

# Aging and death anxiety: a narrative review

## Abstract

This narrative review summarizes current research published in 2024 on aging and death anxiety. The prevalence has ranged from 20 to 33% based on the severity of the experience. Aging and death anxiety have been noted to have negative effects including a reduction in work passion, psychological and spiritual well-being and well-being and resilience as well as poor health, anxiety, PTSD, depression and suicidality. Predictors/ risk factors include female gender, loneliness, climate change anxiety, anxiety in general, depression and chronic health conditions. Buffers for aging and death anxiety include having meaning in life, religiosity and taking psychedelics. Interventions include both psychological therapies (cognitive behavioral therapy, rational emotive therapy and dialectical behavior therapy) and alternative therapies (Reiki and tai chi). Some of the methodological limitations include the questionable reliability of online surveys with old adults, the wide variety of scales used to assess aging and death anxiety and the absence of physiological and biochemical measures that might suggest potential underlying biological mechanisms for aging and death anxiety.

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## Introduction

This review is focused on brief summaries of 36 papers on aging and death anxiety published during 2024. They are focused on negative effects as well as predictors /risk factors for aging and death anxiety. The empirical studies and review papers were derived from PubMed and PsycINFO entering the terms aging anxiety and death anxiety and the year 2024. Exclusion criteria for this review included proposed protocols, case studies and non-English language papers.

The publications can be categorized as prevalence of aging and death anxiety, negative effects of aging and death anxiety, predictors/ risk factors, buffers and interventions. Accordingly, this review is divided into sections that correspond to those categories. Although some papers can be grouped in more than one category, 2 papers are focused on prevalence, 9 papers are focused on negative effects, 16 papers on predictors/risk factors, 3 papers on buffers and 6 papers on interventions. A discussion on methodological limitations of this literature follows those sections.

## Scales for assessing aging and death anxiety

Several different scales have been used to assess aging anxiety including the Anxiety About Aging Scale,<sup>1</sup> the Personal Anxiety Toward Aging Scale (Pifer et al, 2024),<sup>1</sup> the Attitudes Towards Aging and Elderliness Scale<sup>2</sup> and the Gerascophobia or Excessive Fear of Aging Scale (GEFAS).<sup>3</sup> Scores on this latter scale were not only correlated with aging and death anxiety but also with stress, anxiety and depression.

Death anxiety has been assessed by the Death Anxiety Scale,<sup>4</sup> and the Death Anxiety, Beliefs and Behaviors Scale.<sup>5</sup> Two other death anxiety scales have been named after their authors including the Thomson-Powell Death Anxiety Scale<sup>6</sup> and Templer's Death Anxiety Scale.<sup>7</sup> The Believers' Death Anxiety Scale that has been used in several studies on aging and death anxiety was validated on a sample of adults 18-59 years old (N=2250).<sup>3</sup> The scale has 15 items that are summarized on five subscales including worry, terror, despair, avoidance, and thoughts.

This variety of scales for measuring aging and death anxiety may have contributed to the infrequent use of meta-analyses in this literature. The meta-analyses have likely also been limited due to

the number of different negative effects, predictors/risk factors and mediating/moderating variables that have been the focus of the different research groups.

## Prevalence of death anxiety

The prevalence of death anxiety has ranged from 20% to 33% depending on the severity of the experience. In a study on old age adults in Germany (N= 9542), the participants were living at home or in institutions.<sup>8</sup> As many as 20% were experiencing strong death anxiety and 4% very strong death anxiety. An even greater prevalence has been noted for death anxiety in individuals with COVID.<sup>9</sup> In this sample of hospital patients, 33% had a high level of death anxiety.

## Negative effects of death anxiety

Several negative effects have been noted for death anxiety (Table 1). They include less well-being, less resilience, poor health, anxiety, PTSD, depression and suicidality.

**Table 1** Negative effects of aging and death anxiety (and first authors)

Negative effects	First authors
< work passion	All-Dossary
< psychological well-being	Bharti
< spiritual well-being	Garcia
< quality of life	Li, Chen
< resilience	Bergman
< health	Busch
> anxiety	Menzies, Bergman
> depression and PTSD	Bergman
> suicidality	Sims

Several forms of well-being have been threatened by death anxiety including work passion, psychological well-being, spiritual well-being and quality of life. In a sample of relatively young adults (N = 314, mean age = 39) death anxiety **decreased work passion**.<sup>10</sup> In a sample of older adults with chronic illness (N=79), a high prevalence of death anxiety was noted.<sup>11</sup> Death anxiety was negatively correlated with **psychological well-being** and successful aging. **Spiritual well-being** was also negatively correlated with death anxiety in a sample of family members of patients admitted to intensive care (N=308 family members).<sup>12</sup> In a bibliometric analysis of studies on death anxiety in

patients with cancer, 2602 papers were included from 286 institutions across 97 countries over the years 1994 to 2024.<sup>13</sup> The major theme across these studies was a relationship between death anxiety and **quality of life**. Not surprisingly, cancer-specific concerns were also expressed. In another sample on Chinese cancer patients (N = 433), the fear of cancer recurrence led to death anxiety. This was mediated by experiential avoidance and having meaning in life.<sup>14</sup>

In another sample, death anxiety was negatively correlated with **resilience** (Bergman et al, 2024).<sup>15</sup> In still another sample (N=187), death anxiety was associated with **less health behavior** for individuals who were less active.<sup>16</sup>

Several psychological problems have been associated with aging and death anxiety including mental illness, anxiety, PTSD and depression. In a paper entitled “From dread to disorder: a meta-analysis of the impact of death anxiety on mental illness symptoms”, 99 cross-sectional studies and 11 experimental studies were included in the meta-analysis.<sup>17</sup> Large effects were noted for the clinical samples and for **anxiety** versus depression.

In a study on older Israeli adults during the Israel-Hamas war (N=554 adults, mean age =74), greater death anxiety was noted to have 1.5 times more likelihood to lead to **anxiety** as well as **depression**.<sup>18</sup> In addition, greater death anxiety led to three times greater likelihood of the adults having **PTSD**.

In a systematic review of the relationship between death anxiety and capability for suicide and **suicidality** (N= 376 in four studies), negative relationships were noted between death anxiety and a wish to die and suicidal intention.<sup>5</sup>

### Predictors/risk factors for death anxiety

Several predictors/risk factors have been reported for death anxiety (Table 2). They include female gender, religiosity, aging anxiety, climate change anxiety, anxiety in general, loneliness, depression, chronic medical conditions and being the caregiver of someone with chronic conditions.

**Table 2** Predictors/risk factors for aging and death anxiety (and first authors)

Predictors/ risk factors	First authors
Female gender and religiosity	Aktura, Belak
Old age	Kikuchi
Being married	Aktura
Aging anxiety	Pifer, Bergman
Negative attitudes toward aging	Dogan
Climate change anxiety	Fekih-Romdhane
Loneliness	Ciftci
Depression and hopelessness	Sekerci
Number of chronic conditions	Guo
Caregivers of adults with chronic conditions	Quevedo-Blanco

In a multicultural sample from Singapore, **female gender and religiosity** were risk factors for death anxiety.<sup>19</sup> It's not clear whether females actually experienced more death anxiety or they were more reliably reporting that anxiety. That religiosity was a risk factor was surprising given that religious individuals often report reincarnation beliefs, suggesting that they would have less death anxiety. Also surprisingly, no age group differences were noted on death anxiety. Older adults would seemingly experience greater death anxiety by virtue of being closer to the age of death. And aging anxiety has been

related to death anxiety in other research that included scales for both aging anxiety and death anxiety.<sup>1</sup>

Cross-cultural differences have been noted for the relationship between age of the participants and aging and death anxiety. For example, in a comparison between samples in Japan (N=556 women) and the U.S. (N= 886 women), all ages in Japan experienced **aging anxiety** whereas aging anxiety was noted only in older adults in the U.S.<sup>20</sup> These results are tenuous given that the samples were limited to women and the sample sizes were significantly different.

In a study from Turkey entitled “Fear of death and sleep quality in the aftermath of an earthquake”, the Death Anxiety Scale was given to adults who had experienced the earthquake (N=322).<sup>4</sup> The results suggested that not only was death anxiety related to **sleep problems** but also to **being a female and being married**. The relationship between death anxiety and being married may relate to that anxiety being greater due to not only worrying about your own death but also worrying about your partner's death and the effects of your own death on the partner left behind.

In a sample from Turkey, death anxiety was related to the fear of old age.<sup>21</sup> In a study on the measurement of **aging anxiety**, death anxiety was again a significant correlate of aging anxiety.<sup>1</sup> Scores on the Anxiety About Ageing Scale strongly correlated with ageism, expectations regarding aging, and worrying about dementia. Scores on the Personal Anxiety Toward Aging Scale were also strongly correlated with ageism, expectations regarding aging, death anxiety and worrying about dementia.

**Aging anxiety** has also predicted increased ageism which, in turn, predicted loneliness in a sample of middle-aged adults (N= 1038 adults 50–67-years-old).<sup>22</sup> In a study on middle-aged women, aging anxiety was moderate and was positively related to menopause, and negatively related to household income and education.<sup>23</sup>

In research entitled “How are the attitudes towards aging and aging and death anxiety in individuals over 65 years of age with chronic diseases?”, the Attitudes Towards Aging and Elderliness Scale was given (N = 169).<sup>2</sup> In this sample from Turkey, attitudes towards aging were positive but death anxiety was high. Women who were illiterate, those without children and rural residents had higher scores on the aging scale. **Negative attitudes towards aging** led to greater death anxiety. Greater death anxiety was noted in women, non- working adults and those in poor health.

Other types of anxiety have been predictive of death anxiety including **climate change anxiety**, and **anxiety in general**. In a study from Lebanon, climate change anxiety predicted death anxiety which, in turn, predicted psychotic experiences in 18–35-year-old adults.<sup>24</sup> In the study on individuals with COVID, death anxiety was highly comorbid with anxiety and depression.<sup>9</sup> In the sample from Turkey, **loneliness** led to death anxiety which led to fear of old age.<sup>21</sup> Death anxiety has also been a mediator in the relationship between narcissism and selfie behavior in a sample of undergraduate students (N=100).<sup>25</sup> This finding is difficult to interpret.

In a paper entitled “The effect of depression and hopelessness level on death anxiety in earthquake survivor students one year after the earthquake”, emergency relief and disaster management students (N=155) were given the Thorson-Powell Death Anxiety Scale.<sup>6</sup> **Depression and hopelessness** explained 18% of the variance in death anxiety and death anxiety was greater in students whose relatives or close friends had died.

The **number of chronic conditions** has also been a predictor of death anxiety among older adults in rural China.<sup>26</sup> In this sample, death anxiety was greater for those with multiple chronic conditions. Surprisingly, death anxiety occurred less often in older adults who might be expected to have more chronic conditions.

Surprisingly, death anxiety has also been noted in **caregivers of chronic patients**. In a meta-analysis on 11 studies (N=7614 patients and 586 caregivers), death anxiety was moderately high in caregivers.<sup>27</sup> Death anxiety levels were surprisingly similar for the chronic patients and caregivers.

Multiple risk factors were noted for death anxiety among the oldest old in Germany (N=9542 adults who were 80+ years).<sup>8</sup> In this sample, greater death anxiety was associated with risk factors already discussed including multiple chronic conditions, poorer health, depression, being female, younger age, and being married.

### Buffers for aging and death anxiety

At least three buffers have been addressed in this literature on aging and death anxiety (Table 3). They include having meaning in life, religiosity and using psychedelics.

**Table 3** Buffers and interventions for aging and death anxiety (and first authors)

Buffers	First authors
Meaning in life	Yan
Religiosity	Jaoude
Using psychedelics	Garcia
Interventions	
Cognitive behavioral therapy	Togluk, Alzabin
Rational emotive therapy	Ndukwu
Dialectical behavior therapy	Khodabakhshi-Koolace
Reiki	Asian
Tai chi	Zhou

In a study entitled “The mediating role of meaning in life between experiential avoidance and death anxiety in cancer patients”, the results are given in the title.<sup>7</sup> Templer’s Death Anxiety Scale was used with this sample (N= 300 cancer patients). It is not surprising that **meaning in life** would have a mediating effect on death anxiety in cancer patients.

In a paper entitled “The moderating effect of religiosity between climate change anxiety and death anxiety among a sample of Lebanese adults”, messaging platforms were used for recruiting participants including WhatsApp, Instagram and Facebook messenger (N=763).<sup>28</sup> As climate anxiety levels increased, **greater religiosity** led to decreased death anxiety.

These studies have the methodological challenge of determining whether variables have mediating or moderating effects or both. Typically, a theory is needed/used to determine whether a variable is a mediator variable (explaining the relationship between two variables) or a moderator variable (affecting the direction or the strength of the relationship between two variables). Without a theoretical model, mediation/moderation analyses are not usually conducted.

In a study from Brazil entitled “Death anxiety among users and non-users of psychedelics, increased death anxiety was associated with never or almost never using psychedelics (N=517).<sup>29</sup> The authors suggested that **using psychedelics** helps folks transcend beyond physical death, taking both spiritual and symbolic forms. This was

not an empirically based interpretation of the data. If this research group had measured physiological and/or biochemical reactions to the psychedelics, they may have determined a mediating and/or moderating variable, as, for example, increased serotonin levels.

### Interventions for aging and death anxiety

Both psychological and alternative therapies have appeared in this literature on aging and death anxiety (see table 3). The psychological therapies include cognitive behavioral therapy, rational emotive therapy, and dialectical behavior therapy. The alternative therapies include Reiki and tai chi.

In a study entitled the effect of **cognitive behavioral therapy (CBT)** based psychoeducation on anger management and death anxiety in individuals receiving chemotherapy, a randomized controlled trial was conducted (N= 80).<sup>30</sup> After eight CBT sessions, the participants’ scores on The Death Anxiety Scale indicated a decrease in both anger and death anxiety. In another study on the effectiveness of CBT on reducing death anxiety, middle-aged female teachers recovering from COVID were the participants.<sup>31</sup> This CBT program featured 16 sessions. Following this protocol, the teachers experienced less death anxiety.

In a study on **rational emotive behavior therapy** which is another form of CBT that is focused on correcting irrational beliefs and behaviors, COVID patients were given the therapy.<sup>32</sup> The therapy reduced death anxiety and depression in those patients. The absence of a comparison or control group suggests that these are tenuous findings.

In a **dialectical behavior therapy (DBT)** study that combined mindfulness with CBT to reduce death anxiety in older female adults (N= 30 adults 60 to 75-years-old), 10 sessions were given.<sup>33</sup> Death anxiety was decreased by the end of the therapy protocol. However, once again, the DBT group was not compared to another therapy or a control group.

Alternative therapies that have been focused on reducing death anxiety include Reiki and tai chi. In research on **Reiki**, patients diagnosed with COPD were given Reiki (75).<sup>34</sup> Following the Reiki protocol which involves light touch, death anxiety was decreased. The mechanism by which this intervention reduced death anxiety was not clear. In addition, it’s not clear that COPD symptoms were decreased by Reiki.

In a study entitled “The influence of tai chi on death anxiety of elderly people living alone (N=93), death anxiety was reduced.<sup>35</sup> The most frequently reported effect of tai chi is an increase in balance.<sup>36</sup> An increase in balance would likely make elderly individuals less fearful of falling and dying. The relationship between **tai chi** and death anxiety in this study was mediated by social support and psychological capital including self-efficacy and resiliency which contributed to the reduction in death anxiety. It would have been interesting to assess loneliness as a mediating variable given that loneliness would likely be a significant problem for elderly people living alone, but this research group was apparently interested in the mediating effects of positive variables.

### Methodological limitations of this literature

Several methodological limitations can be noted for this literature on aging and death anxiety. They include the sampling of mostly old adults, the survey methods, the variety of scales that have been used, the cross-sectional design of the studies, the virtual absence

of studies on potential biological mechanisms underlying aging and death anxiety and the absence of comparison or control groups in the intervention studies.

The sampling of mostly older old adults has not surprisingly led to the high prevalence reported for aging and death anxiety ranging from 24 to 33% across the studies focused on prevalence in this 2024 literature. The use of self-report online surveys with older old adults may have reliability problems. Self-reports are not always reliable and older old adults typically have less online experience, suggesting self-selected samples of online-sophisticated old adults.

The variety of scales used may explain the relative absence of meta-analyses in this literature. Curiously, the primary scale on death anxiety was developed on 18-to-59-year-old adults while most of the studies have been conducted on older adults, especially one study on 80 plus year-old adults.

The cross-sectional design of the studies limits the ability to determine bidirectionality or causality. Longitudinal studies are needed to reliably determine directionality of risks and effects. Likely many of the effects and risks that are the focus of the different studies are bidirectional or comorbid. For example, depression and chronic health conditions could also be contributing to the health and suicidality problems noted as effects of death anxiety. The other types of anxiety reported as risk factors including climate change anxiety and anxiety in general could also be considered effects of aging and death anxiety.

Some of the risk factors are not surprising. For example, it is not surprising that a high prevalence rate of 24% has been reported in a sample of 80 plus year-old adults. And it's not surprising that the prevalence of aging and death anxiety was even greater in adults with COVID (33%). The risk factor of religiosity is more surprising given that many religious individuals believe in reincarnation and might therefore be less instead of more expected to have death anxiety. Religiosity was considered a risk factor for death anxiety by one research group and a buffer for death anxiety by another research group.

Although both psychological and alternative therapies have been the focus of research in this literature, the different therapies have not been compared to determine their relative efficacy. The research findings in those studies are also tenuous due to the absence of control groups.

Surprisingly, although there have been serious effects noted for aging and death anxiety including less well-being, poor health conditions and suicidality, there have been literally no studies published in 2024 that were focused on potential underlying biological mechanisms for aging and death anxiety. This is surprising but may relate to researchers thinking that studying aging and death anxiety might lead to their own aging and death anxiety. Alternatively, there may have been limited research funding for these types of anxiety.

Despite these methodological limitations, the current literature on the negative effects of aging and death anxiety, the risk factors, the buffers and the intervention effects is informative for future research. The positive effects reported for cognitive behavioral therapy are consistent with those that have been noted for other mental health problems including depression, anxiety and PTSD and CBT could possibly be used to prevent the negative effects of aging and death anxiety.<sup>37-39</sup>

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## Conflicts of interest

Author declares that there are no conflicts of interest.

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