffering they create and that together, they can cope with anxiety and accept the freedom that death offers at any time.

References

- Aday, R. H. (2006). Aging prisoners' Concerns toward dying in prison. *OMEGA - Journal of Death and Dying*, 52(3), 199–216.
- Armendariz Dyer, M. J. (2018). "Thou shalt not die in this place": An ethnomethodological approach to an Ecuadorian hospice through symbolic interactionism. *OMEGA - Journal of Death and Dying*.
- Bassett, J. F., & Bussard, M. L. (2018). Examining the complex relation among religion, morality, and death anxiety: Religion can be a source of comfort and concern regarding fears of death. *OMEGA-Journal of Death and Dying*.
- Besser, A., & Priel, B. (2008). Attachment, depression, and fear of death in older adults: The roles of neediness and perceived availability of social support. *Personality & Individual Differences*, 44(8), 1711–1725.
- Brefczynski-Lewis, J.A., Lutz, A., Schaefer, H.S., Levinson, D.B., & Davidson, R.J. (2007). Neural correlates of attentional expertise in long-term meditation practitioners. *Proceedings of the National Academy of Sciences*, 104(27), 11483–11488.
- Brewer, J.A., Worhunsky, P.D., Gray, J.R., Tang, Y.-Y., Weber, J., & Kober, H. (2011). Meditation experience is associated with differences in default mode network activity and connectivity. *Proceedings of the National Academy of Sciences*, 108(50), 20254–20259.
- Bullock, K., McGraw, S. A., Blank, K., & Bradley, E. H. (2005). What matters to older African Americans facing end-of-life decisions? A focus group study. *Journal of Social Work in End-of-Life & Palliative Care*, 1(3), 3–19.

Carr, D., Nesse, R., Wortman, C. (Eds.). (2006). *Spousal bereavement in late life*. New York: Springer.

Central Intelligence Agency (CIA), (2019). *The world factbook*. Washington, DC: Retrieved from <https://www.cia.gov/library/publications/resources/the-world-factbook/index.html>

Chochinov, H., M., Tataryn, D., J., Wilson, K., G., Enns, M., Lander, S. (2000). Prognostic awareness and the terminally ill. *Psychosomatics*, *41*(6), 500-504.

Chödrön, P. (1997). *When things fall apart: Heart advice for difficult times*. Boston, MA: Shambhala Publications, Inc.

Connelly, R. (2003). Living with death: The meaning of acceptance. *Journal of Humanistic Psychology*, *43*(1), 45-63.

Cottle, M., Hughes, C., & Gremillion, H. (2013). A community approach to palliative care: Embracing indigenous concepts and practices in a hospice setting. *Journal of Systemic Therapies*, *32*(1), 56-69.

Dalai Lama, H.H. (2002). *Advice on dying: And living a better life*. New York, New York: Atria Books.

Devins, G.M., Binik, Y.M., Hollomby, D.J., Barre, P.E., Guttmann, R.D. (1981). Helplessness and depression in end-stage renal disease. *Journal of Abnormal Psychology*, *90*, 531–545.

Fashler, S. R., Weinrib, A. Z., Azam, M. A., & Katz, J. (2018). The use of Acceptance and

- Commitment Therapy in oncology settings: A narrative review. *Psychological Reports*, 121(2), 229–252.
- Flint, G. A., Gayton, W. F., & Ozmon, K. L. (1983). Relationship between life satisfaction and acceptance of death by elderly persons. *Psychological Reports*.
- Fortner, B. V., & Neimeyer, R. A. (1999). Death anxiety in older adults: A quantitative review. *Death Studies*, 23(5), 387–411.
- Gesser, G., Wong, P. T. P., & Reker, G. T. (1988). Death attitudes across the life-span: The development and validation of the Death Attitude Profile (DAP). *OMEGA - Journal of Death and Dying*, 18(2), 113–128.
- Gethin, R. (1998). *The foundations of Buddhism*. New York, NY: Oxford.
- Greenberg, J., Arndt, J., Simon, L., Pyszczynski, T., & Solomon, S. (2000). Proximal and distal defenses in response to reminders of one's mortality: Evidence of a temporal sequence. *Personality and Social Psychology Bulletin*, 26(1), 91–99.
- Halifax, J. (2008). *Being with dying: Cultivating compassion and fearlessness in the presence of death*. Boulder, CO: Shambhala Publications, Inc.
- Hayes, S. C., Strosahl, K. D., Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The process and practice of mindful change* (2nd Ed.). New York, NY: Guilford Press.
- Hayslip, B. (2003). Death denial: Hiding and camouflaging death. In C. D. Bryand (Ed.), *Handbook of death and dying: Volume one-presence of death* (pp. 34-42). Newbury Park, CA: Sage.

- Hayslip, B., & Peveto, C. (2005). *Cultural changes in attitudes toward death, dying, and bereavement*. New York, NY: Springer.
- Hinton, J. (1999). The progress of awareness and acceptance of dying assessed in cancer patients and their caring relatives. *Palliative Medicine*, *13*(1), 19–35.
- Irish, D., P., Lundquist, K., F., Nelsen, V., J. (1993). *Ethnic variations in dying, death and grief: Diversity in universality*. Philadelphia, PA: Taylor & Francis.
- Johnson, L. A., Bell, C. J., Ridner, S., & Murphy, B. (2019). Health-care professionals perceived barriers to effective cancer pain management in the home hospice setting: Is dying at home really best? *OMEGA-Journal of Death and Dying*.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry* *4*(1), 33–47.
- Kastenbaum, R. J. (2009). *Death, society, and human experience*. Boston, MA: Allyn and Bacon.
- Kastenbaum, R. J., & Aisenberg, R. (1976). *The psychology of death*. New York, NY: Springer.
- Kastenbaum, R. J., & Costa, P. T. (1977). Psychological perspectives on death. *Annual Review of Psychology*, *28*, 225–249.
- Kalish, R., A., Reynolds, D., K. (1976). *Death and ethnicity: A psychocultural study*. Los Angeles: The University of Southern California Press.

King, J., & Hayslip, B. (2002). The media's influence on college students' views of death.

Omega-Journal of Death and Dying, 44, 37-56.

Kirkpatrick, L., A., & Navarrete, C., D. (2006) Reports of my death anxiety have been greatly exaggerated: A critique of terror management theory from an evolutionary perspective.

Psychological Inquiry, (17)4, 288-298.

Klimecki, O.M., Leiberg, S., Lamm, C., & Singer, T. (2012). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex*, 23(7), 1552-156.

Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.

Lichtenthal, W. G., Nilsson, M., Baohui Zhang, Trice, E. D., Kissane, D. W., Breitbart, W., & Prigerson, H. G. (2009). Do rates of mental disorders and existential distress among advanced stage cancer patients increase as death approaches? *Psycho-Oncology*, 18(1), 50-61.

Lutz, A., Slagter, H.A., Dunne, J.D., & Davidson, R.J. (2008). Attention regulation and monitoring in meditation. *Trends in Cognitive Sciences*, 12(4), 163-169.

Mikulincer, M., & Florian, V. (2006). The complex and multifaceted nature of the fear of personal death: The multidimensional model of Victor Florian. In Tomer, A., Wong, P. T. P., & Grafton, E. (Eds.), *Death attitudes: Existential & spiritual issues*. Mahwah, NJ: Erlbaum.

Mirzaeidoostan, Z., Zargar, Y., Zandi Payam, A. (2019). The effectiveness of Acceptance and Commitment Therapy on death anxiety and mental health in women with HIV in Abadan City, Iran (Persian). *Iranian Journal of Psychiatry and Clinical Psychology*, 25(1), 2-13.

Missler, M., Stroebe, M., Geurtsen, L., Mastenbroek, M., Chmoun, S., & Van Der Houwen, K.

(2012). Exploring death anxiety among elderly people: A literature review and empirical investigation. *OMEGA - Journal of Death and Dying*, 64(4), 357–379.

National Hospice & Palliative Care Organization. (2018). *Facts and figures*. Retrieved from

https://www.nhpc.org/wp-content/uploads/2019/07/2018_NHPCO_Facts_Figures.pdf

Neimeyer, R., Currier, J., Coleman, R., Tomer, A., & Samuel, E. (2011). Confronting suffering

and death at the end of life: The impact of religiosity, psychosocial factors, and life regret among hospice patients. *Death Studies*, 35(9), 777–800.

Neimeyer, R., Wittkowski, J., & Moser, R. (2004). Psychological research on death attitudes:

An overview and evaluation. *Death Studies*, 28(4), 309–340.

Nhat Hanh, T. (2002). *No death, no fear: Comforting wisdom for life*. New York, NY:

Riverhead Books.

Nhat Hanh, T. (1998). *The heart of the Buddha's teaching: Transforming suffering into peace,*

joy, and liberation. New York, NY: Harmony Books.

Padmasambhava. (2010). *Self-Liberation Through Seeing with Naked Awareness*. (J. M.

Reynolds, Trans.). Snow Lion Publications.

Petty, E., Hayslip, B., Caballero, D. M., & Jenkins, S. R. (2015). Development of a scale to

measure death perspectives: Overcoming and participating. *OMEGA - Journal of Death and Dying*, 71(2), 146–168.

Prigerson, H. G., (1992). Socialization to dying: Social determinants of death acknowledgement

- and treatment among terminally ill geriatric patients. *Journal of Health and Social Behavior*, 33(4), 378–395.
- Ray, A., Block, S. D., Friedlander, R. J., Zhang, B., Maciejewski, P., K., Prigerson, H., G. (2006). Peaceful awareness in patients with advanced cancer. *Journal of Palliative Medicine*, 9(6), 1359–1368.
- Ray, J. J., & Najman, J. (1974). Death anxiety and death acceptance: A preliminary approach. *Omega*, 5, 311-315.
- Rine, C. M. (2018). Is social work prepared for diversity in hospice and palliative care? *Health & Social Work*, 43(1), 41–50.
- Rost, A. D., Wilson, K., Buchanan, E., Hildebrandt, M. J., Mutch, D. (2012) Improving psychological adjustment among late-stage ovarian cancer patients: Examining the role of avoidance in treatment. *Cognitive and Behavioral Practice*, 19(4), 508–517.
- Russac, R. J., Gatliff, C., Reece, M., & Spottswood, D. (2007) Death anxiety across the adult years: An examination of age and gender effects, *Death Studies*, 31, 6, 549-561.
- Segal, Z. V., Williams, J. M. G., Teasdale, J. D. (2012). Mindfulness-based cognitive therapy for depression, New York, NY: Guilford Press.
- Stricherz, M., & Cunningham, L. (1982). Death concerns of students, employed persons and retired persons. *OMEGA - Journal of Death and Dying*, 12(4), 373–379.
- Surall, V., & Steppacher, I. (2018). How to deal with death: An empirical path analysis of a simplified model of death anxiety. *OMEGA - Journal of Death and Dying*.

Templer, D. I. (1970). The construction and validation of the Death Anxiety Scale. *Journal of General Psychology*, 82,165-177

Thanissaro Bhikkhu. (trans. 1993). *Dhammacakkappavattana sutta: Setting the wheel of dhamma in motion*. Retrieved from <https://www.accesstoinsight.org/tipitaka/sn/sn56/sn56.011.than.html>

Thanissaro Bhikkhu. (trans. 1997a). *Maha-nidana sutta: The great causes discourse*. Retrieved from <https://www.accesstoinsight.org/tipitaka/dn/dn.15.0.than.html>

Thanissaro Bhikkhu. (trans. 1997b). *Pabbaja sutta: The going forth*. Retrieved from <http://www.accesstoinsight.org/tipitaka/kn/snp/snp.3.01.than.html>

Thanissaro Bhikkhu. (trans. 1997c). *Suñña sutta: Empty*. Retrieved from <http://www.accesstoinsight.org/tipitaka/sn/sn35/sn35.085.than.html>

Thera, N. (trans. 1998) *Niramisa sutta: Unworldly*. Retrieved from <http://www.accesstoinsight.org/tipitaka/sn/sn36/sn36.031.nypo.html>

Thurman, R., A., F. (1994). *Tibetan book of the dead: Liberation through understanding in the between*. New York, NY: Bantam Books.

Tomasino, B., & Fabbro, F. (2015). Increases in the right dorsolateral prefrontal cortex and decreases the rostral prefrontal cortex activation after-8 weeks of focused attention based mindfulness meditation. *Brain and Cognition*, 102, 46-54.

- Tomer, A., & Eliason, G. (1996). Toward a comprehensive model of death anxiety. *Death Studies*, 20, 343-365.
- Tomer, A., & Eliason, G. (2000). Attitudes about life and death: Toward a comprehensive model of death anxiety. In A. Tomer (Ed.), *Death attitudes and the older adult: Theories, concepts, and applications* (pp. 3-22). Philadelphia, PA: Brunner-Routledge.
- Watts, A., W. (1957). *The way of Zen*. New York, NY: Pantheon Books, Inc.
- Winston, C. A., Leshner, P., Kramer, J., & Allen, G. (2004). Overcoming barriers to access and utilization of hospice and palliative care services in African American communities. *Omega: Journal of Death & Dying*, 50(2), 151–163.
- Wittkowski, J. (2005). Attitudes toward dying and death in the elderly: Issues of basic research. *Zeitschrift für Gerontopsychologie & -psychiatrie*, 18, 67–79.
- Wong, P. T. P. (2008). Meaning Management Theory and death acceptance. In Tomer, A., Grafton, E., Wong, P. T. P. (Eds), *Existential & spiritual issues in death attitudes* (pp. 65–88). Mahwah, NJ: Lawrence Erlbaum Associates.
- 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). Washington, DC: Taylor and Francis.
- Zopa, T. (2015). *How to help your loved ones enjoy death and go happily to their next rebirth*. Portland, OR: FPMT Inc.