

MASTERARBEIT | MASTER'S THESIS

Titel | Title

The Effects of Art-Based Discussions on Mindfulness and Death Anxiety: An
Exploratory, Mixed-Methods Approach to Gain Insight into Positive Terror
Management

verfasst von | submitted by

Lisa Krempl BA BSc

angestrebter akademischer Grad | in partial fulfilment of the requirements for the degree of
Master of Science (MSc)

Wien | Vienna, 2025

Studienkennzahl lt. Studienblatt |
Degree programme code as it appears on the
student record sheet:

UA 066 840

Studienrichtung lt. Studienblatt | Degree
programme as it appears on the student record
sheet:

Masterstudium Psychologie

Betreut von | Supervisor:

Univ.-Prof. Dr. Brigitte Lueger-Schuster Privatdoz.

Acknowledgments

I want to express my gratitude to the Dom Museum in Vienna for making this master's thesis possible by allowing me to conduct the focus group discussions at the museum within the exhibition *Being Mortal*. Specifically, I would like to express my sincerest gratitude to Ms. Antonia Heigl, MA, Head of Art Mediation, who was my primary contact for organizing these discussions. As a result of her efforts, the entire team was kept informed about the study, and the proceedings at the museum ran smoothly. Moreover, she offered detailed responses to my questions regarding the artwork via email. I would also like to extend my gratitude to Ms. Mag. Kerstin Schuetz-Mueller, Head of Communications & Operations Management, for supplying the images of the artworks that will be included in the thesis for publication. Furthermore, I would like to thank the teams of the Dom Museum who were present, when the discussions were held. Their welcoming presence and assistance were greatly appreciated and contributed to a calm and professional atmosphere.

I would also like to express my gratitude to the supervisors of this thesis for their invaluable insights and encouragement to take the plunge and embark on a new challenge. I am particularly appreciative of the study participants, who invested their valuable time and demonstrated remarkable openness and engagement.

Lastly, I am thankful to my partner Christoph, my dear friend Jacqueline, and my family, who provided support and encouragement, especially when doubts arose.

Table of Contents

The Effects of Art-Based Discussions on Mindfulness and Death Anxiety: An Exploratory, Mixed-Methods Approach to Gain Insight into Positive Terror Management	6
Terror Management Theory (TMT)	6
Need for Self-esteem.....	6
Cultural Worldviews	7
Mortality Salience Hypothesis	7
Criticism of TMT	8
Completing the Picture - The Brighter Side of TMT	9
Role of Consciousness.	9
Death Reflection.	10
Mindfulness.....	12
Mindfulness within TMT	13
Art within TMT.....	14
Confronting Death through Art.....	15
Benefits of Engaging with Art	16
Art and Mindfulness	16
Research Questions	18
Method	19
Research Design Overview	19
Sample.....	19
Eligibility criteria.	20
Recruitment Process.....	21
Researcher Description and Reflection.	22
Researcher-Participant Relationship.	23
Measures	23
Quantitative.....	23
Qualitative.....	23
Experimental Conditions and Procedure.....	25
Quantitative Data Analysis	27

Qualitative Data Analysis	27
Familiarization	27
Coding.....	28
Generating Initial Themes.....	28
Developing and Reviewing Themes	28
Refining, Defining, and Naming Themes	29
Quality for Measurement	29
Results.....	29
General Analysis of Quantitative Measures.....	29
Research Question 1	32
Changes in Mindfulness over all Conditions	32
Changes in Mindfulness per Group	33
Research Question 2	35
Changes in Death Anxiety over all Conditions	35
Changes in Death Anxiety per Group	36
Research Question 3	37
Group Effect Mindfulness.....	38
Group Effect Death Anxiety	40
Qualitative Results	42
Themes.....	43
Approximative Attitude toward Death.....	45
Opposition to Death.	46
Loss.....	46
Incapacity to Act in the Face of Death.....	47
Death Anxiety.....	49
Death as a Taboo Subject.	49
Death as a Cause of Emotional Suffering	49
The Influence of Death on Life.....	50
Effectiveness of Conversations about Death.....	51

Wishes for One's Own Demise.	52
Symbols of Death and Dying.	52
Religion and Spirituality.	53
Changeability of ideas.....	54
Speechlessness.	55
Connection of Quantitative and Qualitative Results.....	55
Death Anxiety	56
Mindfulness.....	56
Discussion.....	58
Discussion Quantitative Findings	58
Discussion Qualitative Findings	62
Discussion on Different Artworks.....	62
Strengths	67
Limitations.....	68
Practical Implications and Future Research.....	69
Reference List.....	72
List of Tables.....	85
List of Figures.....	85
Appendix.....	86
Appendix A – Zusammenfassung	86
Appendix B – Abstract.....	87
Appendix C – Flyer: Call for Participation.....	88
Appendix D – Informed Consent.....	89
Appendix E – Questionnaires	93
Appendix F – Discussion Guide Control Group.....	97
Appendix G – Discussion Guide Museum Groups.....	100
Appendix H – Codebook	104

The Effects of Art-Based Discussions on Mindfulness and Death Anxiety: An Exploratory, Mixed-Methods Approach to Gain Insight into Positive Terror Management

The phenomenon of death has always been particularly complex for humans. It may appear, as if individuals are reluctant to engage with the subject of death as the increasing marginalization of death-related experiences through the advent of hospices and the medicalization of death indicate (O’neill, 2012; Stone & Sharpley, 2008). However, it is also inevitable and undisputed that people, while also being shocked and experiencing fear, will gravitate towards situations or environments that facilitate confrontation with death (Wong & Tomer, 2011). This is evidenced not only by the prevalence of news coverage of disasters worldwide but also by deliberate visits to museums that oftentimes glorify death and the deceased (O’neill, 2012). The confrontation with death through art is a subject of particular importance for this study. While death is an omnipresent theme in artworks (O’neill, 2012), there is a lack of knowledge regarding the effects of engagement with such content, specifically, if there is anything to be gained from engaging with art that thematizes death and thereby raises awareness of one’s mortality. To explore this further, this thesis was written in friendly collaboration with the Dom Museum in Vienna, which, at the time of writing, was hosting a temporary exhibition of historical and contemporary art highlighting the individual and collective meaning of death called *Being mortal* (Dom Museum Wien, 2024). The objective of the present study is to explore the potential of engaging with selected artwork from this exhibition to foster positive outcomes of mortality awareness.

Terror Management Theory (TMT)

When dealing with the effects of mortality awareness in the psychological field, there is no way around *Terror Management Theory* (TMT) (Greenberg et al., 1986). This long-standing theoretical framework provides an explanation as to how humans make sense of the awareness of their mortality and the resulting terror. It states that cultural worldviews and self-esteem, both of which are inherently connected, serve as anxiety buffers. The theory further gives insights into the role of culture in maintaining one’s self-esteem and the potential consequences of disrupting one’s worldview (Greenberg et al., 1986). As TMT also forms the basis of this work, a brief outline of the theory and its implications are provided.

Need for Self-esteem

In their earliest work, Greenberg et al. (1986) set forth the discussion on the need for *self-esteem*, which may be defined as “people’s evaluations of their own self-worth” and the subsequent extent to which they perceive themselves as being good (Aronson et al., 2020, p.38). In combination with the ideas of Ernest Becker (1971, 1973, 1975), they developed an understanding of how culture and self-esteem protect people from the terror of their mortality. Following Becker (1962), self-esteem is understood as a uniquely human characteristic, that exists because of the ability for “self-reflective thought” (Greenberg et al., 1986, p.196). This capacity, however, is accompanied by a concurrent

awareness of the fragility of human existence, and the potential for sudden and unexpected demise (Becker, 1971; Greenberg et al., 1986). Humans therefore require a mechanism to deny this knowledge, otherwise, its terror would paralyze them (Becker, 1973; Becker 1975). This is where cultural worldviews come into play.

Cultural Worldviews

Cultural worldviews offer a form of protection from the horror of death, as they provide people with a means of living their lives according to a set of values and standards (Greenberg et al., 1986). By living by these and being an important part of that culture, individuals are also able to sustain and enhance their self-esteem. Moreover, cultural worldviews offer individuals a sense of order, predictability, meaning, and permanence (Becker, 1973, 1975). In addition, the promise of achieving symbolic immortality through secular or religious symbols provides people with hope of overcoming death. This may be achieved through several means, including having children or through the promise of an afterlife (Greenberg et al., 1986; Vail et al., 2012). Thus, cultural worldviews protect humans from the notion of vulnerability and mortality (Greenberg et al., 1986) .

Mortality Salience Hypothesis

It is now evident that cultural worldviews play a significant role in people's lives. Consequently, Greenberg et al. (1986) theorized that any experience that challenges one's cultural worldview or suggests that alternative worldviews are equally valid, will result in feelings of insecurity, a threat to self-esteem, or a disruption to one's sense of order. This, in turn, gives cause for people to seek to defend their worldviews, eliminate perceived threats, and protect their self-esteem (Greenberg et al., 1986). To further explore this assumption, the authors conducted numerous studies on the potential effect of being aware of mortality on self-esteem and adhering to cultural values (Greenberg et al., 1986). The concept of the *Mortality Salience Hypothesis* (MSH), as it is known today, has since been the subject of extensive research. To test the hypothesis, experimental conditions are created in which people are confronted with their mortality. By directing the attention to the concept of death using a prime or stimulus (Burke et al., 2010), mechanisms of cultural worldview defense or self-esteem protection are tested, mostly by assessing attitudes towards the dependent variable. The most common method of inducing *mortality salience* (MS), i.e. to make the eventuality of death noticeable, is to ask subjects to write about their death and to reflect on the emotions that occur (as seen for example: *Mortality Attitude Personality Survey* – MAPS; Rosenblatt et al., 1989). Following a delay, during which thoughts of death are allowed to dissipate into the unconscious, dependent measures are tested. These measures are based on the assumption that awareness of death leads to the manifestation of behaviors that reinforce worldview defenses and self-esteem striving (Burke et al., 2010). Accordingly, the first studies included group conformity as well as favorability, and defensiveness associated with one's own culture as dependent variables (Greenberg et al., 1990; Greenberg & Kosloff, 2008). Since then, additional

variables were also evaluated, for example, related to health (Arndt et al., 2003, 2007), or political attitudes (Cohen et al., 2005). A meta-analysis of the results from 164 articles was conducted, leading to the conclusion that the MSH is “robust and produces moderate to large effects across a wide variety of MS manipulations as well as attitudinal, behavioral, and cognitive DVs [dependent variables]” (Burke et al., 2010, p.187), and therefore speaking in favor of MSH.

Criticism of TMT

Since the publication of the aforementioned meta-analysis (Burke et al., 2010), further studies have been conducted, some of which have failed to replicate the original findings regarding worldview defenses (Schindler et al., 2021; Treger et al., 2023). The theory also attracted a fair share of criticism, primarily challenging the assumption that only death awareness and no other underlying concepts are responsible for MS effects (Hart, 2019; Pyszczynski et al., 2015). While this ongoing scholarly debate cannot be fully attributed to, it is important to acknowledge that the theory is not without its critics and areas of ambiguity within. Considering the intention of the present work to address some of the criticism mentioned in previous studies and to utilize this to enhance the present study, the following section will outline some shortcomings identified in previous research.

There are some postulated reasons why findings that have been evidenced for decades, are no longer being replicated (Schindler et al., 2021; Treger et al., 2023). For example, Treger et al. (2023) posit that the typical MS manipulation may no longer elicit the same level of distress as previously observed. One potential explanation for this could be that the realities of death are less abstract than they once were, as young adults today are confronted with death more frequently and directly, for example through social media (Treger et al., 2023). Writing about death may therefore be perceived as less distressing than in the past. It is also criticized that most TMT studies have been conducted in a laboratory setting. A recommendation for future studies is therefore to employ alternative “modes of inquiry” to gain further insight into the subject matter (Hart, 2019, p. 80). It is also noteworthy that there was no attempt to gain further insight by examining the quality of the participant's responses to the MS manipulation (as previously stated, this primarily comprised answering two open-ended questions concerning death), even though how individuals respond to such questions and the content of their responses may subsequently influence their reactions (Schindler et al., 2021). Furthermore, the question is posed as to whether the traditional dependent variables, such as national pride and conservative values, remain effective measures for defending a worldview in the present era (Treger et al., 2023). It can generally be observed that TMT research has largely concentrated on these initial variables, repeatedly demonstrating how individuals may harm themselves or others in the pursuit of cultural affirmation and self-esteem (Vail et al., 2012; Vail & Juhl, 2015). Most TMT studies have focused on elucidating the darker aspects of human behavior and the role of existential fear in the formation of biases, aggression, and other destructive outcomes, thereby overlooking the potential for growth and positive behaviors (Vail et al., 2012; Vail & Juhl, 2015; Yuan et al., 2019).

Completing the Picture - The Brighter Side of TMT

As most studies to date have concentrated on the anxiety-inducing aspects of death awareness, the findings in the literature do not provide an exhaustive picture of potential MS effects (Yuan et al., 2019). The potential for MSH to result in *positive terror management*, which is defined as “existentially motivated attitudes or behaviors that minimize harm to oneself or others, and promote well-being in physical, social and psychological domains” (Vail et al., 2012, p. 305) was recognized from an early stage (Solomon et al., 1991). However, it was not until the first researchers failed to elicit worldview defense responses in their studies that they asked what was missing to produce the MS effects. Interestingly, this has also led to the realization of how positive terror management can be evoked under certain conditions.

Role of Consciousness. The *dual-process model of terror management* (Greenberg et al., 2000), offers a compelling explanation for the observed differences in responses to MS, depending on whether death-related thoughts are in focal attention or outside of consciousness. It has been demonstrated that immediately following an MS manipulation, when death-related thoughts remain conscious, the accessibility of such thoughts (Arndt et al., 1997; Pyszczynski et al., 1994) as well as death anxiety levels (Abeyta et al., 2014) are low. This supports the assertion that individuals will manifest *proximal defenses*, which means actively suppressing death-related thoughts as a coping mechanism (Fairlamb et al., 2022; Greenberg et al., 2000). Examples for proximal defenses might be denying one's vulnerability (Fairlamb et al., 2022; Greenberg et al., 2000), but also positive behaviors such as purchasing sunscreen (Routledge, Arndt, & Goldenberg, 2004), increasing fitness intentions (Arndt et al., 2003), or decreasing the importance of extrinsic goals (Kosloff & Greenberg, 2009). The suppression of death-related thoughts has recently also been evidenced in an EEG study, providing electrophysiological evidence for induced anxiety after MS and reduced accessibility of negative emotions shortly after (Huang et al., 2021). Despite the apparent association between consciousness of death thoughts and positive terror management, this phenomenon has not been subjected to much empirical investigation. This is because research has attempted to mimic the underlying and constant presence of mortality awareness, as well as worldview defense and self-esteem striving. It has therefore focused on subtle mortality cues that are allowed to slip into the unconscious by including distraction tasks or letting some time pass (Vail et al., 2012).

When a delay occurs between MS manipulation and the assessment of death thought accessibility, active suppression is relaxed, and death-related thoughts become more accessible without necessarily being in focal attention. Under this condition, individuals will exhibit *distal defenses*, which relate to the typical worldview defenses, such as intergroup biases (Arndt et al., 1997; Pyszczynski et al., 1994) or self-esteem strivings, for example choosing to tan and not buy sunscreen to boost one's self-esteem at the expense of physical health (Routledge, Arndt, & Goldenberg, 2004). It was found that individuals exhibited distal defenses in the form of positive terror management only when standards of

self-worth were prominent and accessible, and when cultural prosocial norms and values were upheld. For example, one study demonstrated that generosity and charitable behavior can be elicited through MS only when cultural norms of generosity are activated (Jonas et al., 2013). A further example demonstrated that, after MS manipulation, individuals whose self-worth is contingent on appearance, exhibited an increased intention to wear an aesthetically appealing face mask during the COVID-19 pandemic (Fairlamb et al., 2022). Furthermore, it was demonstrated that when collectivist values were upheld during MS manipulation, people exhibited heightened intentions to engage in social distancing and mask-wearing behaviors during the same pandemic (Courtney et al., 2022).

In sum, it can be stated that both forms of defense serve to reduce concerns related to death and can elicit positive terror management. Nevertheless, certain conditions must be met. Firstly, it appears that positive behaviors can be observed after MS, when death-thoughts are still conscious. Secondly, positive behaviors can also be observed following a delay after MS but only when certain values pertaining to self-esteem and cultural worldviews are upheld. It can thus be argued that, despite the existence of empirical evidence for positive terror management, this phenomenon is contingent and expressed by people in a limited manner. It was not until other authors conducted studies investigating a more direct and explicit method of MS that further insights into positive terror management were gained (Cozzolino, 2006; Cozzolino et al., 2004; Grant & Wade-Benzoni, 2009).

Death Reflection. In notable contributions to the field, Cozzolino et al. (2004, 2006) revisited the classic TMT studies and presented new ideas regarding how positive terror management can be elicited more unconditionally. Therefore, insights from other areas of research were drawn upon. This included evidence for *post-traumatic growth* (PTG), meaning “positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances” (Tedeschi et al., 2018, p. 3). *Trauma* is a life-altering event that often results in the contemplation of one's mortality (Tedeschi et al., 2018). It can give rise to various forms of growth, including changes in self-perception, interpersonal relationships, and the philosophy of life (Cozzolino, 2006; Tedeschi et al., 1998). Cozzolino et al. (2004, 2006) also looked towards *near-death experiences* (NDE), meaning “an intense incident of an extraordinary state of consciousness, occurring during an episode of seeming unconsciousness” (Bianco et al., 2024, p. 2) typically occurring in situations where individuals are very close to death, like a coma or cardiac arrest. After those experiences, similar changes as in individuals showing PTG can be observed (Cozzolino, 2006). Notable shifts in attitude and personality were observed, including reduced fear of death and an enhanced appreciation of life (Noyes, 1980). Individuals who had an NDE also tend to exhibit enhanced well-being, heightened perception, a sense of connection, more positive relationships, a less materialistic outlook, a greater appreciation for solitude, a reduction in death anxiety, and an altruistic disposition (Taylor, 2012). Similar findings can be found in a more recent study, demonstrating that an NDE can result in a reduction in fear of death and an increase in self-esteem (Bianco et al., 2024).

Such positive psychological developments after trauma or NDE led Cozzolino et al. (2004, 2006) to the conclusion that facing death can indeed lead to outcomes that differ from what has been previously observed in TMT studies. In an effort to demonstrate that experimental MS might also result in positive behaviors, a novel MS manipulation, drawing upon the key characteristics of NDE and PTG associated with these positive outcomes was developed. It is based on the argument that differences between NDE and PTG studies and TMT studies are likely due to the “degree of specificity” (Cozzolino, 2006, p. 280) with which death is encountered. While TMT studies use generic, abstract, or subtle reminders of death, embedded in an MS manipulation that allows for those reminders to slide into unconsciousness, death has been a lot more tangible for people having experienced trauma or NDE (Cozzolino, 2006; Cozzolino et al., 2004). Subsequently, the novel MS manipulation, called *death reflection*, was constructed to provide a realistic experience of death, akin to that observed in NDE and trauma. Participants were instructed to read about and imagine themselves dying in a fire and were also required to respond to open-ended questions concerning the prospect of actual death, thoughts and feelings as well as the reflection on life and loved ones (Cozzolino, 2006; Cozzolino et al., 2004). Death reflection was later defined as “an individual's deliberate cognitive processing of mortality that focuses on the positive aspects of death, which encompasses concrete behavioral intentions to realize such positive aspects” (Yuan et al., 2019, p. 419). When putting the death reflection manipulation to the test, an increase in participants' intrinsic, unselfish behaviors was found (Cozzolino et al., 2004). Later also other studies showed that the death reflection manipulation leads to positive outcomes such as enhanced gratitude (Frias et al., 2011), higher body weight satisfaction among women (Alleva et al., 2020), and a positive indirect effect on quitting tendencies for smoking (Khoo & Oh, 2024).

Subsequently, the *Death Reflection Scale* was developed, a five-factor model of death reflection comprising forms of processing mortality in a more positive manner, which include: *Motivation to help* (e.g. “When I think about death, I feel a strong urge to help other people”), *Motivation to live* (e.g. “When I think about death, I make plans for my life”), *Putting life in perspective* (e.g. “When I think about death, I can let go of the little problems”), *Connection to others* (e.g. “When I think about death, I want to spend more time with the people I care about”), and *Legacy* (e.g. “When I think about death, I reflect on how I will be remembered”) (Ramsenthaler et al., 2022; Yuan et al., 2019). These factors were generated by drawing on the literature on death reflection and interview transcripts with terminally ill patients (Yuan et al., 2019). In the scale's validation study with firefighters, it was shown that death reflection is related to life satisfaction and can act as a buffer to the adverse effects of mortality cues (Yuan et al., 2019). Other studies conducted in the context of the COVID-19 pandemic have since been able to validate the scale (Ramsenthaler et al., 2022) and found that death reflection mitigates negative emotional states by fostering a more analytical and meaningful perspective on mortality (Curşeu et al., 2023).

This review of the literature on positive terror management and death reflection reveals a focus on prosocial behaviors, health decisions, and effects on emotional states. However, a notable gap in the research is the absence of studies examining the potential of MS to influence mental health positively. While MS has been shown to negatively impact mental health in real-world contexts, such as during wars or the COVID-19 pandemic, leading to increased anxiety and suicidal ideation (Huang et al., 2022; Paul & Vasudevan, 2024; Stieger et al., 2023), little is known about whether MS might also have positive effects on mental health, by facilitating adaptive psychological concepts, such as mindfulness. Accordingly, a definition of mindfulness is provided along with an overview of existing knowledge regarding mindfulness in the context of TMT.

Mindfulness

The concept of *mindfulness* has its roots in Buddhist traditions and comes from two basic activities of consciousness: awareness and attention (Brown et al., 2007; Kabat-Zinn, 2003). It is defined as “a receptive attention to and awareness of present events and experience” (Brown & Ryan, 2003, p.212). Mindfulness can be defined as a state of clear awareness of one's internal and external experiences, characterized by an absence of judgment or interference. It is a mere observation of the phenomena occurring in the present moment (Brown et al., 2007; Brown & Ryan, 2003; Kabat-Zinn, 2005). Mindfulness can be defined and measured, both as a state of current being as well as a trait (Bravo et al., 2018). It has also been defined as a multi-faceted concept consisting of the following components: *Observing*, meaning the process of recognizing internal and external experiences, such as emotions or smells; *Describing*, referring to the expression of inner experiences with words; *Acting with Awareness*, denoting the ability to be present in the moment of activity; *Non-Reactivity*, involves the capacity to simply let thoughts and feelings flow without getting stuck or carried away by them and lastly: *Non-Judgment*, is defined as an open and non-evaluative attitude towards one's feelings and thoughts (Baer et al., 2008).

Mindfulness has gained considerable recognition within psychology, as research has demonstrated its beneficial effects on mental health. Studies have indicated that individuals with high levels of mindfulness tend to exhibit lower levels of social anxiety and report higher levels of self-esteem (Rasmussen & Pidgeon, 2011). As previously stated, self-esteem plays a significant role in TMT. Moreover, it has been demonstrated that mindfulness training can enhance self-esteem (Pepping et al., 2013). It has also been shown that mindfulness reduces death anxiety by increasing cognitive flexibility in pregnant women (Askarizadeh et al., 2022). Additionally, mindfulness has been linked to the experience of positive emotional states (Brown & Ryan, 2003), and is also positively associated with empathy (Vilaverde et al., 2020) and resilience (Zhang et al., 2023). Given the psychological benefits of mindfulness, it seems reasonable to consider its potential role in TMT.

Mindfulness within TMT

In the context of the TMT studies, mindfulness has thus far been employed solely as a moderating variable. For instance, the implementation of a short, 20-minute-long (Jain, 2023) or a 6-week long (Anālayo et al., 2022) mindfulness meditation exercise in an MS manipulation has been shown to reduce death anxiety. Another study has demonstrated that initial meditation experiences, achieved through mindful breathing exercises, result in the elimination of the typical worldview defense (Park & Pyszczynski, 2019). Mindfulness has also been suggested as a technique for creating MS, specifically by the practice of *mindfulness of death*. This practice integrates mindfulness exercises with contemplations on death and mortality and has been proposed as a tool for inducing MS (Moon, 2019).

Apart from its use as a moderator or MS manipulation tool, mindfulness in the context of TMT remains largely unexplored, according to the researchers' current understanding. However, an investigation of mindfulness, distinct from these approaches, is partially visible in NDE studies. Mindfulness has been reported as a direct outcome of NDE (Bianco et al., 2024), and it has also been demonstrated that individuals who have had an NDE, exhibited favorable modifications in their lives, which can be indirectly linked to mindfulness (Noyes, 1980; Taylor, 2012). For instance, it was observed that individuals demonstrated a greater emphasis on living in the present, which can be linked to acting with awareness, a component of mindfulness (Noyes, 1980; Taylor, 2012).

In a more general sense, when individuals are frequently confronted with death, for example in social work, mindfulness has been defined as a desirable trait to possess (Cacciatore et al., 2015). Consequently, educational initiatives have been proposed with the aim of facilitating mindfulness and *self-awareness* (Self-awareness in the context of the referenced work has been defined as the “capacity for awareness of feelings, thoughts, and behaviors” (Stella, 2016, p. 33) after a definition by Richards et al. (2010)). These efforts involve confrontations with death, such as an imaginative exercise, where individuals are prompted to consider both the worst and best possible scenarios for their demise (Stella, 2016), as well as education on the various facets of death and the opportunity for individuals to share their personal experiences with death (Cacciatore et al., 2015). Although these interventions cannot be directly compared to an experimental MS manipulation, there are similarities. For instance, the imaginative exercise, in which individuals are prompted to consider both the worst and best possible scenarios for their death (Stella, 2016), bears a strong resemblance to common MS manipulations such as the MAPS, a two-item questionnaire, in which people are also asked to imagine their own death. (Mortality Attitude Personality Survey; Rosenblatt et al., 1989). When considered collectively, the efforts to facilitate mindfulness in educational programs about death and the findings of NDE research indicate that mindfulness may be a variable that can be influenced and modified following confrontations with death. The question now arises as to how a confrontation with death can be conceptualized to facilitate mindfulness in an experimental MS manipulation. One aspect that has not yet been considered, is the confrontation with death through *receptive arts engagement*, which is defined

as an “attendance at art-based events and venues such as museums” (Tymoszuk et al., 2020; p.892) whereby people are “experiencing or viewing art” (Cavanagh et al., 2020, p.2).

Art within TMT

Art within TMT has been conceptualized as a buffer against death anxiety, “by transforming the meaning of death to make it less threatening, representing cultural beliefs and icons and offering experiences that alleviate individuals’ awareness of themselves as finite creatures” (Landau et al., 2010, p. 115). More specifically, art might reflect or directly portray cultural beliefs and reinforce existing beliefs and values, providing a means of coping with mortality concerns (O’neill, 2012). For example, it has been demonstrated that following an MS manipulation, artworks that allow for multiple interpretations or challenge established cultural values, like modern arts, are perceived as a potential threat to one's worldview and, as a result, are less likely to be evaluated in a positive manner (Landau et al., 2006). In line with this, O’neill (2012) posited that museums, which frequently exhibit artworks from diverse worldviews, should contemplate how they present their collections to cultivate an environment of open-mindedness and counteract the tendencies of worldview defense. Conversely, research has demonstrated that participants who received an MS manipulation demonstrated a greater appreciation for meaningful films that transported cultural worldviews than those who did not receive an MS manipulation (Rieger et al., 2015). A review of the literature on music suggests similar results: it does not only provide a means of engaging with the subject of death safely, but it may also serve to mitigate death anxiety, contingent on the salient values and musical preferences of the individual (Cardany, 2018). This speaks to the fact that MS heightens people's preference for art which affirms their beliefs and values as it protects them from mortality concerns. A concept related to art that has been the subject of study within the TMT is creativity. The results of studies have demonstrated that engaging in creative tasks within the context of an MS manipulation has the effect of reducing worldview defenses (Routledge, Arndt, & Sheldon, 2004), facilitating cultural exploration (Routledge & Arndt, 2009), and serving as a buffer against anxiety (Cui et al., 2020).

Similarly to the aforementioned concept of mindfulness, it can be concluded that there have been few investigations of the role of art within the TMT framework, apart from its usage as a measuring tool for the dependent variable (i.e., rankings of paintings, as demonstrated above) and some explorations on the role of creativity. Art, however, has never been used as the MS manipulation itself. This seems surprising, especially given the fact that the theme of death has always been a prominent feature in all art forms and provides an opportunity for engagement with death in a manner that is not overly distressing. Art also helps to transform death from an abstract and unpredictable concept into a more tangible one (Landau et al., 2010; O’neill, 2012). It can also be said, that although art can provoke death-related thoughts, it has never been investigated within TMT as to what the nature of these thoughts are (O’neill, 2012). This corresponds with the previously identified research gap concerning the absence of examining the quality of the participant's responses to the MS manipulation (Schindler et al., 2021).

In sum, it can be posited that even though art has played a role within TMT before, engagement with art as a method of confronting one's mortality has not been a prevalent practice. However, it has been demonstrated to be an effective approach in other fields.

Confronting Death through Art

Art that features death can serve as an effective instrument for addressing this challenging subject. Evidence for that can be found most notably in educational programs for student nurses (Nicol & Pocock, 2020; Rose et al., 2008).

As death is a topic often encountered in healthcare, there have been some educational proposals as to how death and dying can be introduced through art to nursing students. One methodology was put forth by Rose et al. (2008), who devised a teaching design that employed artworks depicting scenarios in which individuals were dying. In a three-phase approach, nursing students were first required to undertake formal learning about death and dying. They then had the opportunity to visit a gallery where these artworks were presented. Students were instructed to observe and reflect on the images, and to make notes in a journal. In the final phase, a student-led discussion was held, during which students were able to exchange their experiences. The program was deemed effective in heightening students' sensitivity to the dying process. It was asserted that the intensity of the art made students more aware of the inevitability of death and also its distinctiveness for each individual.

In a workshop of a similar nature art pieces that portrayed individuals as they faced death were employed, prompting reflection amongst nursing students on their perspectives on death and dying (Nicol & Pocock, 2020). The students were instructed to view the artworks in groups and were provided prompt questions based on the *ways of looking* framework (Tate Modern, n.d.) to facilitate discussion. Subsequently, all groups were invited to present brief extracts from their discussions, which led to further debate about death and dying. A qualitative approach was then employed to assess the role of art in facilitating the discussion. The study demonstrated that discussion provided a forum for participants to engage in a profound and personal exploration of their beliefs and experiences concerning death, which was further deepened by the art input (Nicol & Pocock, 2020).

Another similar yet distinct project, which employs a more participatory approach and is accessible to a broader audience, is *The Reflection Room* (2023). This Canadian initiative provides physical spaces for individuals to engage in the sharing and experience of thoughts and experiences related to death, dying, grief, and loss. This is achieved by posting written slips of paper on a designated reflection wall. The reflection room itself comprises a number of features, including candles, seating, music, and images of nature, and can be found in a variety of settings, including care homes, elderly homes, hospices, and museums. These art installations have been found to provide a space for people to share and experience narratives about death, thereby encouraging reflection on the emotional and

conceptual experiences associated with death (Holyoke et al., 2022). Therefore, art can be used for confronting mortality. Furthermore, it can also be employed to promote health and well-being.

Benefits of Engaging with Art

The engagement with art in a context that is not explicitly focused on mortality can also yield important benefits. For example, in an exploratory study it was demonstrated that artworks can facilitate conversations about illness and enhance well-being in hospitalized patients (Gelo et al., 2015). It was found that utilizing narrative images as a conversational opener assists in discussing feelings and emotions that would otherwise be challenging to articulate. Similarly, it has been shown that including art in conversations with older people improves their perceived life situation and enriches conversation between health professionals and older individuals in nursing homes (Wikström, 2000b, 2003b). Art as a tool to foster conversation has also been demonstrated in various therapeutic interventions, one example being the *Talking Pictures Therapy*, where images are employed as a means of facilitating communication and self-exploration (Loewenthal, 2013). Additionally, viewing art used in therapeutic settings can serve as a pathway to activate resources, insights, and imagination (Franzen, 2013).

In addition to its capacity for fostering communication and reflection, viewing art has been demonstrated to have various beneficial effects on people's well-being and mental health. Studies have found that viewing art diminishes negative affect in students (Drake et al., 2024) and enhances the well-being of individuals with dementia and their caregivers (Johnson et al., 2017). Even brief engagement with arts, such as viewing an online exhibition for a few minutes, has been demonstrated to enhance mood and well-being, while also reducing state anxiety and loneliness (Trupp et al., 2022). Frequent receptive arts engagement may also serve as a protective influence against loneliness among older adults (Tymoszuk et al., 2020). A visit to an art museum has also been found to have a beneficial effect on self-reported stress levels (Ter-Kazarian & Luke, 2019). Lastly, engagement with visual art has also been proposed as a tool in nurse education for increasing empathy (Wikström, 2003a), emotional awareness (Jack, 2012; Wikström, 2000a) and observational skills (Pellico et al., 2009).

It is acknowledged that this work cannot provide a comprehensive summary of the beneficial effects of art on individuals. Nevertheless, it is evident that receptive art engagement yields positive outcomes, both for mental and physical health, in prevention and treatment (Fancourt & Finn, 2019), and that museums are spaces that increase well-being factors (Cotter & Pawelski, 2022). However, an examination of the literature reveals that mindfulness has not been identified as a potential outcome of receptive arts engagement, as in the MS experiments.

Art and Mindfulness

Similarly to the relationship between mindfulness and TMT, mindfulness has been considered in various art-related studies. However, there has been little investigation of how mindfulness can be influenced through engagement with art. Rather, there has been an interest in mindfulness as a tool to

enhance art engagement. This is exemplified by a study by Zabelina et al. (2020), in which mindfulness interventions were used to enhance an art-viewing experience. Moreover, mindfulness has been incorporated into art therapy interventions (Coholic et al., 2023) and has been included in university courses designed to facilitate a deepened art-viewing experience while also enabling a more open-minded approach to unfamiliar artistic creations (Gradle, 2011). To date, there is only a limited body of research that investigated the potential impact of art engagement on mindfulness directly. Nevertheless, some study results appear to indicate the presence of certain components of mindfulness when participants were asked to engage with art.

For example, the effect on creativity and emotional intelligence was evaluated through an art-based workshop (Ebert et al., 2015). Specifically, it was the objective to teach adults *emotional intelligence* by engaging with the visual arts. Emotional intelligence was thereby defined as the ability to understand and recognize emotion in oneself and others, which can be linked to the observational component of mindfulness. The participants in the study were invited to engage with visual art by observing and reflecting. Following the workshop, the participants expressed the belief that they could enhance their abilities in this area and rated their skills more positively (Ebert et al., 2015). Similarly, in some studies the efficacy of art-based tools in medical education in developing observational abilities in students was evaluated (Cerqueira et al., 2023). Exemplarily, one tool mentioned in this context is a course for medical students called *Training the Eye: Improving the Art of Physical Diagnosis* (TTE), which is an art museum-based course with the secondary objective of enhancing mindfulness in medical students (Srivastava et al., 2022). With TTE, students learn to analyze art, which is intended to assist them in their practice of making unbiased diagnoses and has been demonstrated to improve observational skills (Naghshineh et al., 2008). A comparable workshop also invited medical students to engage in discussions about art images. These discussions encompassed both observational questions and interpretative and reflective exchanges. Subsequently, the students reported a qualitative increase in mindfulness, despite the absence of a quantitative measurement of mindfulness in the study (Jasani & Saks, 2013).

In conclusion, given the evidence that receptive art engagement has various benefits for mental health and well-being and can foster beneficial physiological concepts in different populations, it can be argued that mindfulness could also be facilitated through receptive arts engagement. This proposition is supported by studies in art that have already incorporated mindfulness as a significant element and by studies that have identified components of mindfulness as a consequence of engaging with art. The present study aims to expand the existing body of research by considering mindfulness as a direct consequence of art engagement.

Research Questions

In sum, this paper aims to address several research gaps: first, to the best of the researchers' knowledge, changes in mindfulness after MS manipulations have never been investigated. Because of its beneficial properties in terms of death anxiety and worldview defense (Anālayo et al., 2022; Jain, 2023; Park & Pyszczynski, 2019), and because it has been observed as an outcome in NDE studies (Bianco et al., 2024), it seems to be both, a desirable and potential outcome of MS studies. Therefore, a more general aim of the study is to explore whether there is a change in mindfulness after the MS manipulation created for this study. In order to achieve a more profound comprehension of the underlying psychological mechanisms associated with MS, it appears justified to also investigate death anxiety, a crucial variable that has been extensively explored in numerous past TMT studies.

Research question 1: Do mindfulness levels change over the course of the study?

Research question 2: Do death anxiety levels change over the course of the study?

In particular, the MS manipulation, devised for this study, takes into account the fact that engagement with artworks that evoke associations with death has never been the primary manipulation for MS itself. Engagement with art has been demonstrated to enhance well-being and reduce death anxiety, and it has also been established as an effective instrument for facilitating related components of mindfulness (Fancourt & Finn, 2019; Jasani & Saks, 2013; Landau et al., 2010; Srivastava et al., 2022). Furthermore, the incorporation of art in an MS manipulation provides an avenue for connecting new approaches with existing MS manipulation such as death reflection, which has already been demonstrated to facilitate positive terror management (Cozzolino, 2006; Cozzolino et al., 2004). The present study, therefore, will investigate whether there is a difference in death anxiety and mindfulness levels when the MS manipulation, consisting of discussions on death and dying, utilizes an art-based approach as opposed to a non-art-based approach.

Research question 3: Do art-based discussions in contrast to non-art-based discussions on death and dying influence mindfulness and death anxiety differently?

Furthermore, the content of MS manipulations to date has not been subjected to analysis (Schindler et al., 2021). Consequently, the responses of participants to MS manipulations, which have predominantly been reflections on open-ended questions, have never been examined in detail. This study aims to address this limitation by employing a mixed-methods approach. The discussions on death and dying, which serve as the MS manipulation, will also be subjected to analysis, thereby gathering a more profound understanding of how individuals experience and conceptualize death.

Research question 4: What perceptions, beliefs, and emotions emerge in an (art-based) discussion about death and dying?

Method

Research Design Overview

The present study employs an embedded mixed-method design to assess the differences and changes in mindfulness and death anxiety through art-based or non-art-based focus group discussions about death and dying. The research design employs the typology *intervention (QUANT + qual)*, wherein the methods are embedded within the experimental design (Creswell & Clark, 2017). This design offers insight into the efficacy of a novel MS manipulation, while the manipulation itself provides further insight into attitudes and perspectives on death and dying. The design incorporates three phases of data collection: a quantitative baseline survey before the MS manipulation to assess death anxiety, mindfulness, and test for eligible criteria, followed by the MS manipulation itself, and then immediately followed by the first follow-up survey, again assessing mindfulness and death anxiety. The data collection process concludes with a second follow-up survey, conducted two weeks later, to capture medium-term changes in the variables under investigation. Thus, while the quantitative methods, different questionnaires, are utilized to assess the MS manipulation's influence on mindfulness and death anxiety, the secondary qualitative method, focus group discussions, offers a more nuanced understanding and insights into the intervention itself (Creswell & Clark, 2017). The AI writing assistant *DeepL Write* (2024) was used for the linguistic revisions of the present work. These were checked manually and not used for content prompts.

Sample

The sample consisted of three focus groups, with a total of $N = 13$ individuals. For the quantitative analyses, however, one individual was excluded due to a death in their family during the study. For this participant, the inclusion criteria (see below) were no longer met, and they also did not complete the study. Consequently, the total sample size was ultimately $N = 12$ individuals for the quantitative analysis, with four individuals in each group. The contributions of the excluded individual were still included in the qualitative analyses, as the death had not yet occurred at the time of the focus group discussion. As seen in Table 1, at the time of the study, the participants were, on average, 25 years of age. There was an equilibrium in the gender distribution. The average level of education of the participants corresponded to a bachelor's degree.

The composition of this sample was determined according to a set of previously defined inclusion criteria, both to ensure the composition of an ideal focus group and to ensure the suitability of candidates for the study. The specifics of these are outlined in the following section.

Table 1*Sociodemographic Characteristics of the Sample*

Variable	<i>N</i>	%	Min-Max	<i>M</i>	<i>SD</i>
Sex					
Female	6	50			
Male	6	50			
Divers	0	0			
Not specified	0	0			
Education					
Compulsory Schooling	0	0			
Apprenticeship	0	0			
Matura	4	33.3			
Bachelor	8	66.7			
Master	0	0			
PHD	0	0			
Other	0	0			
Age	12	100	24-28	25.33	1.497

Note. n = Total number. % = Percentage of the sample. M = Mean value. SD = Standard deviation. N = 12.

Eligibility criteria. The first eligible criterion referred to the ideal composition of the focus group discussions. Given the suggestion in the literature that participants of focus group discussions should be similar (Krueger & Casey, 2009; Przyborski & Wohlrab-Sahr, 2021), a university student sample was recruited, including individuals aged between 18 and 30. Due to the fact, that knowing each other can facilitate an open discussion, it is recommended that focus group discussions are conducted with naturally existing groups (Braun & Clarke, 2013; Krueger & Casey, 2009). In seeking out pre-existing groups, it can also be assumed that some fundamental similarities are already present (Przyborski & Wohlrab-Sahr, 2021). This was deemed appropriate, given the sensitive nature of the topics under discussion. Consequently, this study sought to identify a sample comprising existing friend groups. This was disclosed in the promotional flyer (see Appendix C). The desired sample size was three groups, each consisting of four to six participants. While the group size of the focus groups

followed the recommendations outlined in the literature (Braun & Clarke, 2013; Krueger & Casey, 2009), three groups were selected for pragmatic reasons, namely, to ensure manageability in terms of time and organization. The number of groups also corresponded to the number of experimental conditions planned. All criteria outlined concerning the composition of the groups and the number of groups and participants were achieved.

The second criterion for eligibility referred to the participant's experiences with death and willingness to engage in discourse on the topic. In the calls for applications, individuals were advised only to take part in the study if they felt comfortable discussing death in-depth and had not had either an NDE or been confronted with death within the past year. These criteria were also assessed again as part of the informed consent.

To further explore the eligibility of the participants, a brief mental health screening was conducted. To this end, all interested participants completed the abbreviated version of the *Gesundheitsfragebogen für Patienten* (PHQ-D), which is the authorized German version of the *Prime MD Brief Patient Health Questionnaire* (Brief PHQ) (Löwe et al., 2002). A threshold was established to ascertain the point at which individuals should be excluded from participation. This was based on the PHQ manual which indicates that a sum score in the *Depressiveness* scale of 10 or greater is indicative of moderate depression, and a score of 14 or above is indicative of severe depression (Löwe et al., 2002). As seen in Table 2, one individual with a score above 10 was contacted again and made aware. As no individuals demonstrated a score of 14 or higher, it was not necessary to exclude any participants based on that scale. The PHQ-D also encompassed the subscale *Anxiety*. If an existing panic disorder was present, which would have resulted in exclusion from the study, all items about anxiety had to be answered affirmatively. As the foregoing question: "Have you experienced an anxiety attack (sudden feeling of fear or panic) in the previous four weeks?", was answered negatively by all participants, there was also no exclusion due to panic disorder.

Lastly, the participant's death anxiety was assessed, utilizing the German version of the *Death Attitude Profile-Revised Questionnaire* (DAP-GR; Jansen et al., 2019). This constitutes yet another exclusion criterion (Details pertaining to the description and quality of measurement can be found in the section *Measures*). To define a point of exclusion, the validation study was used (Jansen et al., 2019). This study yielded a $M = 3.97$, and $SD = 1.22$ for the *Death Anxiety* subscale. Consequently, the mean value plus standard deviation was established as the maximum permissible value in death anxiety, being 5.19. As illustrated in Table 2, none of the participants reached this threshold.

Recruitment Process. The sample was recruited using both analog and digital calls for application. Flyers were distributed at the University of Vienna, with placements in the departments of Social Sciences, Geography and Regional Studies, Psychology, Ethnography, Cultural and Social Anthropology, in addition to student spaces on the university campus and at the New Institute Building.

Table 2*Check for Exclusion Criteria: Depression, Death Anxiety*

	<i>N</i>	Range	Minimum	Maximum	<i>M</i>	Std. Error	<i>SD</i>	Variance
Depression_base_sum	13	9.00	1.00	10.00	4.38	.68	2.47	6.10
DeathAnxiety_base_mean	13	3.86	1.29	5.14	3.18	.34	1.23	1.51
Valid N (listwise)	13							

Digital calls for applications were shared via various WhatsApp groups, composed of psychology students, and via the researcher's personal social media account. Those wishing to participate were invited to message via WhatsApp to indicate their interest and discuss the next steps. No financial incentives were provided. Several interested individuals withdrew from the study following further discussions about the terms and conditions via WhatsApp. This was mostly because they did not have a group of friends who were willing to participate with them. Three groups willing to participate were found and the informed consent, the check for eligible criteria, as well as the baseline survey were sent. The informed consent form and the questionnaires (see Appendix D) were distributed via a link, directing participants to an online questionnaire hosted on SoSci Survey (Leiner, 2024). This platform was accessed through the University of Vienna's institutional access and was utilized for both the initial data collection and subsequent follow-up surveys. No masking was employed. By disclosing the research interest in the participants' declaration of consent, the participants were made aware of the aims of the study.

Researcher Description and Reflection. The researcher conducted this study as part of their master's thesis in psychology at the University of Vienna. Until then she had no experience conducting either focus groups or experimental studies but was familiar with other qualitative methods, like interviews. The researcher's involvement as moderator in the focus group can be perceived as positive, as she was of a similar age and educational background to the participants and integrated well within the group. However, the researcher's inexperience could also have influenced the group dynamics, potentially leading to feelings of unease. It could also be that, due to the similarity between the sample and the researcher, the boundaries between them were not as clearly defined, leading to a "chatty atmosphere". However, this can also be seen as a positive aspect, allowing for a more natural setting. Regarding the specific topic of this thesis, the researcher had no prior personal experience, except for an interest in the arts. Furthermore, there were no experiences or interests related to the topics of death and dying. However, the researcher adopted an open attitude toward these subjects, intending to acquire further knowledge. The researcher drew upon prior experience with mindfulness, which she had

acquired during a mandatory psychology internship. The researcher believes mindfulness is a valuable concept that may have implications for the dynamics under investigation.

Researcher-Participant Relationship. Before the study, the researcher had no relationship with the participants, except for one, a study colleague who volunteered to participate with their group of friends. The friends were not known to the researcher. Since there were some difficulties in recruiting enough groups for each experimental condition planned, it was concluded that the disadvantages of knowing one of the participants outweighed the advantages of having another group participating.

Measures

Quantitative. To gain an insight into the possible changes in mindfulness through an art-based discussion on death and dying over time, the German version of the *Five Facet Mindfulness Questionnaire* (FFMQ-D; Michalak et al., 2016). The FFMQ-D assesses the concept of mindfulness in a self-report manner with 39 items on a 5-point Likert scale, with responses ranging from 1 = *never or rarely true* to 5 = *very often or always true*. The concept of mindfulness is understood as a construct with several facets, as reflected in the subscales, all of which are evidenced by satisfactory reliability: *Observing* ($\alpha = .74$), *Describing* ($\alpha = .88$), *Acting with Awareness* ($\alpha = .80$), *Non-Judging* ($\alpha = .90$), and *Non-Reactivity* ($\alpha = .78$) (Michalak et al., 2016). The FFMQ-D was utilized for baseline measurements and the two follow-up surveys.

To gain insight into the potential changes of death anxiety over time and to assess the eligible criteria, the subscale *Death Anxiety*, consisting of 7 Items, of the *Death Attitude Profile-Revised Questionnaire* (DAP-GR; Jansen et al., 2019) was used. Death anxiety is measured on a 7-point Likert scale from 1 = *strongly agree* to 7 = *strongly disagree*, with the internal consistency being $\alpha = .86$ (Jansen et al., 2019). The scale was utilized once for baseline measurement and the check for eligible criteria, and again for the first and second follow-up surveys.

Participants therefore completed the same measures three times, except for the mental health screening, which was only assessed in the baseline survey to check for eligible criteria. All measures, as were administered to the participants, can be found in Appendix E.

Qualitative. The qualitative measurement chosen for this mixed-method design was a focus group discussion, a “method where data are collected from multiple participants at the same time. They involve a relatively unstructured, but guided discussion focused around a topic of interest” (Braun & Clarke, 2013, “What are Focus Groups” section). The specific areas of interest addressed in this particular focus group discussion were those about death and dying. The objective was to gather a range of perceptions, beliefs, and emotions concerning these topics, and also to find some ideas for the potential importance of such discussions, all of which are goals described as achievable through the use of a focus group (Krueger & Casey, 2009; Wilkinson, 1998). Furthermore, focus groups facilitate a

supportive environment that resembles normal conversation in everyday life, in which participants can speak freely and in-depth (Wilkinson, 1998). This was considered a crucial aspect of this discussion.

For the focus group discussions, a semi-structured discussion guide was drafted (see Appendix F and G). However, as the focus group discussion was not only a means of gathering information, but also constituted the MS manipulation, it was essential that the discussion guide exhibited several characteristics concerning the study's overall objective. This was discussed with the study's supervisors beforehand and applied accordingly: In the first instance, as the focus group discussion represents the MS manipulation, it was thus essential to present participants with topics explicitly related to their mortality. To this end, the discussion guide was inspired by MS prompts previously used in other studies, for example, the aforementioned MAPS (Frias et al., 2011; Rosenblatt et al., 1989), with one prompt being "I would ask you to discuss what emotions arise in you when you think of your own death". There were also inspirations taken from the MS manipulation death reflection by Cozzolino et al. (2004) by employing an imagination exercise, in which participants were asked to imagine their death, without or with the input of art, and to discuss their feelings and thoughts afterward. Imaginative questions as a rhetorical tool are generally suggested for focus group discussions and were therefore deemed appropriate (Krueger & Casey, 2009).

Secondly, as art input was provided for two groups (see in the section *Experimental Conditions and Procedure*), it was essential that these two groups' discussion guides included prompts that accounted for this input and addressed it explicitly. Therefore, the discussion guides were the same at their core, but the art-based groups also had questions, referring to the artworks on the one hand and to the respondents' position and relation to the artworks on the other (see Appendix F and G). These questions were formulated with a worksheet called *ways of looking* by the Tate Modern Museum (n.d.), which has been previously used in a similar study to facilitate engagement, critical appraisal, and exploration of the artworks (Nicol & Pocock, 2020).

In general, questions and prompts were formulated as recommended by Krueger and Casey (2009). Their guidance helped to develop a line of questioning that was both conversational and open-ended. Despite the fact that the questions and discussion extracts are translated into English for the sake of the present work's readability, it should be noted that the discussions were held in German for all groups. As recommended, the discussion started with an open-ended introductory question that got people thinking about the topics ("I don't think it's ever particularly easy to get into topics like death and dying. So let's start by telling us what you think of first when you think of death and dying."). The use of transitional topics led participants from one topic to another ("As you may have already guessed, we are currently sitting in an exhibition that is entirely dedicated to the topics we have just touched on. Take a moment to look at the artwork in front of you. Then discuss what your initial reactions to the artwork are."), with key questions always asked first ("What does the artwork remind you of?") and

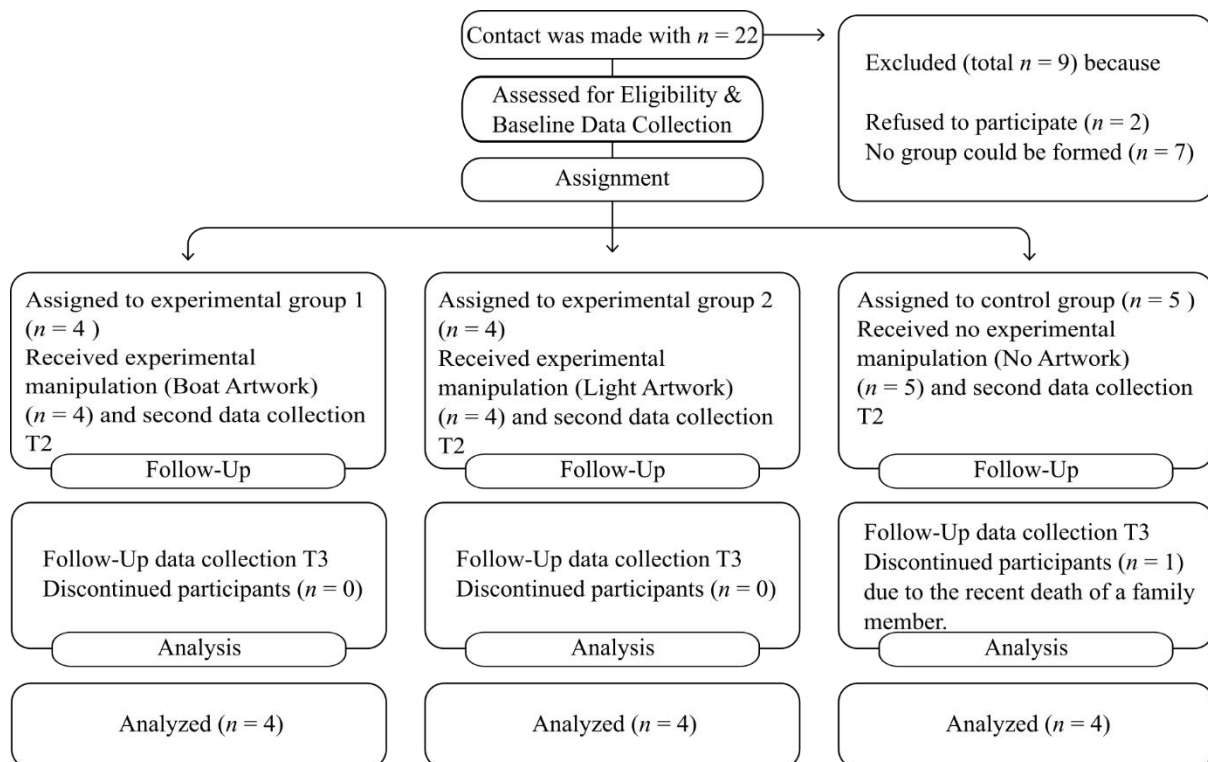
secondary questions kept in reserve and used as needed (“Why does it remind you of that?”). All discussions ended with a reflection on the possible importance of talking about death and on how the discussion had been experienced (“What of what was discussed today will you take home with you?”). The discussion guides can be found in Appendices F and G.

Experimental Conditions and Procedure

After agreeing to take part in the study, participants were sent the informed consent and the baseline survey, as well as checks for the eligibility criteria, one week before the agreed date of the interview. Each participant was a member of a pre-existing friend group and participated in that group. Everyone was given an ID number to trace group membership and, if necessary, exclude specific individuals. Using these IDs, data were collected in a pseudonymized way, with only the researcher responsible being able to trace the ID back to the individual. The groups were then randomly assigned to one of the three conditions (see Figure 1).

Figure 1

Flowchart of Participants

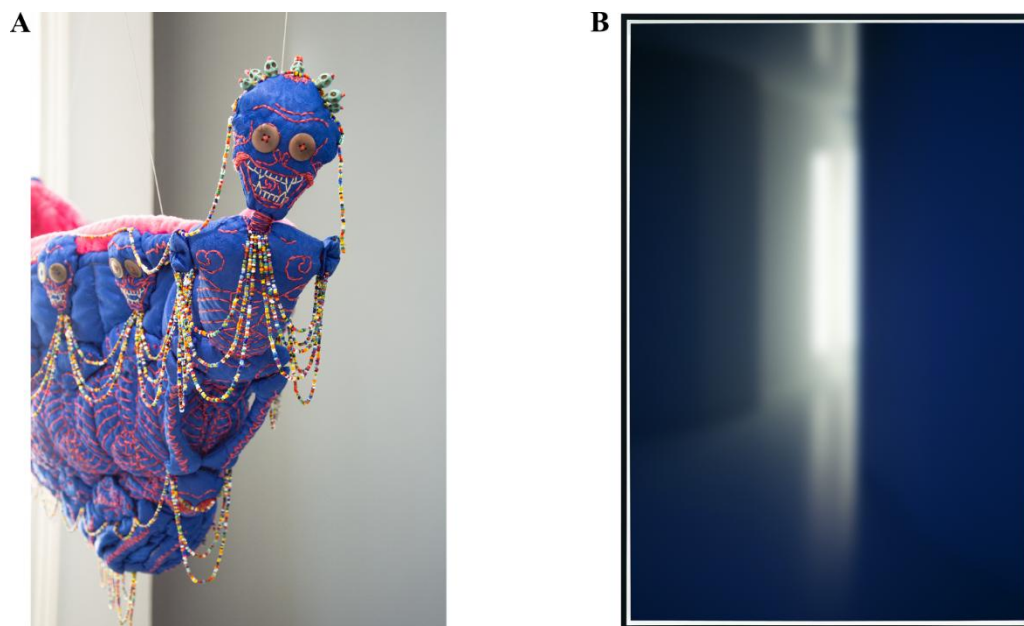


The allocation process can be described as random, as allocation to a condition has been contingent on the availability of participants. The group that was first able to participate was assigned to the first appointment, which was linked to a specific, predetermined experimental condition, and so on.

In the first condition, the focus group discussions were conducted at the Dom Museum in Vienna and focused on the artwork *Transporter to Another Time* by Nomin Bold (2023) (see Figure 2, A). It shows a boat floating through the room, suspended from the ceiling by transparent threads. The boat is made of fabric, silk, glass beads, and buttons and is decorated with many skulls. As a symbol of the transport of the dead and life after death in many cultures, the ship is clearly related to the themes of death and dying (Dom Museum Wien, 2023, p. 219). This focus group discussion took place on 31.07.2024. In the second condition, the focus group discussions were conducted at the Dom Museum in Vienna as well but focused on an artwork without a title by Eva Schlegel (2022) (see Figure 2, B). The artwork is an architectural photograph depicting a beam of light falling into a room. It was not created within the context of mortality (A. Heigl, personal communication, August 29, 2024). Rather, it was selected by curators because of it being a “metaphor for the unknown afterlife and reminiscent of numerous near-death accounts” (Dom Museum Wien, 2023, p. 40). Even though quite different from its looks on the surface the architectural photography “like the blue boat by Mongolian artist Nomin Bold, (...) makes us think of death as a transition, not an end” (Dom Museum Wien, 2023, p.189). This focus group discussion took place on 09.08.2024.

Figure 2

Photographs of the Selected Artworks for the Focus Group Discussions



Note. A) Nomin Bold, *Transporter to Another Time*, 2023. Courtesy of the artist, © Nomin Bold, photo: K. Schuetz-Mueller. B) Eva Schlegel, o.T. (334a), 2022. Dom Museum Vienna, Otto Mauer Contemporary, Acquisition made possible by Wiener Städtische Versicherung AG, Eva Schlegel © Image Rights, Vienna 2023, Photo: Courtesy Galerie Krinzinger and the artist.

The third condition involved a focus group discussion in a conference room at Wächtergasse in Vienna and did not include artwork. The third condition can therefore be described as the control group, as the influence of the art input was controlled for. It took place on 10.09.2024.

On arrival, the participants in the museum sessions were invited to look around the museum and take a stroll. After 5-10 minutes they returned, and the discussion began. In the control group, a similar welcome was possible as one participant arrived late, which allowed everyone to settle in and have a quick chat. The participants were then greeted upon arrival and welcomed to the location. All were seated in a circle on chairs, facing each other and, in the case of the two art-based conditions, also facing the artwork. The moderator sat on the periphery, well visible but not part of the group. The participants were informed about the style of the discussion and some ground rules. The discussion then started as well as the audio recording. The prompts were given following the discussion guide. There were no disturbances, and all participants seemed concentrated and fully involved. The discussions lasted between 60 and 90 minutes. Immediately afterward, the participants were sent the link to the survey again, which measured mindfulness and death anxiety. Participants were then thanked and sent home. Two weeks after the session, participants were sent the survey again. After this, their participation in the study ended and data analysis began.

Quantitative Data Analysis

All statistical analyses were conducted using IBM SPSS Statistics 29 for the Windows operating system. Due to the small sample size ($N = 12$), non-parametric methods were chosen for all statistical analyses (Field, 2017). As recommended, exact testing was enabled in SPSS whenever feasible. This enables the calculation of an exact p value, which is advantageous when dealing with small samples.

Qualitative Data Analysis

The Braun and Clarke (2021) reflexive *Thematic Analysis* (TA) was selected as the appropriate method for analyzing the qualitative data from the focus group discussions. This method is utilized for the analysis and interpretation of qualitative data and contains coding and theme development as processes of a flexible yet systematic nature. To address the underlying exploratory research question, “What perceptions, beliefs, and emotions emerge in an (art-based) discussion about death and dying?” an inductive, experiential constructionist orientation was selected (Braun & Clarke, 2021). Reflexive TA was done according to the six phases, 1. *Familiarization*, 2. *Coding*, 3. *Generating Initial Themes*, 4. *Developing and Reviewing Themes*, 5) *Refining, Defining, Naming Themes*, and 6. *Writing up*. The transcription and all analytic steps were done in MAXQDA (VERBI Software, 2024).

Familiarization

The initial stage of analysis involved familiarizing and immersing oneself with the datasets. This required listening to the audio recordings, transcribing the material, and reading and re-reading the transcripts. The transcription of the first two discussions was completed manually. For the third discussion, the AI transcription tool in MAXQDA was employed. All audio recordings were reviewed twice to identify potential errors in the transcripts. The transcription style was verbatim, focusing on what was said by the participants (Braun & Clarke, 2013). However, the transcripts also report non-

verbal cues and utterances (such as laughter and “mhm”), pausing, spoken abbreviations, an overlap of speech contributions, and dialectal words. This was done to mirror the discussions as closely as possible to what was naturally spoken. The transcripts have been chosen not to be included in the appendix and are with the researcher. During the familiarization phase, some reflexive exercises were done to engage critically with the data (Braun & Clarke, 2021). For this, the contents of the discussions were first summarized. Additionally, the researcher made notes on topics that seemed particularly salient, such as recurring themes, and wrote down initial impressions, as well as the researcher's emotions and feelings regarding each discussion. Further details can be found in the subsection “Quality for Measurement”.

Coding

Subsequently, the coding process was initiated. Accordingly, the datasets were examined systematically. Any statements or text segments that were potentially relevant to the research question were tagged and labeled. The codes were created inductively only, as the interest of research lies in the perceptions, beliefs, and emotions of the participants. The codes were also more on the semantic side; however, some of the meanings were also latently captured (Braun & Clarke, 2021). The codes were analyzed and compared, and the corresponding segments were checked to determine whether each code captured the same meaning. All three transcripts were reviewed again using the existing codes. The codes were then compared, modified, and deleted where necessary. Comments and descriptions were noted for some codes. The coding process was concluded when the combined code labels seemed to provide an adequate summary of the data's diversity of meanings, following the rule of thumb proposed by Braun and Clarke (2021).

Generating Initial Themes

The subsequent phase of the analysis involved identifying a “pattern of shared meaning organised [*sic*] around a central concept” (Braun & Clarke, 2021, “Understanding the key concept” section). This entailed the formation of clusters of codes, which were then examined for the presence of shared concepts and meanings (Braun & Clarke, 2021). This process is also facilitated by trying to find answers to the research question. Candidate themes were created in MAXQDA, and codes were sorted accordingly.

Developing and Reviewing Themes

Following the generation of the initial themes, they were systematically examined and their fit to the data was assessed. As several codes remained unassigned and unable to be definitively sorted into a theme, the themes were revisited for further examination. A new approach for generating the themes was adopted, allowing for the exploration of alternative methods of grouping codes. Consequently, visual mapping tools were utilized, including arrangements of post-it notes in different configurations, to facilitate the acquisition of novel perspectives and the generation of other themes. During this process, it was discerned that certain initial themes were analogous to a topic summary rather than a

theme and were characterized by contradictory codes, an outcome not compatible with the principles of reflexive TA (Braun & Clarke, 2021). At this phase, the finalized themes were established, enabling the categorization of all codes.

Refining, Defining, and Naming Themes

Each one of the identified themes and the corresponding codes were revisited and subjected to an internal consistency check. Additionally, the distinctiveness between the themes was evaluated. A brief synopsis was drafted for each theme, and data extracts were identified for potential use in presenting the theme. Then phase 6, writing up the results, was initiated, as can be seen later on.

Quality for Measurement

Reflexive TA is guided by the assumption that the researcher's subjectivity serves as a primary tool (Braun & Clarke, 2021). To fulfill the requirement of reflexivity, a reflective journal was used. After each focus group discussion and during the familiarization process, the discussions were reflected on, and first impressions were written down. As recommended, I, as the researcher, also asked myself questions about the discussion, such as "Why am I reacting this way?", "What are my ideas based on?" to understand where feelings and thoughts about the discussion came from. The entire reflexive TA was conducted by one person. This, however, is normal practice for reflexive TA and not something that necessarily limits the quality of the analysis (Braun & Clarke, 2021).

Results

General Analysis of Quantitative Measures

Firstly, the descriptive statistics for the entire sample concerning the dependent variables were calculated at each point in time, as well as for each of the subscales of mindfulness, as seen in Table 3. To compare these descriptive results with other studies, the means of the sum scores for each of the mindfulness subscales, as well as for the global factor, are reported. This is because the scoring of the FFMQ is conducted using sum scores. The descriptives of the death anxiety levels can also be found in Table 3, as can be the Cronbach's alpha, minima and maxima of each variable.

Table 3

Descriptive Statistics of the Depended Variables

	<i>N</i>	Min	Max	<i>M</i>	<i>SD</i>	<i>Cronbach's Alpha</i>
Observing_base	12	25	37	29.17	3.71	.554
Observing_T2	12	23	36	29.50	4.54	.832
Observing_T3	12	18	37	29.42	5.42	.877

Describing_base	12	22	40	32.08	5.48	.945
Describing_T2	12	23	40	31.58	5.55	.944
Describing_T3	12	21	39	31.33	6.41	.949
ActingAwareness_base	12	24	37	27.58	4.25	.809
ActingAwareness_T2	12	22	38	27.00	4.84	.874
ActingAwareness_T3	12	22	40	26.92	4.93	.903
Nonjudging_base	12	20	39	29.92	6.52	.952
Nonjudging_T2	12	18	37	29.33	6.31	.939
Nonjudging_T3	12	16	38	29.08	6.76	.939
Nonreactivity_base	12	21	28	24.25	2.18	.569
Nonreactivity_T2	12	19	28	23.75	2.83	.844
Nonreactivity_T3	12	20	31	24	3.36	.820
Mindfulness_global_sum_base	12	120	168	143	15.52	.684
Mindfulness_global_sum_T2	12	111	176	141.17	18.75	.813
Mindfulness_global_sum_T3	12	112	181	140.75	20.09	.780
DeathAnxiety_mean_base	12	1.29	5.14	3.15	1.28	.915
DeathAnxiety_mean_T2	12	1.14	4.71	2.67	1.14	.904
DeathAnxiety_mean_T3	12	1.14	4.86	2.89	1.20	.917
Valid N (listwise)	12					

The baseline survey of mindfulness revealed slightly elevated levels of the subscales Observing, Describing, Acting with Awareness, Non-Judging, and Non-Reacting in comparison to the results of a Spanish validation study for the same scales: Observing ($M = 23.6$, $SD = 5.6$), Describing ($M = 28.7$, $SD = 6.5$), Acting with Awareness ($M = 27$, $SD = 6.6$), Non-Judging ($M = 26.8$, $SD = 7.4$), and Non-Reacting ($M = 20.6$, $SD = 4.5$; Cebolla et al., 2012).

Similarly, the mindfulness subscale levels were also elevated in comparison to the results of a French validation study: Observation ($M = 24.43$, $SD = 5.78$), Description ($M = 25.81$, $SD = 6.44$), Acting with awareness ($M = 27.29$, $SD = 6.62$), Non-Judging ($M = 27.79$, $SD = 6.88$), Non-Reactivity ($M = 18.79$, $SD = 4.47$), and Mindfulness global ($M = 124.11$, $SD = 18.37$; Heeren et al., 2011). The

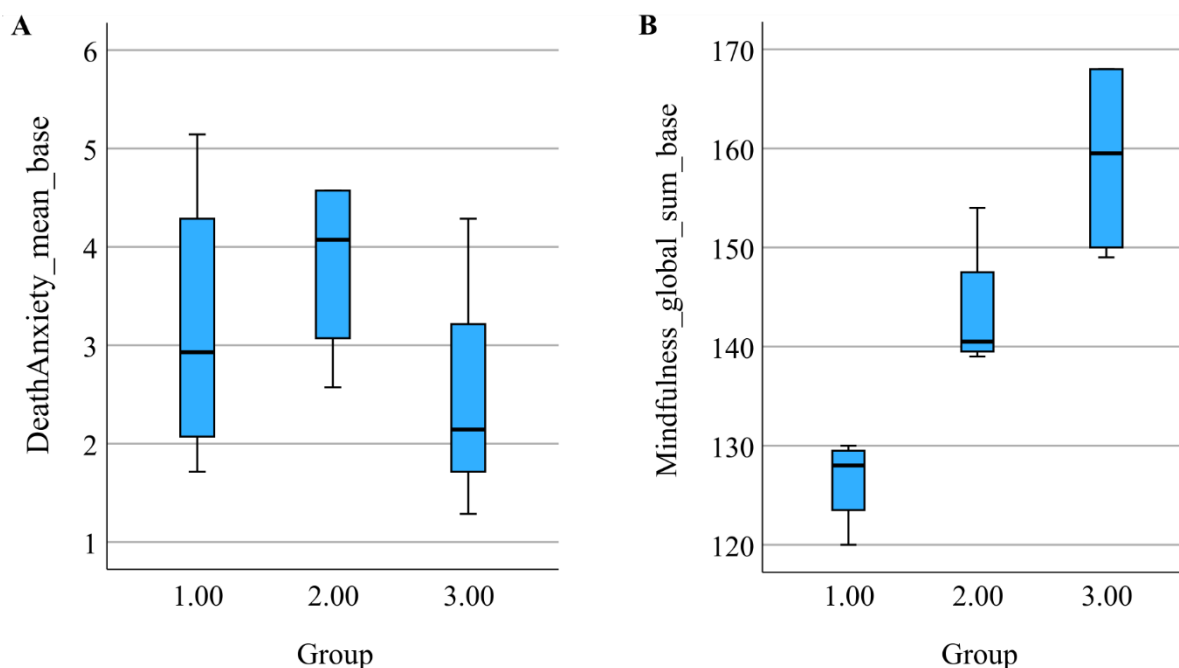
Acting with Awareness subscale declined from baseline to the initial follow-up ($M = 27$, $SD = 4.84$) and subsequent follow-up ($M = 26.91$, $SD = 4.93$). These scores were then slightly below the mean scores derived from the validation studies (Cebolla et al., 2012; Heeren et al., 2011).

The mean scores for death anxiety at the baseline, initial, and second follow-up were also compared with the validation study of the DAP-GR in a sample of German students and revealed similar results for the initial data collection period and slightly lower values in the follow-up analysis ($M = 3.97$, $SD = 1.22$; Jansen et al., 2019).

In sum, it can be stated that the participants of the study exhibited elevated levels of mindfulness in comparison to the validation studies of roughly similar samples (students and post-graduates with university-level education in Europe, with similar or higher age (Cebolla et al., 2012; Heeren et al., 2011). The level of death anxiety was found to be average when compared with a German validation sample (Jansen et al., 2019). This was not surprising, given that average levels of death anxiety were necessary to even participate in the study.

Additionally, an investigation via boxplots was employed to ascertain whether any group differences existed for the dependent variables for the baseline survey. As can be observed in Figure 3 (A), group 3 exhibited the lowest mean levels of death anxiety ($M = 2.46$, $SD = 1.28$), while group 2 demonstrated the highest ($M = 3.82$, $SD = .96$). However, range of death anxiety was the most extensive in group 1 ($min = 1.72$, $max = 5.14$, $M = 3.18$, $SD = 1.49$). Outliers were present in all three groups. The same was done for the mean levels of global mindfulness. As can be observed in Figure 3 (B), the initial levels of mindfulness varied greatly between group 1 ($M = 126.5$, $SD = 4.51$), group 2 ($M = 143$, $SD = 7.5$), and group 3 ($M = 159$, $SD = 10.42$). The range within each group varied between 10 and 20 points, with the presence of some outliers. As non-parametric methods are employed at a later stage of the primary analysis (see below), the outliers can be overlooked, as the methods are deemed to be highly robust against them (Field, 2017).

Lastly, a correlational analysis was conducted to determine the relation between mindfulness and death anxiety at each of the three points in time, employing the Spearman correlation coefficient (Field, 2017). Bias was corrected through the application of a bootstrap 95% confidence interval. No significant relationship between mindfulness and death anxiety at baseline ($r = -.286$, $p = .367$), initial ($r = -.332$, $p = .292$) or second follow-up ($r = -.392$, $p = .208$) was revealed. Nevertheless, the correlation coefficient suggests a negative association.

Figure 3*Boxplots of Group Differences in Mindfulness and Death Anxiety at Baseline***Research Question 1***Changes in Mindfulness over all Conditions*

One objective of this study was to investigate whether the mindfulness levels of participants would change throughout the study. To this end, mindfulness was assessed before, immediately after, and two weeks after the MS manipulation. The Friedman test was selected for the analysis, as is recommended when testing for differences between three or more repeated conditions (Field, 2017). A comparison of the mean ranks indicates that mindfulness values tended to be highest at the outset of the study (prior to the discussion), reached a minimum immediately following the discussion, and then returned to the initial level as illustrated in Table 4. However, the data revealed that over all conditions, there was no significant change in mindfulness over the course of the study (see Table 4).

As the Friedman test is an omnibus test, Wilcoxon tests were used to follow up on these findings. Although such follow-ups are not typically deemed necessary in the absence of significant analysis (Field, 2017), this particular follow-up was conducted to ensure the accuracy of the results. The z-scores from the Wilcoxon test were also used to determine the effect sizes for each result. As demonstrated by Field (2017), when a comparison is based on two conditions, each comprising 12 observations, the effect sizes are calculated using a total of 24 observations. As demonstrated in Table 5, mindfulness did not change from baseline to T2 ($T = 28$, $p = .407$, $r = .18$), from T2 to T3 ($T = 31.5$, $p = .709$, $r = .083$), or from baseline to T3 ($T = 33.5$, $p = .689$, $r = .088$). The effect sizes are indicative of a small effect (Field, 2017).

Table 4*Friedman Test Statistic and Mean Ranks Mindfulness*

Friedman Test		Mean Ranks	
N	12	Mindfulness_global_sum_base	2.08
x2	.522	Mindfulness_global_sum_T2	1.83
Df	2	Mindfulness_global_sum_T3	2.08
Asymp. Sig.	.770		
Exact Sig.	.813		
Point Probability	.040		

Table 5*Test Statistics for the Wilcoxon Test for Mindfulness*

	Mindfulness_global_sum_T2 - Mindfulness_global_sum_base	Mindfulness_global_sum_T3 - Mindfulness_global_sum_base	Mindfulness_global_sum_T3 - Mindfulness_global_sum_T2
Z	-.864	-.432	-.409
Asymp. Sig. (2-tailed)	.387	.665	.683
Exact Sig. (2-tailed)	.407	.689	.709
Exact Sig. (1-tailed)	.203	.345	.354
Point Probability	.009	.010	.012

The Friedman test was run again to check if the mindfulness subscales would change individually throughout the study. As anticipated, due to the non-significant global mindfulness factor, none of the subscales yielded a result that reached the threshold for statistical significance (Observing: $\chi^2(2) = 1.512, p = .491$; Describing: $\chi^2(2) = .35, p = .880$; Acting with Awareness: $\chi^2(2) = .311, p = .897$; Non-Judging: $\chi^2(2) = .326, p = .889$; Non-Reactivity: $\chi^2(2) = 1.167, p = .586$).

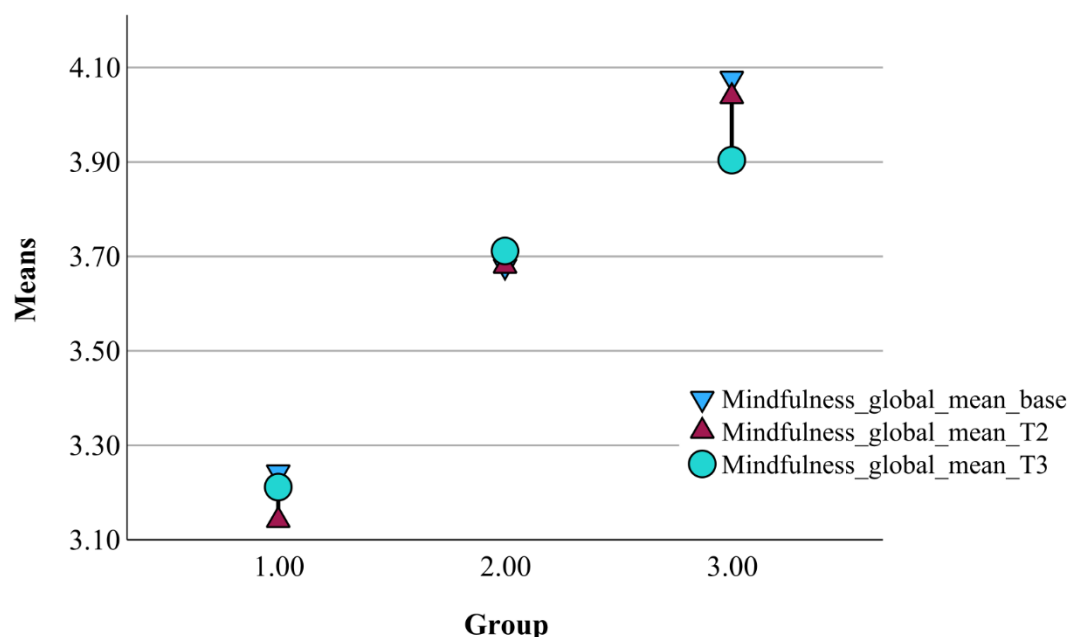
Changes in Mindfulness per Group

As demonstrated by the Friedman test results, this statistical method enables observation of changes over time across all groups or conditions. However, it does not allow for the identification of differences between the groups. Given the interest in observing potential differences in mindfulness

between the art-based and control groups over time, an exploratory test was conducted using the split file command in SPSS. The command enables the calculation of tests at the group level. However, it is important to note that the sample size was already relatively small, and the command reduced it even further ($N = 4$ per group). The objective of this additional analysis was to gain a deeper understanding of the data, rather than to draw any conclusions from it. The implementation of the split file command showed a replication of the non-significant result observed before. In each of the three groups, mindfulness did not change significantly. Another approach to gain a deeper understanding of how mindfulness may have changed differently in the groups was to create a scatterplot showing the mean global mindfulness scores for each of the three points in time and for each group separately. As seen in Figure 4, mindfulness appeared to be unchanged in Group 2, with no visible change over time. For Group 1, it seemed that mindfulness tended to drop slightly after the discussion and then returned almost to baseline at T3. In group 3 it tended to decrease, although this was more pronounced from T2 to T3 than from baseline to T2. It is important to exercise caution when interpreting this observation, given the overall lack of statistical significance and small effect sizes (Field, 2017).

Figure 4

Scatterplot of Mean Mindfulness Scores for each Group at each Time Point



The results of the present study suggest that the hypothesis that mindfulness levels change over the course of the study must be rejected for the time being. This was found for all groups, regardless of whether the discussions were art-based or not. There is no evidence to suggest that mindfulness was changed, either in the short or medium term. Nevertheless, further investigation is required concerning minor fluctuations identified in the descriptive statistics.

Research Question 2

Changes in Death Anxiety over all Conditions

The second objective of this study was to investigate whether there was a change in participants' death anxiety throughout the study. To this end death anxiety was also assessed for three points of time, as was mindfulness.

Here again, the Friedman test was selected for the analysis. A comparison of the mean ranks indicates that death anxiety values were highest at the outset of the study (before the discussion), reached a minimum immediately following the discussion, and then increased slightly at T3. The data revealed a statistically significant change in death anxiety throughout the study, as shown in Table 6.

A series of Wilcoxon tests were conducted to investigate the significant overall effect further. The z-scores of the Wilcoxon test were once again utilized to determine the effect sizes for each result. As previously explained, the effect sizes were calculated using 24 observations. The data indicated a statistically significant change in death anxiety from baseline to T2 ($T = 10.5$, $p = .023$, $r = .45$) and from T2 to T3 ($T = 40.00$, $p = .043$, $r = .43$). However, there was no significant change in death anxiety from baseline to T3 ($T = 15.5$, $p = .127$, $r = .32$; see Table 7). The effect sizes can be defined as medium (Field, 2017).

Table 6

Friedman Test Statistic and Mean Ranks Death Anxiety

Friedman Test		Mean Ranks	
N	12	DeathAnxiety_sum_base	2.54
x2	6.682	DeathAnxiety_sum_T2	1.54
Df	2	DeathAnxiety_sum_T3	1.92
Asymp. Sig.	.035		
Exact Sig.	.036		
Point Probability	.003		

Table 7*Test Statistics for the Wilcoxon Test for Death Anxiety*

	DeathAnxiety_sum_T2 - DeathAnxiety_sum_base	DeathAnxiety_sum_T3 - DeathAnxiety_sum_T2	DeathAnxiety_sum_T3 - DeathAnxiety_sum_base
<i>z</i>	-2.241	-2.094	-1.564
Asymp. Sig. (2-tailed)	.025	.036	.118
Exact Sig. (2-tailed)	.023	.043	.127
Exact Sig. (1-tailed)	.011	.021	.063
Point Probability	.001	.012	.007

Changes in Death Anxiety per Group

Similarly to before, it was of interest to ascertain whether death anxiety changed differently for each group. To this end, the Split File command in SPSS was reactivated. Once more, the results must be interpreted with caution due to the markedly reduced sample size. The results demonstrated that the changes in death anxiety over time were not statistically significant in the two art-based groups. In contrast, a significant result was observed in the control group, as seen in Table 8. As evidenced by the mean ranks of group 3, there was a notable decline in death anxiety rates between the baseline survey and the follow-up surveys. To gain further insight, a series of Wilcoxon tests were conducted, which, however, revealed no further significant differences between the time points. This suggests that the overall significant effect for the control group may result from changes over all time points.

Table 8*Friedman Test Statistic and Mean Ranks Death Anxiety for Group 3*

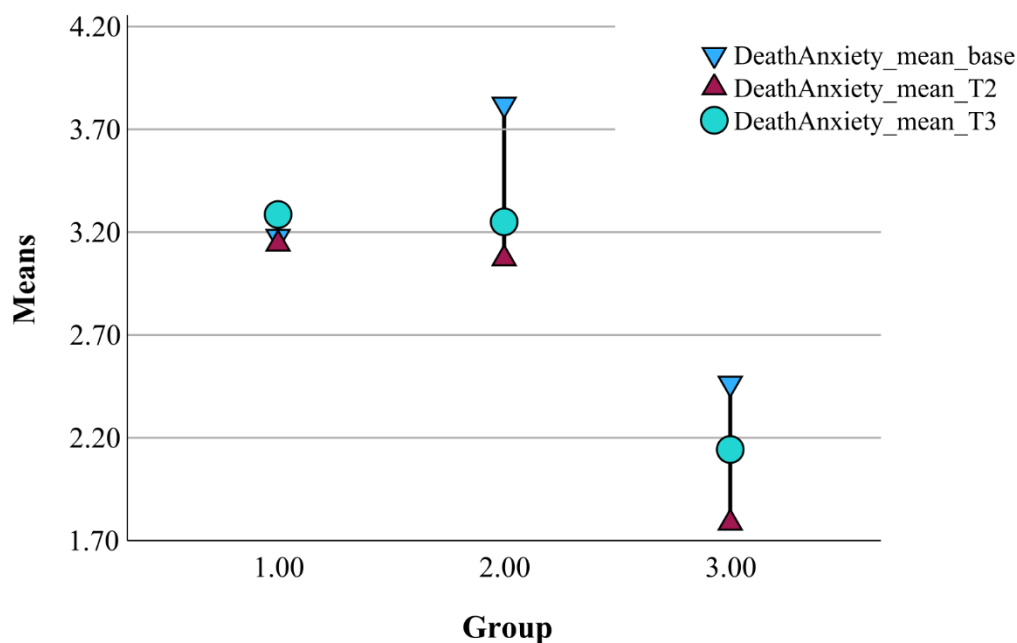
Friedman Test		Mean Ranks	
N	4	DeathAnxiety_sum_base	3.00
x2	6.533	DeathAnxiety_sum_T2	1.38
Df	2	DeathAnxiety_sum_T3	1.63
Asymp. Sig.	.038		
Exact Sig.	.037		
Point Probability	.028		

As was the case previously, it was of interest to examine the changes in death anxiety over time for each of the three groups with the use of a visual representation. Consequently, a scatterplot (Figure 5) was constructed, illustrating the mean death anxiety scores for each of the three points in time and for each of the groups separately.

As illustrated in Figure 5, there was no big observable change in death anxiety in group 1. However, for groups 2 and 3, similar trends emerged. Immediately following the discussion, there was a notable decline in death anxiety, reaching an ultimate low. Subsequently, there was a slight increase at T3, but it remained below the baseline levels of death anxiety. For group 3, death anxiety scores were consistently lower than the other groups, whereas for group 2, there was a notable overall decrease. It is worth noting that the observation should be handled with caution. However, the plot is well suited to making significant results even more recognizable.

Figure 5

Scatterplot of Mean Mindfulness Scores for each Group at each Time Point



This analysis provides evidence that can support the hypothesis that people's death anxiety changes over time. At this stage, it is therefore possible to retain this hypothesis. However, it is necessary to consider the limitations of the overall significant effects.

Research Question 3

Another aim of this study was to investigate whether arts-based discussions (groups 1 and 2) versus non-arts-based discussions (group 3) about death influenced mindfulness and death anxiety differently, i.e. whether group affiliation made any difference to mindfulness and death anxiety levels.

Group Effect Mindfulness

A Kruskal-Wallis test was chosen to investigate group effects on mindfulness (Field, 2017). The objective of the test was to ascertain the extent to which belonging to a group influenced the expression of mindfulness. As previously indicated, the mindfulness assessment was conducted on three occasions. Consequently, a Kruskal-Wallis analysis was performed for each of the three points in time. The analysis revealed that the expression of mindfulness was significantly affected by group affiliation for the baseline and T2, however, this effect was not evident for T3 (see Table 9). The mean ranks indicate that the level of mindfulness was lowest in group 1 and highest in group 3 at all three points in time (see Table 10).

Table 9

Kruskal-Wallis Test Statistics for Mindfulness

	Mindfulness_global_sum_ base	Mindfulness_global_sum_ T2	Mindfulness_global_sum_ T3
Kruskal-Wallis H	8.800	7.883	4.255
df	2	2	2
Asymp. Sig.	.012	.019	.119
Exact Sig.	.001	.005	.117
Point Probability	.001	.001	.003

Table 10

Mean Ranks of Mindfulness for each of the Groups and at each Point in Time

	Group	N	Mean Rank
Mindfulness_global_sum_base	1.00	4	2.50
	2.00	4	7.00
	3.00	4	10.00
Mindfulness_global_sum_T2	1.00	4	2.50
	2.00	4	7.63
	3.00	4	9.38

Mindfulness_global_sum_T3	1.00	4	3.50
	2.00	4	7.63
	3.00	4	8.38

Pairwise comparisons with adjusted p-values revealed significant differences in mindfulness between groups 1 and 3 at baseline ($p = .01$, $r = 1.04$). However, there were no significant differences in mindfulness between groups 2 and 3 ($p = .715$, $r = .42$), or between groups 1 and 3 ($p = 0.231$, $r = .63$), at baseline. The results of the second data collection point (T2) were consistent with those of the first. There was a significant difference between group 1 and group 3 ($p = .021$, $r = .95$), whereas the differences between groups 1 and 2 ($p = .132$, $r = .71$) and between groups 2 and 3 ($p = 1.00$, $r = .24$) were not significant. The third data collection point (T3) revealed no statistically significant differences in mindfulness between all three groups. Neither the comparison between group 1 and group 2 ($p = .315$, $r = .57$) nor between group 1 and group 3 ($p = .166$, $r = .68$) yielded statistically significant results. Similarly, a comparison between group 2 and group 3 ($p = 1.00$, $r = .10$) did not reach statistical significance. A step-down follow-up analysis demonstrated that individuals in group 1 exhibited significantly lower mindfulness scores than those in group 2 or group 3. These results are also illustrated in Figure 6, which depicts the levels of mindfulness for each group and each time point (A, B, C).

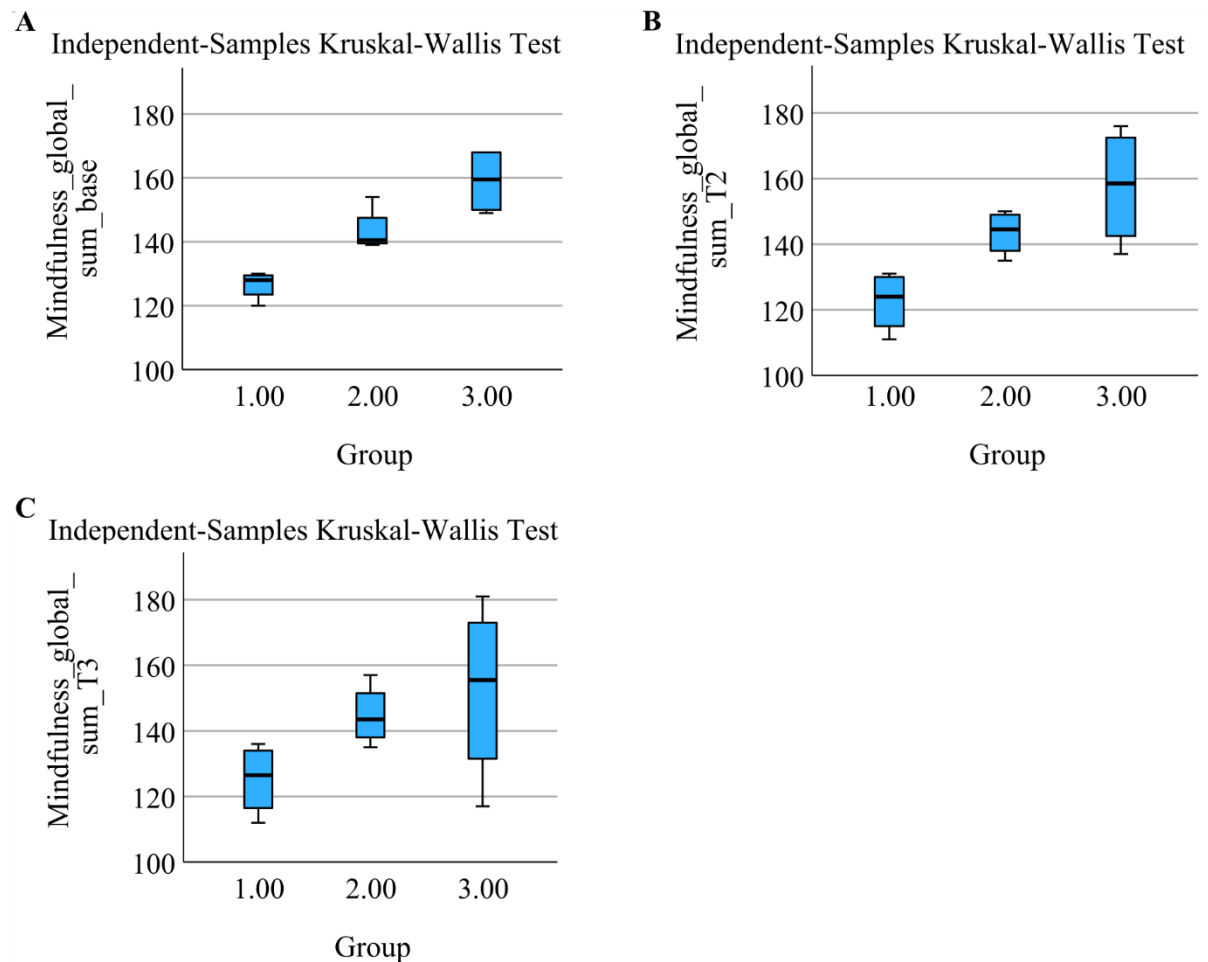
The overall impact of the baseline assessment can thus be attributed to the initial level of mindfulness, which exhibited considerable variation between groups 1 and 3. The significant overall result of the group differences in mindfulness at T2 are also attributed to the difference of groups 1 and 3. This can also be seen in the mean ranks.

To gain a deeper insight into the group differences in mindfulness, the Kruskal-Wallis analyses were conducted again, with each of the subscales of mindfulness considered separately. This approach was applied to facilitate a more nuanced understanding of the specific areas where the groups diverged from one another. The groups, in turn, did not exhibit any significant differences in the subscales Observing and Describing at any of the three points in time. However, for the remaining subscales, some significant differences emerged at specific points in time. For the subscale Acting with Awareness, a significant difference was found in the baseline levels ($H(2) = 6.714$, $p = .022$). Pairwise comparisons with adjusted p-values revealed that these were due to significant differences between groups 1 and 3 ($p = .032$, $r = .9$). Group differences were also found in the Non-Judging subscale at baseline ($H(2) = 8.115$, $p = .03$) and T2 ($H(2) = 8.775$, $p = .01$). At both points in time, this was due to the difference between group 1 and 3 (base: $p = .013$, $r = 1.02$; T2: $p = .009$, $r = 1.05$). Lastly, a significant group difference was also found for the subscale Non-Reactivity for T2 ($H(2) = 5.796$, $p = .044$). Pairwise

comparisons showed no significant result, however, groups 1 and 3 differed almost significantly ($p = .052$, $r = 0.843$).

Figure 6

Boxplots Visualizing the Results of the Kruskal Wallis Analysis for Mindfulness



Group Effect Death Anxiety

A further Kruskal-Wallis test was conducted to investigate group effects on death anxiety. The objective of the test was to determine the extent to which belonging to a group condition influences death anxiety at all three points of time. It was found that death anxiety was not significantly influenced by group affiliation. This result is evident at all three points of time (baseline: $H(2) = 3.24$, $p = .226$; T2: $H(2) = 3.55$, $p = .193$ and T3: $H(2) = 2.62$, $p = .296$) and can be seen in Table 11. The mean ranks (see Table 12) indicate that the level of death anxiety was lowest in the control group at all three time points, and highest in group 2.

Table 11*Kruskal-Wallis Test Statistics for Death Anxiety*

	DeathAnxiety_sum_base	DeathAnxiety_sum_T2	DeathAnxiety_sum_T3
Kruskal-Wallis H	3.137	3.550	2.624
df	2	2	2
Asymp. Sig.	.208	.170	.269
Exact Sig.	.226	.193	.296
Point Probability	.003	.027	.006

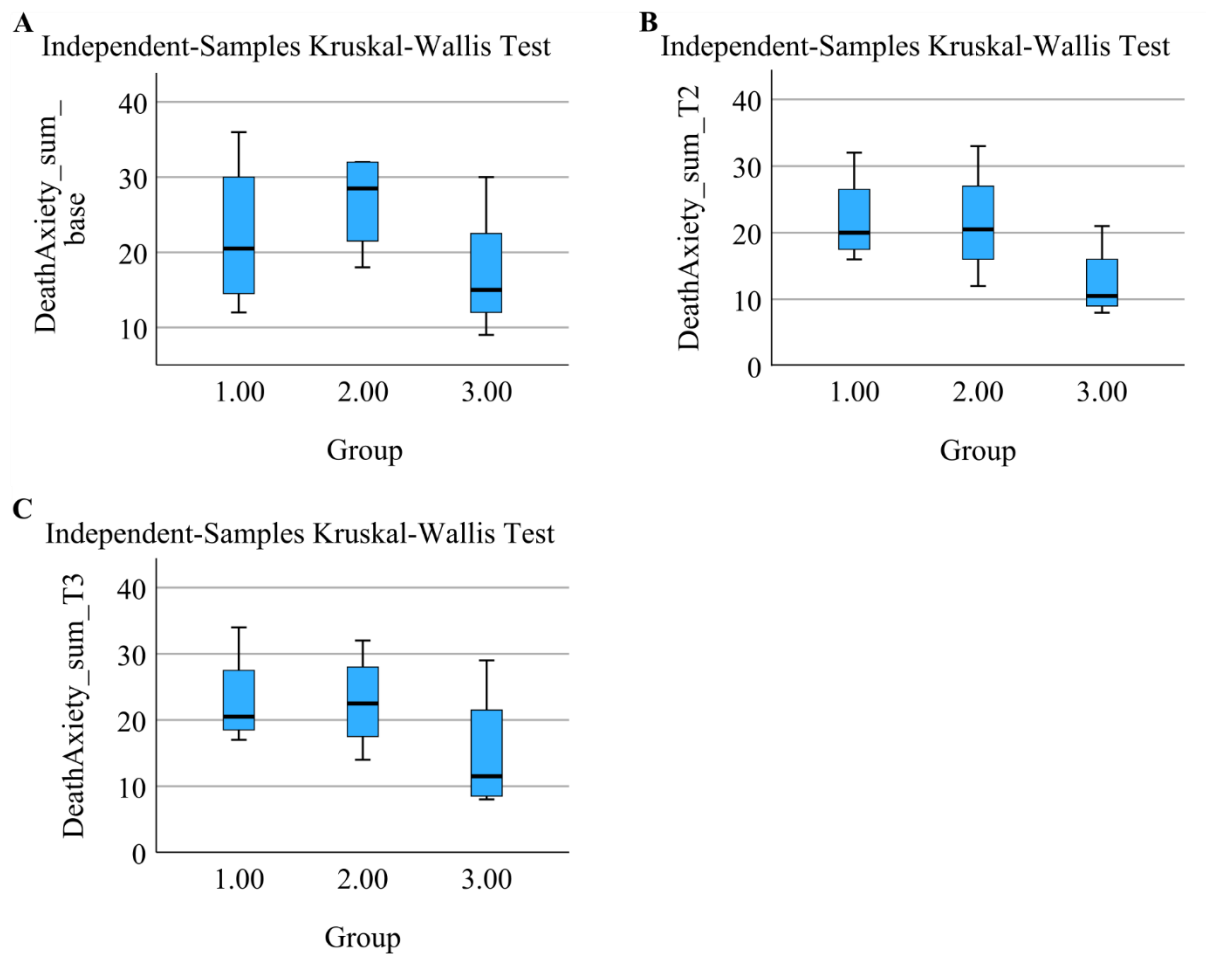
Table 12*Mean Ranks of Death Anxiety for each of the Groups and at each Point in Time*

	Group	N	Mean Rank
DeathAnxiety_sum_base	1.00	4	6.50
	2.00	4	8.75
	3.00	4	4.25
DeathAnxiety_sum_T2	1.00	4	7.75
	2.00	4	8.00
	3.00	4	3.75
DeathAnxiety_sum_T3	1.00	4	7.63
	2.00	4	7.75
	3.00	4	4.13

Pairwise comparisons with adjusted p -values revealed no significant differences in death anxiety between group 1 and group 3 (base: $p = 1.00$, $r = .31$; T2: $p = .342$, $r = .56$; T3: $p = .51$; $r = .49$) or group 1 and group 2 (base: $p = 1.00$, $r = .31$; T2: $p = 1.00$, $r = .35$; T3: $p = 1.00$; $r = .02$). There were also no significant differences between group 2 and group 3 (base: $p = .23$, $r = .6$; T2: $p = .28$, $r = .59$; T3: $p = .4$, $r = .5$). These results are also visualized in the boxplots in Figure 7, which depicts the levels of mindfulness for each group and each time point (A, B, C).

Figure 7

Boxplots Visualizing the Results of the Kruskal Wallis Analysis for Mindfulness



In conclusion, the hypothesis that the affiliation to art-based discussions (groups 1 and 2) on death had a different effect on mindfulness and death anxiety than taking part in a non-arts-based discussion (group 3) can only be partially retained. Group effects were observed for mindfulness at baseline and T2, with differences traced back to group differences between groups 1 and 3. As these differences were present from the outset, and sustained throughout the study, it is not possible to differentiate between art-based and non-art-based groups on a general level. With regard to death anxiety, the particular group in which participants took part was found not to be a significant factor.

Qualitative Results

A total of 14 themes were generated. No subthemes have been constructed, rather, each theme comprised a distinct set of codes that consistently addressed the overarching theme. The renunciation of sub-themes was guided by the recommendation of Braun & Clarke (2021), who do not consider sub-themes necessary within reflexive TA. It was decided that the themes captured the underlying codes well enough and that subthemes were not necessary to represent the findings of the analysis. Even

though discussions were held in German, the exemplary quotations are translated and cited in English to maintain a seamless reading experience. Pseudonyms were chosen for each participant, each indicating group affiliation (*B* for group 1, *C* for group 2, and *S* for group 3). Within a theme, references to specific codes are emphasized by an *italic font*.

Themes

The themes are presented in a brief overview table (see Table 13) and are discussed in greater detail below, with illustrative codes and data extracts provided for further insight into the themes. It should be noted that not all codes within a given theme can be discussed individually. Therefore, please refer to Appendix H, which contains the complete codebook.

Table 13

Themes Overview and Description

	Theme	Short Description
1	Approximative Attitude toward Death	An approaching attitude towards death was shown, evidenced by the participant's willingness to engage with death in various ways including having conversations about death outside of the focus group setting, preparing themselves for death, and confronting themselves actively with their mortality. Death is viewed as an inherent aspect of life.
2	Opposition to Death	The reluctance to contemplate mortality is manifested in the form of negative emotional responses, as well as a tendency to repress thoughts about death. Death is perceived as an injustice. Participants exhibit a strong attachment to life and cannot accept death.
3	Loss	The topic of loss is a common feature of discussions in a variety of contexts: participants refer to the loss of loved ones, cite missed opportunities due to death, comment on unrealized life goals, and the loss of emotions when one is dead.
4	Incapacity to Act in the Face of Death	A recurrent theme in the discussions is the feeling of powerlessness, understood as the participants' perceived incapacity to act in the face of death and dying. They describe how they are/were confronted with death without being asked and seeing death as something powerful. The feeling of powerlessness is accompanied by uncertainty, which is not, however, perceived as exclusively negative.
5	Death Anxiety	The participants offer a range of perspectives on the nature of their death anxiety. They discuss both, general feelings of fear and more specific anxieties related to particular aspects of death and dying.

6	Death as a Taboo Subject	The subjects of death and dying are considered taboo, both latently and manifestly. Participants reported that these topics are often not discussed and that such conversations are perceived as unpleasant and sensitive.
7	Death as a Cause of Emotional Suffering	Death is defined in the discussions as a phenomenon that causes emotional suffering. The participants perceive death as challenging, affecting them foremost mentally, through feelings of overwhelm, pain, and guilt. How death is depicted in the artworks also evokes ambivalent feelings.
8	The Influence of Death on Life	The impact of mortality on the living and life itself was frequently mentioned. Participants discussed how the inevitability of death can foster a sense of gratitude, encourage the prioritization of relationships, reinforce a focus on what is truly important, and motivate individuals to invest in their health.
9	Effectiveness of Conversations about Death	The discussion addresses the positive aspects of conversations about death in general and in the context of the focus group setting. Some of the positive effects mentioned include strengthening cohesion, reducing anxiety, and the possibility of learning.
10	Wishes for One's Own Demise	Wishes for one's future demise were addressed, with participants discussing their ideas about the "ideal death" and their aspirations for what they would like to leave behind.
11	Symbols of Death and Dying	Symbols and metaphors about death and dying were frequently mentioned. These were observed to refer either to death itself or the process of dying. The artworks discussed also prompted debates about potential metaphors and references employed.
12	Religion, Culture, and Spirituality	The concept of "wanting to believe in something" was discussed, as well as the doubts that accompany this desire. The influence of religion and culture on topics related to death (e.g. hope) was also addressed, with particular attention paid to spiritual concepts such as rebirth, the opposition between darkness and light, and the concept of immortality. The artworks also prompted reflection on religion and spirituality.
13	Changeability of Own Ideas	The participants discussed that ideas about death can evolve over time and that one's perception of death is shaped by various factors, including the passage of time and the context in which it occurs. It was also evident that certain perceptions are influenced by social environment and upbringing.

14 Speechlessness	A notable phenomenon that emerged during the discussions was a pervasive sense of speechlessness when confronted with topics on death and dying. Participants articulated that they struggled to find the appropriate words or were uncertain as to how they should describe something or immerse themselves.
-------------------	---

Approximative Attitude toward Death. An approximative attitude toward death was expressed in different ways. For example, participants talked about their *will to prepare for death*, as shown in this extract:

Before we flew to Sicily, I also wrote a will, because my dad scared me so much about the volcano/ crashing. Yes. And I thought to myself, 'I want things to be sorted out' because D. and I are currently renovating the house. And then I just wanted the situation to be clear, what would happen to my money [...] what happens then and how the money is and isn't used. I wrote in especially for H. and M.: 'You're not buying a car with it'. (laughs) (S4)

Approximation was also evident in participants' *desire to talk about death* outside the focus group setting, either as a *means of coping* with the subject matter or for *preparing children for the eventuality of death*.

And if it burdens me or stresses me out or something like that, which somehow happens rather rarely now, I don't know why, [...] but then I just talk about it. Fortunately, I have friends and family who I can talk to about it. (C1)

I just think it's extremely important that it's done. Because you can't protect them [the children] from it, you can only somehow make sure that they deal with it in a reasonably strong way by preparing them a little for it. (C2)

One distinctive feature of group 2 was their conceptualization of death as *welcoming* and an *integral aspect of life*. This perspective was notably different from those expressed by other groups. Death was also described as *redeeming*, *fascinating*, and something *not necessarily bad*. An approximative attitude was also visible in comments on *contentment when confronted with the eventuality of death*:

But also, a bit, which has only come about in the last year or two, a bit of a contentment thing. Because I think to myself, if I die now, I don't know, you could say at my funeral: 'She was fine. She was happy.' [...] and I actually think that's really nice. I hope that happens more often in life than the other way around. (C4)

Participants also expressed *acceptance of death*:

Ahm, but for me personally, yes, I don't think it would be so cool if I died, (laughs) but I don't know, that's just the way it is. I don't know. I live my life as it comes and when it's over, it's over. (S1)

In addition, the depiction of death in the artworks also seemed approachable to the participants. This was particularly evident in group 2, where they described the artwork as *stimulating curiosity*, *not evoking fear*, and *fitting with one's own ideas about death*. See for example: "I think/ I would be like: 'Okay, what's happening behind that, what's there?', and I would also be extremely curious, and I think I would go there relatively quickly." (C4).

Opposition to Death. In contrast with the views expressed in the first theme, a significant opposition to death was also identified. This manifested on the one hand in the *repression of death-related thoughts*. For example, when participants were asked about what they do when unwanted thoughts of death still pop up, one person indicated that they would typically attempt to "push [the thoughts] aside" (S1). On the other hand, opposition to death was also visible in the perception of *death as an unfair occurrence*, as exemplified by the following statement: "And also anger, that you think to yourself, as you said, yes, 'Why exactly me?' So that you're angry, like, 'Why does this have to happen to me now?'" (S4). Furthermore, participants exhibited a robust *desire to maintain their existence*:

Well, for me it was there within a second, this feeling, if I were to die now, really, if I were to feel like this: 'Oh, I'm dying now', then I would think to myself: 'No please, not now!' But now, due to the circumstances, I still want to experience life. So, I wouldn't really want it too soon. (S3)

and indicated that *accepting death is challenging* for them:

It's just, yes, I can come to terms with the fact that I, I don't know, die in pain or something more easily, because I won't even get that far. I first have to come to terms with the fact that it [death] is going to happen! (everyone laughs) And find peace with it. (C2)

Furthermore, their avoidance of the topic of death was evident in their tendency to *create distance from the reality of death*. This was demonstrated by one person, who stated: "When I think about death, about my death, I always think, 'Yes, at some point when I'm old'" (S5). Additionally, they engaged in hypothetical discourse on the *choice of immortality if feasible*, as evidenced by a person's statement: "I would choose eternal life, yes." (C2).

Loss. The topic of loss was approached from several different angles during the discussions. The *death of others* was particularly discussed in group 1, as evidenced by the following example: "I think that when I think about death, perhaps it's actually more about this grieving process [...] just the connection to the people you had. I mean to the people who have died." (B2). The group proceeded to

engage in discourse regarding the nature of the deaths of other people that they had experienced, as shown in the following exchange between B2 and B3:

It was definitely like that with my grandma. And it may well have been that she didn't want to let go of people [...] Didn't want to say goodbye. (4) It was also the case that she somehow, I don't know if it goes into too much detail, but [...] she stopped/ she was dying for a long time and only died when she was alone in the room [...] (B2)

Yes, that's/ that was the same with (Tom?), so with my grandpa, I think. We were there the whole time, and he was just struggling and had problems, but I think he only died afterward when they were gone for a short time. (B3).

It was evident that group 2 had undergone a form of *loss within their group*, as evidenced by numerous references to such experiences during the discussion, for example: "Because we've all had experiences like that and everything." (C3).

The concept of loss was also addressed in unconventional ways, regarding personal losses when facing death, such as *regrets about missed opportunities*: "So maybe if I were to die suddenly, unexpectedly, a lot of the things I would have experienced wouldn't happen. Never. And that is a shame. Yes, that was the first thing I thought about." (S3). Losses were also discussed in regard to *emotions*:

I don't know if all feelings and emotions will be gone, but I don't know if I would have such strong emotions or something. [...] I wouldn't be so afraid or anything, I don't think. [...] Because I somehow believe very strongly that it [fear] will no longer exist, because what for? (C4)

and *missing companionship when dying*: "I think dying is still something you do alone. No one can share that with you, what is going through your head or through your body." (C2)

Incapacity to Act in the Face of Death. A sense of powerlessness was a common emotion experienced when discussing death. Individuals felt as though they had *no active role in the dying process* and were *fearful of a sudden death*, particularly given the lack of control that such an event would entail. This was seen in the comment by C3: „So for me, it is sometimes difficult, I have to say. Especially when it's such a surprising death.", and by S2:

If I have cancer or something like that, then I have to suffer all the time and only live towards the point that I'm going to die soon. I don't think I can enjoy it at all because then I can't think about anything else.

Participants also talked about the experience of feeling powerless, when they are *confronted with death without being given advance warning*. This can occur in the context of *media reports* and *intrusive thoughts*:

But I just think to myself, for me it makes a difference somehow, [...] whether I/ I mean sure, that's kind of the nature of death, that it just comes like that and that you can't control it, but it just annoys me and stresses me out with the news that you get so much negative shit [...] smashed against your head without being asked. Although there are also so many positive things happening in the world. (S1)

So, for me, it's also when I'm driving, but not when something happens to me, but these intrusive thoughts that you probably know too. When you're driving and you think to yourself, all I have to do now is hit a tree and that's it. I have that really, really often. It's really bad, especially when someone is coming towards you. I just think to myself: 'One hit and that's it. (S4)

An incapacity to act in the face of death was also evident when participants talked about *situations where they felt death was very close*. This can be shown by an exchange two participants had:

It's always the case, I don't know when you're driving a car and you're in a dangerous situation or climbing or hiking and it's steep somewhere and you realize that there's not much missing and then it could happen. And that's always an interesting situation when you realize that you're actually closer to death than you always tell yourself or believe in everyday life. (...) Then it always sends a brief shiver down your spine, but then you're fine again. (S5)

Really? (S3)

Yes, [...] it's just one thing when you realize it like that. (S5)

Yes, but do you really shiver? (S3)

Well, shivering is an exaggeration. But you do think 'I have to be careful what I do because I'm not as safe as I always feel.' (S5)

It's a stressful situation. (S3)

Yes, it is. If you take one wrong step and it knocks you down, then that's it. (S5)

Even death itself was *perceived as being so powerful* that no action could be taken against it: "And then you just can't stop it. It's simply more powerful than anything else out there." (C2). Furthermore, the *uncertainty surrounding the afterlife* was a significant topic of discussion in the context of feelings of powerlessness. This was not exclusively defined as negative; rather, it was viewed as something that must be accepted.

I have no idea what there is. But somehow, I've also come to terms with the fact that it can't be explained. And that is/sometimes I think more of this. And sometimes the other is more of what I believe or what I imagine. (S5)

Death Anxiety. The topic of death anxiety emerged as a significant theme in all three discussions. Participants expressed a range of fear-related emotions, from more *general anxiety*, felt while doing the focus group discussion: “I instantly felt scared now” (S1), to very specific fears, for example concerning the *dying process* itself: “So, I have one more thought on this. For me, the fear relates more to the process of dying. That's somehow what I perceive, well that seems to be what many people are somehow very concerned about.” (B1). Anxiety was also related to the *fear of missing out on something* when dead, as seen in:

I was just thinking about what you meant, one of the basic things is that you're afraid of missing out on something or maybe you think to yourself when you're ninety, boah, you haven't done anything or you just haven't made the most of your life and so on. (C1)

Additionally, many participants shared their *worry about relatives* who survive them:

Then I'm afraid because of my environment, because of my mum, because of P. and so on, that I think to myself, what is it then, are they sad/ I don't want them to be sad/ I don't want you all to be sad and so on. (C4)

Death anxiety was also related to the *finality of death*, as seen in this comment by one participant: “But I think I'm also a bit scared and also, yes, just scared of the finality [...]” (B4).

Death as a Taboo Subject. Despite the participants' recognition of the potential value in discussing death, as evidenced later on, they remained aware of the societal taboo surrounding this subject. This was expressed manifestly and latently, either by stating explicitly that the topic of death is *not typically talked about in their family* or indirectly by explaining how *conversations about death are considered to be unpleasant and sensitive*. The following extracts illustrate this in greater detail:

And you're also completely unprepared. I don't know what it was like in your families, but for me, it was never really a topic of conversation. Okay, a pet died once, that was also mega mega sad, but it was just never something you talked about. What happens if someone dies [...]. (C1)

So yes, you just don't talk about it in general, because of course on the one hand I don't think you know or don't always know how other people will deal with it or whether it might go too far. So, I don't think you can talk about it with everyone, because you first have to clarify whether it's okay or whether it's not going too far. (B4)

Death as a Cause of Emotional Suffering. Death is described by participants as something that causes negative emotional states. It was often associated *with pain, anger, and feelings of being overwhelmed*. These are evidenced by statements like: “It is just [...] a painful experience to lose someone or being confronted with death oneself” (B1) or: “Death for me, especially when it comes to

other people or what I've experienced so far, has been associated with anger for a very long time.” (C4) and:

Yes, I was just going to say earlier, the way you told it, with everything crashing down on you, I think the first moment when you find out something like that, that someone close to you has somehow died or something like that, is rather like being completely overwhelmed. (C3)

A particularly salient aspect of this theme was the expression of highly *negative emotions when contemplating the prospect of a loved one's demise*. This can be seen in various extracts such as: “And yes, well when I think about losing people close to me, it's often difficult for me. Just thinking realistically about how I would feel about it, especially when it's about my mum or something.” (C3) and:

But for example when I'm driving home from my grandparents and they/ and I realize that my grandpa is in a worse state again, then I think when I'm driving home/ the journey is like two minutes, really not long, but in those two minutes I think to myself, if he dies, what the funeral will be like, that I'll give a cool speech because he was a cool person and that hopefully everyone will be really sad. That's one thing. And the other thing was [...] that when my dad dies, I'm completely lost. (S3)

and also:

So it stresses me out when I somehow think about it [death] in everyday life, I am then/ I am somehow often stressed when I think about Grandma or about B. and L., our dogs or something like that, or my parents. (C2)

Other emotional sufferings described within these themes were *feelings of guilt* by one person as well as *emotional chaos* by several participants. In addition, the artworks prompted a range of *ambivalent responses*, as seen for example: “I don't have this full/ because you meant peaceful. I wouldn't have felt that way in my imagination. So not that full certainty, okay, this is a good thing that's happening.” (C1) This was evident in both groups.

The Influence of Death on Life. Even though death was often discussed negatively, participants also felt that the influence of their awareness of mortality and death was predominantly positive, for example by *feeling a sense of gratitude*: “And I just try to be more grateful for it [life] and appreciate it more so that I don't think afterward that I should have appreciated it more.” (S2). Participants also indicated that an awareness of mortality encourages them to *make the most of their time with others*.

And then I think, okay, I don't know, I should just spend more time with different people. When I think to myself, okay, they're a bit older, for example, so especially when I think to myself,

okay with older people, I always have the feeling, okay, I haven't spent enough time with them or sometimes, when a person has died, I often have the feeling, okay, more could have been done. (B4)

The discussion also encouraged one participant to *become more health conscious* and to take better care of themselves:

That I just take better care of myself because I haven't done that in the last few weeks. I'm sitting here now and I'm still in pain from last weekend and I'm actively thinking about the fact that unfortunately, you're NOT immortal and that you just have to be a bit more careful with yourself. Or that I should be more mindful of myself, especially when it comes to my body. Because what I've done to it this year has already been enough. Yes, do a bit better in the future. (C2)

Other influences discussed were a *focus on essentials*, and the *desire to utilize life fully*. This was evident in the following statements: “So, for example, if you say, okay, you don't know what's happening, then say: ‘Okay, never mind, just make sure you live this life properly!’” (B3), or: “But it actually reminds you of what you might actually want. Or how important people actually are.” (B2), and also:

And simply perhaps that death can also be something valuable. Because when something has an end, I think that gives it more meaning. So, if life were infinite, I think we would live it very differently than we do now. And actually, death - an end - can also be a beautiful thing. (S4)

Effectiveness of Conversations about Death. As prompted by the moderator, participants discussed the potential effects of conversations about death and dying. The participants offered their thoughts on the focus group setting or general effects. Interestingly, only positive effects were discussed, and the participants indicated they derived personal benefits from the discussion. Codes generated in this context referred, for example, to the importance of conversations about *letting emotions run free*:

And if people just talk about it openly, I think that/ I don't know/ because I think it [death] is associated with a lot of emotions, and they should just get out and I also think that it might be easier for other people to talk about issues if someone dies or something. (C4)

Other effects of conversations about death discussed were *the strengthening of cohesion*, the *normalization of death*, *processing death more easily*, and *creating compassion for others*. These effects were expressed for example by S3: “I also feel more connected because we did it together.”, by B3: “That's right. In many extremely difficult situations, it helps a little when you know that it happens to other people in the same way. And it's a normal thing to experience. And several people go through something like that.”, and B1: “And (...) talking about it perhaps also creates empathy”.

Participants also felt *grateful for the given opportunity*.

So thank you all for letting us share this with each other. For the openness. Somehow, it's a matter of principle for us, but thank you anyway. Full on. I fully appreciate it. Yes, what do I take away from this? It's difficult to pin it down right now. What I take away from it is that I'm really grateful that I have people in my life that I can talk to about these things. About everything! (C1)

The discussion also touched upon the potential for *reduced anxiety through conversations*, as evidenced by the statement of S1: "That it is reassuring for yourself when other people have similar or different views, which can have a very calming effect". A very evident potential effect discussed was the *possibility of learning and enrichment* through this and similar discussions as stated by S5: "Yes, you can learn something from it. Someone says something that you've never thought of before and then you can think about it yourself and adjust your own perspective." Generally, all participants said that they *experienced the discussion very positively*: "I would also say [that I feel] more reassured than before, not necessarily because we talked about death, but because a conversation like that has a calming effect, as you said." (S3).

Wishes for One's Own Demise. The focus group discussions seemed to provide an opportunity for participants to contemplate wishes for their own demise and exchange their *conceptions of an ideal death*. An example of this would be the comment of S2, stating: "So my favorite thing would be to live to be 80 or 90 in good shape. Then I'll just have a heart attack and die in a second", or this statement by C3:

So, I think/ yes, what goes through my mind is just, I think you wish/ or when you think about dying, you always have this wishful thinking. You just die at home and fall asleep, maybe you're old and maybe all relatives or close friends are somehow still with you [...] or it comes as a surprise, and you just fall asleep. [...] Then I think to myself: 'That doesn't worry me at all!', but in most cases, it's not like that.

In line with those wishes, participants also talked about the *legacies they aspire to leave behind*, such as: "Simply that you leave something beautiful to your loved ones, not materially but simply, yes/ [...]" (B3). Participants also wished to *be at peace with themselves and others*:

And what I also thought to myself is, that I don't want to have achieved much, but that I want to be able to think to myself, okay, I want to have been a good person when I die. And that's actually the biggest goal. [...] to have been a good person, that would actually be the primary thing. (B3)

Symbols of Death and Dying. The discussion of symbols and metaphors of death and dying was situated within the context of how participants imagine and perceive death and also in reference to

the artworks discussed by groups 1 and 2. Some of the generated codes refer to well-known symbols, such as the *light at the end of the tunnel*: “Where you walk towards a tunnel and through a tunnel. And at the end is a light.” (S2) or the *flashback on one's own life*:

That you briefly relive all the best moments, I think, or somehow your life from the beginning to the end in fast-forward. So that's how I imagine it, that at the end it's all a trailer. (everyone laughs) That you see it briefly and then/ (B4)

In contrast, other metaphors were more personal and abstract, such as death being *nothing* or the *ultimate end*, with the latter being a very evident metaphor of death. Another common symbol was *dying as sleeping or being unconscious*: “But when you think about dying, do you really think about all these things, because I think I only really think about closing my eyes and then somehow falling asleep or something. Nothing more.” (B2). Two persons viewed death as a *transition*, as clearly expressed by one participant: “Well, death is actually just transition, in my opinion, so it feels like a transition.” (B3). The metaphor of transition was also evident in both groups, 1 and 2, in reference to the artworks, as stated by B4: “Perhaps this is also a bit symbolic of the transition.” and C4: “[...] I still have the feeling that it's more of a transition.”. Group 1 particularly discussed their artwork, *in reference to cultural or mythological symbolics*: “It also reminds me of this/ I think it was like that with the Greeks, right? That this ship takes you across the river to the realm of the dead.” (B2) This was not something group 2 did for their artwork.

Religion and Spirituality. Religion and spirituality were addressed by group 3 with some ambivalence. They exhibited *conflicting sentiments regarding their beliefs* in the existence of an afterlife:

I always have doubts when I want to fight religious or abnormal, unnatural things with my biological, logical sense. I have doubts about it. And that's because I only see and hear and smell and feel what [...] I was born into. I was born into the world, so to speak, and that alone is actually/ I only have the perception that my brain gives me. And that's why I don't think I can explain everything with that. I believe there is much more than we can perceive. [...] I will never say I doubt that there is anything supernatural. In the same way, I wouldn't say I believe in it 100%. Because I just know that I can only perceive these certain things that I can perceive. And I was born into the world. But there are certainly/ so it could very well be, I think, that there are many more things than what we can perceive. (S2)

And that's why I always think it's right/ so I'm aware/ so I'm scientific, I believe in science and that everything can be explained. And then life after death doesn't make much/ so that doesn't quite fit in with this component. And those are just two views that don't go together. And I haven't decided in favor of one or the other, as you say. I can't believe one, I can also believe the other. It's a contradiction and I'm somewhere in the middle. It's such a mess. (S5)

Although some doubts were expressed by members of group 3, the consensus was, that *religion provides people with hope* in the face of death. Additionally, some participants expressed *hope for the possibility of rebirth*.

But I have to say, what's really interesting is that none of us are really religious, are we? And if we had someone in the group who was religious, I think it would be different, because they would bring the afterlife and heaven into the conversation. Which I think also takes away a lot of anxiety and worry and fear and that kind of thing, doesn't it? The idea of it, yes. (C1)

So, I'm comforting myself with the thought that, for example, in the next life or if there is such a thing, you no longer know that you've lived before and that it [...] is in such a continuous cycle and you don't really know what was before, so you don't realize that. (B3)

Group 1 devoted a portion of their discussion to examining the *diverse traditions and beliefs concerning death observed in various cultural and religious contexts*. A comparison was made of their respective knowledge of diverse cultures and religions, with reference to similarities and dissimilarities to their own experiences. This is very much visible in the following extract, where an exchange between the participants is presented:

Yes, I think it's also very dependent on faith. (...) So it depends on the religion. (B4)

Yes, but you mean depending on which religion you have, you imagine things differently, don't you? (B2)

Yes. So, in Buddhism, the idea is that you want to enter nirvana and be reborn until you have lived your life so well that you enter nirvana. (B4)

Mhm. (agreeing) (B2)

And I don't know exactly how it is (..) with Roman Catholics, whether you are also reborn there until you get to heaven. Probably not. (B4)

No. (B3)

Some religious or spiritual concepts such as the *ambiguity of darkness and light* and *(re)birth* were also discussed in reference to the artworks. This was evident for group 2 as seen in this short exchange where C1 stated: "The unity of life and death, somehow like that. That without the one, the other doesn't exist. And that's how I would have interpreted it now." And C2 answers: "Light and darkness."

Changeability of ideas. While discussing ideas and perceptions of death, several participants observed that their ideas have undergone changes and continue to do so. They explain that their perceptions are very different now than from when they were a *child*:

Because as a child, I personally always felt a bit like this/ this typical Grim Reaper and so on, everything is black and dark and gloomy, a dark forest with fog and blablabla somehow a/ or just a bone horse or something like that riding along. (C3)

Additionally, one person highlighted the *influence of diverse life experiences* on perceptions.

And now I have to say that somehow/ Mexico has changed that extremely for me because we were there at the time and this Dias de los muertos time, where it [death] is completely celebrated, and that has also changed my image. (C3)

The present study also revealed that participants *adopted ideas from their surrounding environment*, as explained by B4: “But I think it's probably ingrained in me a bit [...] because she [their grandmother] just, yes, she tells me about it [...]” and S4: “Maybe that's why I'm not afraid of my own death, because mum and dad, [...] so mum ALWAYS said, I don't have to worry because you'll live on.”. Additionally, participants discussed how their *perceptions of death varied depending on the age of the individual*. This is evident in the following extracts:

So, I've never experienced a person dying really early, I can imagine that it's different. [...] But if it's somehow at the end of life, if a person passes away so naturally, then I think you can deal with it quite well. (B2)

And I have to say that there's also this chronological thing. And the worst thing for me would be if people my age or my brothers died. So the thought of your grandparents dying, you prepare yourself, as you said, and you know that it will happen at some point. And that's more comforting than when your brothers or siblings who are the same age die, but you know that if you're not the first to die, you'll live to see it [them dying]. (S4)

Speechlessness. Notable in all discussions was a sensed speechlessness when confronted with certain prompts or questions about death and dying. It seemed that participants sometimes *struggled to find the right words, were having difficulties immersing themselves, or did not have specific ideas of their own*. Such extracts were particularly present in group 1 as shown by the following statement: “That's why I can't really imagine, okay, what does death look like, what is death like, because it will certainly be different in every scenario, or look different somehow.” (B4) or: “I find the question very difficult to answer in general.” (B2), and “I don't even dare to put it into words [...]” (B4).

Connection of Quantitative and Qualitative Results

Following the presentation of the quantitative and qualitative results, an examination will be conducted to ascertain the correspondence between the two sets of methods. In particular, an investigation will determine whether the quantitative measures align with the themes that emerged in the discussions. This approach will further serve to highlight the prominence of dependent variables.

Death Anxiety

Death anxiety was evaluated prior to the focus group discussions and demonstrated comparable levels with those observed in a German validation study (Jansen et al., 2019). The levels of death anxiety were slightly elevated in group 2 at the baseline measurement, whereas group 1 exhibited average levels of death anxiety and group 3 exhibited even lower levels of death anxiety than the average levels reported by the validation study (Jansen et al., 2019). Reflexive TA revealed that the theme of death anxiety was most frequently discussed in group 2. The participants reported experiencing a general feeling of anxiety and discussed the fear of missing out when dead. Participants of groups 1 and 3 discussed a general feeling of anxiety when contemplating death and a fear of the process and manner of dying. All groups demonstrated a similar tendency to discuss concerns about the fate of their loved ones in the event of their own demise (see Table 14).

Table 14

Integration of Death Anxiety Baseline Measures and Qualitative Data

Mean Baseline Levels of Death Anxiety		Qualitative Reporting of Death Anxiety				
Group		Worry about loved one (9)	Feelings of general anxiety (7)	Fear of the process/ way of dying (6)	Fear of missing out when dead (7)	Fear of finality of death (1)
1	$M = 3.18$ $SD = 1.49$	3	2	2	0	1
2	$M = 3.82$ $SD = .96$	3	3	1	6	0
3	$M = 2.46$ $SD = 1.28$	3	2	3	1	0

Note. The numbers represent the absolute number of times the theme was coded. The first row shows the total number of that theme, and the individual cells show the number per group.

It is important to exercise caution when considering the parallels between quantitative and qualitative results, as the mention of death anxiety and the death anxiety expressed in the DAP-GR may not be directly related. It is notable that this particular aspect was not directly assessed in the study.

Mindfulness

The mindfulness levels across all groups prior to the discussion revealed slightly elevated levels of all subscales in comparison to the results of a Spanish and French validation study (Cebolla et al., 2012; Heeren et al., 2011). Interestingly, the groups also varied in their initial levels of mindfulness

distinctly, with group 3 showing higher levels of mindfulness than groups 1 and 2. However, the concept of mindfulness did not emerge as a direct theme within the discussions. Even though the groups were able to identify several potential benefits associated with discussions on and confrontations with death, being mindful was not among the advantages they considered. Nevertheless, some ideas and elements were raised that might refer to elevated levels of mindfulness and also point to being mindful as a potential consequence of engagement with death.

For example, some participants of group 2 discussed death as a part of life in a very non-reactive manner. Furthermore, groups 2 and 3 discussed their acceptance of death, also in a very neutral manner. Regarding the artwork, participants of group 2 also addressed acceptance, when prompted to consider how they would feel if they were in a state of imminent death and the content of the artwork was their reality. They then engaged in a discussion about how they would find acceptance at that moment. These sentiments can be considered to bear resemblance to the Non-Reactivity and Non-Judgment components of mindfulness.

Aspects related to mindfulness were also evident when participants discussed the impact of death on their lives. For instance, some participants indicated that awareness of death has prompted a shift in focus toward the essentials, including a greater emphasis on living in the present moment, which corresponds to the Acting with Awareness component of mindfulness. The topic of death was also discussed in relation to health consciousness, with one participant even explicitly expressing a desire to become more mindful. These considerations can be found in Table 15.

Table 15

Integration of Mindfulness Baseline Measures and Qualitative Data

Mean Baseline Levels of Mindfulness		Qualitative Reporting of Related Concepts to Mindfulness (Codes from various themes)			
Group		Death as part of life (6)	Accepting (own) death (9)	Focus on essentials (6)	Become more health conscious (3)
1	$M = 126.5$ $SD = 4.51$	0	1	3	0
2	$M = 143$ $SD = 7.5$	6	4	2	3
3	$M = 159$ $SD = 10.42$	0	4	1	0

Note. The numbers represent the absolute number of times the theme was coded. The first row shows the total number of that theme, and the individual cells show the number per group.

In conclusion, the concept of mindfulness did not emerge as a prominent theme in participants' reflections on death and dying. The discrepancies between the group's mindfulness baselines are not reflected in their references to mindfulness or related concepts during the discussion. Furthermore, the potential effect of discussions on death in terms of mindfulness were not addressed, which is unsurprising given the lack of empirical evidence or general discussions on it. It is generally advisable to exercise caution when attempting to integrate quantitative measures of mindfulness with qualitative references to mindfulness. This is because the two variables may not necessarily be correlated, particularly given that mindfulness was not directly prompted in the discussion.

Discussion

The objective of this study was to ascertain whether a novel approach to MS, namely art-based discussions on death and dying, can influence individuals' levels of death anxiety or mindfulness, both in the short and medium term. To this end, an exploratory mixed-methods design was employed, which also permitted an examination of individuals' perceptions, beliefs, and emotions regarding death and dying through reflexive TA. In sum, the aim of this study was to contribute to the existing research within the TMT framework, shedding light on novel aspects that have not been subjected to prior investigation. In the following chapter, a discussion of the findings of this study is presented, situated within the context of existing literature. In addition, the study's strengths, limitations, practical implications, and suggestions for future research are addressed. Firstly, the discussion of quantitative findings is presented, and subsequently that of the qualitative findings.

Discussion Quantitative Findings

One objective of the study was to assess whether there would be any changes in mindfulness throughout the study. As no significant changes were found, the findings of this study do not support the hypothesis that discussions on death and dying, regardless of whether they are art-based or not, might play a part in people's mindfulness, either in the short or medium term. One potential explanation for this null effect may be the measurement tool selected for assessing mindfulness. The Five Facet Mindfulness Questionnaire (FFMQ) is a prominent instrument for assessing trait mindfulness in individuals (Michalak et al., 2016). It should be noted, however, that scholars have defined mindfulness as both a trait (Baer et al., 2006) and a state (Brown & Ryan, 2003), and the two constructs are weakly associated with one another (Bravo et al., 2018). Although studies have demonstrated that state mindfulness can be influenced, for example through a long-term mindfulness program, this was not the case with trait mindfulness assessed via the FFMQ (Kiken et al., 2015; Manuel et al., 2017). However, it was found that state mindfulness might influence trait mindfulness (Kiken et al., 2015).

Since it is generally acknowledged that mindfulness can be cultivated, for example through mindfulness-based interventions, the absence of any changes in mindfulness can also be attributed to

the lack of mindfulness exercises within the MS manipulation used for his study (Baer et al., 2006; Kiken et al., 2015; Manuel et al., 2017). Mindfulness-inspired techniques, for example the practice of *slow viewing*, which involve prolonged engagement with a single artwork, can serve as a valuable source of inspiration for the development of mindfulness- and art-based MS manipulations (Beene & Thompson, 2022). Similarly, *Being Present with Art* (BPWA), a method that combines art, mindfulness and stress reduction by utilizing tools and exercises to foster greater presence and focus on the artwork, might also be a suitable approach to take (Filipowska et al., 2023). The objective of both practices is to enhance observational skills and attention and would therefore be suitable for potentially inducing mindfulness (Beene & Thompson, 2022; Cotter et al., 2022; Filipowska et al., 2023). Furthermore, it would be interesting to examine the impact of such practice when contemplating death and dying. It is uncertain whether changes in mindfulness, especially trait mindfulness, can be achieved through MS manipulations such as the one employed in this study, which does not even specifically address mindfulness through mindfulness exercises. It should also be noted that the MS manipulation was not controlled for. Therefore, it is generally unclear whether any changes in mindfulness could have been attributed to the discussion. A control condition, different from the discussions, would have been necessary to address this issue.

The overall mindfulness levels before the study were generally higher than those observed in two presented validation studies (Cebolla et al., 2012; Heeren et al., 2011), and it was evident that there were differences in mindfulness levels across the groups, particularly between group 1 and group 3. These differences remained consistent throughout the study, indicating again that mindfulness was a stable characteristic for the participants, although minor changes were visible in the scatterplot. It should be noted that the study did not take prior experiences with mindfulness exercises or meditation into account, which have been shown to influence trait mindfulness (Kabat-Zinn, 2003). This could have explained the baseline group difference. Future research must take this limitation into account.

As with mindfulness, another aim of this study was to assess whether the levels of death anxiety of the participants changed throughout the study. Here, in contrast to the null findings regarding mindfulness, a significant overall effect was found. Mean ranks and follow-up analyses revealed a significant decrease in death anxiety from baseline to T2 and also a significant increase from T2 to T3 across all experimental conditions, indicating that reported death anxiety was lowest immediately after the discussion, but returned to a higher level two weeks later. As with mindfulness, it is unclear whether these effects can be attributed to the MS interventions, as no control condition was implemented. Nevertheless, the results are in accordance with those of earlier studies. It has been demonstrated that if death anxiety is evaluated immediately following an MS manipulation when death-related thoughts remain conscious, those thoughts become less accessible, and feelings of vulnerability are suppressed. (Abeyta et al., 2014; Arndt et al., 1997; Burke et al., 2010; Greenberg et al., 2000). It can therefore be hypothesized that the significantly lower levels of death anxiety observed in participants immediately

following the discussion were due to the activation of proximal defenses, thereby suppressing death anxiety (Abeyta et al., 2014).

An alternative interpretation of these findings is that proximal defenses, such as the suppression and denial of vulnerability, were so effective that individuals were effectively protected against death anxiety (Abeyta et al., 2014). This was also identified by DeWall & Baumeister (2007), who proposed that individuals tend to seek out more positive stimuli immediately following the manipulation, thereby regulating their fearful emotions and consequently experiencing reduced levels of death anxiety. This may be particularly applicable to the present study, as each discussion concluded on a highly positive note. Participants expressed their gratitude for one another and the opportunity and indicated that they derived great enjoyment from their participation. Participants discussed how they felt they had learned a great deal and reflected upon particularly memorable aspects of the discussion. This is evident in the following transcript extract:

So thank you all for letting us share this with each other. For the openness. Somehow, it's a matter of principle for us, but thank you anyway. Full on. I fully appreciate it. Yes, what do I take away from this? It's difficult to pin it down right now. What I take away from it is that I'm really grateful that I have people in my life that I can talk to about these things. About everything! (C1)

This may indicate that participants sought out more positive stimuli towards the conclusion of the discussion, to regulate their emotional state, which was then observable in their low death anxiety levels. However, these explanations are speculative as no measures were employed to assess orientation towards positive stimuli.

Additionally, it seemed, the dual process model of terror management was supported by the observed increase in death anxiety following a two-week delay, visible for groups 2 and 3 (Abeyta et al., 2014; Routledge et al., 2010). Abeyta et al. (2014) observed similar trends in death anxiety in their study, proposing that when individuals are not allowed to defend their worldviews or self-esteem, but instead are asked about their death anxiety, the levels of reported anxiety increase in comparison to proximally measured anxiety.

Any explanations for the observed changes in death anxiety must be viewed with the understanding that they cannot be solely attributed to the MS manipulation itself. Nevertheless, given the analogous patterns observed across all three groups and their correspondence with other findings, it can be cautiously proposed that the discussion on death and dying may have exerted an influence on death anxiety.

The third objective of the study was to ascertain whether mindfulness and death anxiety were differently influenced based on whether participants were affiliated with an art-based discussion on

death and dying or a non-art-based discussion on death and dying. In this instance, the influence of art was controlled for, as group 3, the control group, had no art input to reflect upon in their discussion. It was found that mindfulness levels were significantly affected by group affiliation at baseline and T2. Specifically, it was found that differences between groups 1 and 3 were responsible for the significant overall effect. These group differences have been referenced above and cannot be empirically substantiated with the characteristics of this study. Given that groups 1 and 3 exhibited significant divergence from the outset and that these differences were sustained at T2, it is unlikely that the discrepancy can be attributed directly to the art input. It appears that discrepancies from the beginning, which persisted throughout the study, were the determining factor. For death anxiety it was found that group affiliation yielded no significant effect on death anxiety for all groups at all points in time, thereby supporting the interpretation that it was inconsequential whether the discussions were prompted with art or not.

Given the absence of studies investigating the specific relationship between MS, art, and mindfulness, it remains unclear why the art input did not yield a more pronounced effect than the discussion without art input. Further research is required to develop an art-based MS manipulation that might produce different outcomes than non-art-based MS manipulations. In particular, the aforementioned studies that employed engagement with visual art to enhance observational skills in medical students may provide insight (Jasani & Saks, 2013; Naghshineh et al., 2008). Specifically, how individuals engage with art can be varied and modified to enhance its impact. For example, the engagement with the art in these studies was considerably longer (2-3 hour-long sessions, for 1 or 9 weeks), although the content of the sessions was similar to the discussion of the present study, with exercises including observation, interpretation, and reflection (Jasani & Saks, 2013; Naghshineh et al., 2008). However, the sessions were conducted by professionals and were designed to enable students to develop and enhance their observational skills through guided practice (Jasani & Saks, 2013; Naghshineh et al., 2008). This was not a component of the present study, as participants were permitted to engage with the artworks freely and were not instructed in advance how to engage with art to derive any impact. It may prove beneficial for future research to utilize art-based educational approaches as a model to enhance the effect of art and, in so doing, facilitate positive terror management when engaging with art that specifically depicts death. Furthermore, additional research should be supported by frameworks that clarify how art should be conceptualized to achieve any impact on health aspects, such as mindfulness. One illustrative example is the *Ingredient in Art in Health* (INNATE) framework, which maps active ingredients of an art experience with the potential to impact health (Warran et al., 2022). This framework can be utilized to design, implement, and evaluate art interventions and to enhance comprehension of the underlying mechanisms of the efficacy of specific art engagements, as opposed to those that prove ineffective (Warran et al., 2022). Although the art engagement in this study encompasses some of the active ingredients mentioned, an analysis of the intervention or the design of

an intervention within the framework from the outset could prove beneficial in elucidating the underlying mechanisms at play.

Discussion Qualitative Findings

To investigate the fourth objective of the study, namely, to ascertain the perceptions, beliefs, and emotions that emerge in an (art-based) discussion about death and dying, the focus group discussions on death and dying, that were held to constitute the MS manipulation of the study, were subjected to further analysis with reflexive TA. This analysis yielded 14 themes, which were as follows: *Approximative Attitude toward Death; Opposition to Death; Loss; Incapacity to Act in the Face of Death; Death Anxiety; Death as a Taboo Subject; Death as Cause of Emotional Suffering; The Influence of Death on Life; Effectiveness of Conversations about Death; Wishes for One's Own Demise; Symbols of Death and Dying; Religion; Culture and Spirituality; Changeability of Own Ideas; and Speechlessness*. These themes were first presented individually and then integrated with the quantitative findings. The qualitative analysis demonstrated that, regardless of the experimental condition, the MS manipulation fostered a rich discussion, encompassing a variety of themes that had previously been overlooked in TMT studies (Schindler et al., 2021). It was also interesting to observe that attitudes toward death did not adhere to a binary structure but exhibited a continuum. Participants demonstrated attitudes towards death and dying that were both approximative and open as well as oppositional and fearful. Even within the same individual, there were instances where differing perceptions, feelings, and attitudes emerged. This indicates that death is a complex phenomenon that elicits a range of responses each of which is a valuable contribution to the field of study.

In the following section the similarities and differences between the focus group discussions will be examined, acknowledging the varying art inputs and conditions that were present. It will then move to discussing the themes in greater detail, situating them within the context of the existing literature. It should be noted that the existent literature and similar studies do not exhaustively address the themes and codes identified in the present study. It is therefore not possible to acknowledge all of the themes and codes in the same detailed manner. This also represents a potential avenue for future research, indicating that certain aspects of discussions on death remain underexplored. For a comprehensive analysis and overview of all themes, please refer to Appendix H.

Discussion on Different Artworks

As mentioned, in the discussion of quantitative findings, the art conditions did not yield any statistically significant differences between the groups in death anxiety and can also not be utilized to explain group differences in mindfulness. Group differences and similarities can however be noted qualitatively, particularly when comparing the two art conditions.

One notable distinction between the two art conditions was the discourse surrounding the alignment between the participant's interpretation of the artworks depicting death and dying and their

perspectives on death and dying. It was evident that group 2 had no difficulty immersing themselves in the artwork and identifying similarities between the depicted imagery and their personal conceptions of death and dying. Group 1 had some difficulties imagining themselves as part of the artwork. They also stated that the boat metaphor was not a concept they would instinctively associate with death and dying, despite acknowledging the existence of such a metaphor generally. A further distinction was that group 1, in contrast to group 2, engaged in discourse on cultural and mythological dimensions of death. The artwork, for them, was perceived to exhibit a pronounced cultural influence, with suggestions that it might draw inspiration from Mexican traditions surrounding death. The resemblance between the boat and Mexican culture was not exclusive to the group. Numerous visitors of the Dom Museum, and even curators observed this parallel, despite the fact that the artwork in question was created by a Mongolian artist (Heigl, personal communication, August 29, 2024). Additionally, the participants of group 1 debated about the traditions surrounding death in various cultures and religions, with and without reference to the artwork. While there is no definitive evidence that the discussion on culture, tradition, and religion was initiated by the artwork itself, it was evident that such conversations were not initiated in group 2.

Despite some differences in the discussion concerning the artwork itself, it was also found that there were numerous similarities in how participants of both groups made sense of the artwork chosen. For instance, both groups interpreted the artwork as a transition from life to death and identified life and death symbols within the artwork itself. In the case of the artwork without title by Eva Schlegel (2022), discussed in group 2, the juxtaposition of light and dark was interpreted as representing life and death. In contrast, the *Transporter to Another Time* by Nomin Bold (2023) prompted the participants to consider being inside and outside the boat representing life and death. This association was made based on the observation that while the interior was characterized by vibrant colors and soft textures, interpreted as symbolizing life, the exterior was dominated by skulls, which the participants interpreted as a representation of death. Additionally, both groups made references to films when discussing the artwork. Furthermore, both groups expressed ambivalent feelings towards the artworks. When prompted to visualize themselves within the artwork, participants expressed ambiguous emotional responses.

Therefore, despite qualitative divergences between groups 1 and 2, similarities were also observed in the discourse surrounding the artworks. Furthermore, most of the remarks and statements have also been found to overlap with those reported in comparable studies. The following section explores those overlaps further.

For once, one of the more common themes of the discussions was a very *Approximative Attitude toward Death*. Participants expressed this by stating that death is part of life and by accepting their eventual death as an integral part of life. This attitude toward death can also be prescribed within the

Neutral Acceptance subscale of the DAP-GR (Jansen et al., 2019). It is noteworthy that some participants even exhibited acceptance towards death and contentment when thinking of death, which is typically associated with advanced age (Davis-Berman, 2011). An approximate attitude toward death was also expressed by the participant's will to prepare for death, either by writing wills or by stating how they would like their funeral to be. These remarks were also found by Wilson et al. (2024) who pointed out that the participants of their deliberative discussion groups talked about engaging in post-mortem planning. This included the sharing of wishes, the creation of a will, planning for funerals, and the articulation of a perceived importance in preparing for death. This was also observed in the present study. Additionally, the importance of preparing children for the eventuality of death was highlighted. This attitude was similarly expressed in the present sample and in that of Wilson et al. (2024), as was the usage of humor to better cope with death as a topic. Humor has also been found to be a buffer for death anxiety (Morgan et al., 2019).

As previously stated, an approximate attitude towards death did not necessarily entail the presence of anti-death sentiments, which were captured within the theme of *Opposition to Death*. Participants remarked on the avoidance and suppression of death-related topics or thoughts, which can be linked to the *Death Avoidance* subscale of the DAP-GR (Jansen et al., 2019) and to similar remarks found by Borque et al. (2024).

The theme of *Loss* was not as prominent in the present study as one might have expected in a discussion on death and dying. Although some remarks were made by one group that appeared to reference experiences of loss within the group, this topic was not addressed explicitly. The participants in the present study tended to conceptualize loss in terms of the potential loss of companionship or emotional experiences when dying. Additionally, they indicated that when contemplating mortality, their attention is drawn to other individuals, particularly older people they know.

Furthermore, the participants reported a feeling of *Incapacity to Act in the Face of Death*. To the author's knowledge, no other studies have captured these remarks yet. Participants indicated that the prospect of sudden death, characterized by a lack of control, would be highly distressing. Additionally, they reported feelings of proximity to death, suggesting a perception of its inevitability.

As previously stated in the section on synthesizing qualitative and quantitative findings, *Death Anxiety*, assessed quantitatively with the DAP-GR, was also talked about in the focus group discussions. Death anxiety has been defined as a common theme in other discussions on death and dying (Borque et al., 2024; Naik, 2024; Üzar-Özçetin et al., 2021). Also, the qualitative remarks on death anxiety have demonstrated that the experience of death anxiety by participants was more complex than that observed in the DAP-GR, encompassing a range of facets associated with the fear of death. One illustrative example is the discussion on the fear of missing out when one is dead. Remarks on that were particularly evident in group 2, where the participants discussed their fear of missing out on activities when they

die and events they do not live to experience. Similarly, even though not classified within the theme of *Death Anxiety* theme, some remarks were made concerning the desire to live a full life and to maintain one's existence for as long as possible. Additionally, some participants expressed a desire to spend more time with loved ones when contemplating death. Fear of missing out as a component of death anxiety is not found in the DAP-GR, however, a robust positive correlation between fear of missing out and death anxiety was also recently identified (Naidu & Chew, 2024). It has been proposed as a coping mechanism for navigating mortality and existential anxiety by fostering a desire to utilize life to its fullest potential. Consequently, individuals may prefer investing their time in activities, relationships, and experiences, aiming to avoid the sensation of missing out on anything (Naidu & Chew, 2024). As there were several remarks, complementing this find, fear of missing out might be a relevant factor to further address within the TMT framework and in death anxiety measures.

A further theme was the conceptualization of *Death as a Taboo Subject*. This was either explicitly or implicitly observed through remarks indicating that death is a sensitive or unpleasant topic of conversation. Explicit mentioning of death as being taboo in such settings is not uncommon and has also been a topic of conversation in other discussions (Borque et al., 2024). Approaching the topic of death with caution and recognizing that it may be a sensitive subject for some individuals, has also been deemed important (Wilson et al., 2024). In a similar vein, it was found that when nurses were asked to reflect on their experiences of discussing death, they perceived death as a sensitive and challenging topic to address with their patients (Üzar-Özçetin et al., 2021). Additionally, some participants of the present study discussed the lack of discourse on death within their families and expressed discontent with this, which was also mentioned by participants of a different study, who expressed generational issues, that affected the extent to which people talked about death (Wilson et al., 2024).

Furthermore, participants in the study defined *Death as a Cause of Emotional Suffering*, attributing to it a range of negative emotions including pain, anger, overload, and guilt. This has also been found in behavioral results, indicating enhanced neural activities that relate to guilt and shame, when confronted with death (Xu et al., 2022). It seems that individuals perceive death a negative and associate it with negative ideas and emotions (Borque et al., 2024).

A more optimistic perspective on mortality was identified within the themes of *Wishes for One's Own Demise* and the *Influence of Death on Life*. The participants reported that contemplating death prompted them to prioritize spending time with others and focus on what truly matters. Additionally, they discussed their conceptualizations of an ideal death and the legacies they aspire to leave behind. Here, parallels can be found with the *Death Reflection Scale*, which assesses people's attempts to cope more positively with death and mortality (Yuan et al., 2019). The subscales of the scale were all evident in the present study through the participants' remarks, indicating that it may be beneficial to utilize the scale in future studies of a similar nature.

The themes of *Symbols of Death and Dying*, as well as *Religion, Culture, and Spirituality*, were evident when participants were invited to reflect on their conceptions of death and the images and perceptions they associate with the process of dying. One particularly prominent aspect of this theme was the expression of doubts about religion and the articulation of conflicting sentiments regarding it. Although one participant expressed a desire for rebirth and it was generally acknowledged that religion provides hope for people, the overall sentiment was that culture, religion, and spirituality were discussed at a meta-level. The findings of other studies also indicated that discussions about death and dying facilitate an exchange of spiritual and religious beliefs (Borque et al., 2024; Davis-Berman, 2011; Naik, 2024; Zhang, 2024). Additionally, the death symbols discussed were not of the religious type; rather, death was conceptualized as the ultimate end, as a transition, as a big nothingness, or compared to sleep. These almost fully align with the most prevalent metaphors associated with death, with death as the end, death as a journey, and death as rest (Gathigia et al., 2018).

A further theme that emerged in relation to perceptions and images of death and dying was the *Changeability of Ideas Concerning Death*. Participants discussed how their perceptions of death were markedly different, and often more frightening, during childhood than they are today. Some participants reported that they had perceived death as a sinister figure and experienced nightmares and heightened death anxiety during childhood. This finding is also supported by previous research, where comparable observations have been documented (Naik, 2024). Additionally, individuals in the present study discussed how their ideas of death are influenced by the people around them, their environment and experiences.

Finally, a key topic that emerged from the discussion was the evaluation of the *Effectiveness of Conversations* about death. The participants agreed that conversations on death can generally be beneficial, and provided several examples of how they think discussions about death can be advantageous. For one, it was emphasized that discussing death can facilitate the normalization of the topic and reduce its taboo status. This topic was also addressed in a study, in which participants stated that the normalization of death and its incorporation into the everyday discourse facilitates processing death more easily when it occurs, which was also argued by the participants in the present study (Wilson et al., 2024). This finding was also noted in another study, which found that the more frequently a sample of middle-aged and older adults discussed death, the higher their self-reported levels of well-being were. In this study it was argued, that, talking about death "means regarding death as part of everyday life" (Zhang, 2024, p.7), thus contributing to its normalization. In particular, the participants expressed how they found the discussion to be a positive experience, viewing it as an opportunity for learning and enrichment through the exchange of diverse perspectives and beliefs. They also conveyed gratitude for the chance to engage in such a discourse. Similar positive appraisals can be found in other studies (Borque et al., 2024; Naik, 2024; Wilson et al., 2024), indicating a great interest in such opportunities.

Strengths

The current study yields several strengths that should be mentioned.

One of the main strengths of the study design was the mixed-methods approach, which not only permitted a more comprehensive analysis but also addressed a long-standing research gap, namely the examination of the actual contents of and responses to MS manipulations (Schindler et al., 2021). This resulted in a more nuanced comprehension of how individuals make sense of death, the emotions they may experience, and the beliefs they hold. It is also a testament to the fact that people have a wider range of responses to MS manipulations than can be obtained from a questionnaire. The fact that a considerable number of statements cannot be categorized within measurement tools that aim to capture attitudes toward death or forms of processing mortality suggests that the discussion facilitated an even more profound exploration of participants' perceptions and feelings than a quantitative measurement could have achieved (Jansen et al., 2019; Yuan et al., 2019). It can be posited that the intervention was successful in fostering in-depth discussions about death and dying, and in capturing a diverse range of perceptions, beliefs, and emotions surrounding this topic. This can be observed through the formation of a variety of themes. Other authors have previously highlighted the suitability of qualitative measures as a tool for facilitating discourse about death, and for gaining deeper insight into how people understand this topic (Naik, 2024; Wilson et al., 2024).

The study's design also contributes to its overall strength. Firstly, the study employed a longitudinal design, with data collection over three points in time, thus facilitating an assessment of changes over time. It was feasible to conduct a comparative analysis between the initial levels of mindfulness and death anxiety exhibited by the participants at the study's starting point and its conclusion. While some cases lacked sufficient statistical significance, the descriptive analysis of minor trends over time was nevertheless valuable for the overall analysis. This was only possible due to the longitudinal nature of the study, which allowed for a more comprehensive examination of the subject matter. Secondly, although the affiliation to the art condition did not exert any clear influence on the dependent variables, a potential effect of the art was accounted for by implementing a randomized experimental design, incorporating a control condition. And, thirdly, the settings in which the interventions were held, along with the focus group discussion as a method of choice and the utilization of friendship groups as samples, contributed to a highly natural atmosphere, which overcame the limitations of previous laboratory settings, while still being a controlled study design (Hart, 2019).

Lastly, creating a novel MS manipulation, as exemplified by the one designed for this study, can be regarded as one of the study's principal strengths. This specific MS manipulation comprises multiple elements deemed successful in previous studies, regarding the present study's objective of facilitating positive terror management and fostering in-depth discussion. For instance, the MS intervention of the present study was built upon other MS manipulations, that have previously been

shown to foster positive terror management. This was deemed an objective of the study, namely in terms of mindfulness. The focus group discussions contained several discussion prompts and an imaginative exercise, drawn from the MAPS and Death Reflection manipulation (Cozzolino, 2006; Cozzolino et al., 2004; Rosenblatt et al., 1989). It was also attempted to confront the participants with death vividly and concretely (in contrast to abstractly or subtly) as recommended by Cozzolino et al. (2004, 2006). The art-based MS manipulation was also guided by similar utilization of art, specifically the one by Nicol and Pocock (2020) to foster deep conversations on death and dying. It can thus be posited that the design of the MS manipulation was based on existing literature and research, thereby providing a model for future research in this field.

Limitations

Though having several strengths, the study is also subject to multiple limitations.

Firstly, the impact of the discussions on death and dying itself was not controlled for in the analysis, thereby limiting the assumptions that can be made about the observed changes in mindfulness and death anxiety over time. In contrast to other TMT studies, no control condition without MS manipulation was employed, which makes it impossible to attribute changes to the MS manipulation alone. Several factors could have influenced the results, that have not been considered, such as personality differences in self-esteem, the personal need for structure, and attachment style, which have been shown in previous studies to influence the effects of MS (Schindler et al., 2021). Furthermore, the study did not include additional dependent variables, such as the seeking out of positive stimuli following MS and measures of worldview defense (Arndt et al., 1997; Dewall & Baumeister, 2007; Greenberg et al., 1990; Schindler et al., 2021), which could have provided greater insight into the underlying mechanisms. Also, despite the fact that the potential impact of art was controlled for, and no notable group effect was observed in the present study, future research must consider the influence of past mindfulness or meditation experiences on the outcome of such an intervention (Kabat-Zinn, 2003). This was evident in the present study in baseline group differences in mindfulness that persisted throughout further data collection. These differences could not be fully explained within the scope of this study, as no measures or questions regarding experience were in place.

Secondly, the sample size was very small, particularly for the statistical analysis. This issue was acknowledged and addressed through the use of non-parametric methods; however, a larger sample size would have been preferable to obtain more generalizable results and to be able to draw robust conclusions from the analysis. And, although three to four focus group discussions are typically deemed an acceptable number for qualitative measures, it is important to note that the principle of saturation, which is commonly used to determine sufficient sample size in qualitative studies, was not taken into account since the sample recruitment was guided solely by practical considerations as well as by difficulties in finding enough groups willing to participate (Braun & Clarke, 2013; Krueger & Casey,

2009). Although repetitions of themes were identified, indicating some approximation to saturation, including one or two additional sample groups would have enhanced the insights already obtained. This would have been particularly beneficial for the statistical analysis. Although generalizability was not a primary focus of the present study, given its exploratory nature, future research must consider a larger sample size to ensure the results are robust and generalizable.

In conclusion, the MS manipulation of this study represented a novel approach that had not been previously tested. While the design has notable strengths, including its foundation in existing literature, it is challenging to draw substantiated comparisons with other effects of MS manipulations. Also, to gain a more accurate understanding of the effectiveness of this intervention in inducing MS, the use of an MS measurement would have been beneficial. However, this was not employed, and therefore it was not possible to determine whether the intervention increased mortality awareness. Nevertheless, it could be argued that the intensity of the discussion and the active involvement of the participants provided some indication of this.

Practical Implications and Future Research

One of the most substantial practical implications that can be derived from the present study is the facilitation of opportunities for individuals to engage in discussions about death and dying. As evidenced by the cited studies above and the favorable feedback from participants in the present study, the findings suggest that conversations on death and dying may benefit people, by exploring and exchanging ideas and beliefs and making space for personal reflection. Despite the study's inability to facilitate mindfulness as a specific benefit of this intervention, the feedback from the participants suggests that creating an environment that encourages conversations of this nature may contribute to the normalization of death and facilitate discussions that are otherwise avoided. This might allow for more open and honest dialogue with friends, family, or colleagues (Borque et al., 2024; Wilson et al., 2024). Discussing death and dying, such as in the present study, could also prove beneficial in educational settings. It may assist medical or psychological students in reflecting on their perceptions and beliefs and in becoming more comfortable with the topic, which they may subsequently encounter later in their professional roles (Borque et al., 2024; Naik, 2024; Üzar-Özçetin et al., 2021). Additionally, such discussions could facilitate dialogue within personal contexts, such as family settings, where the subject of post-mortem planning, one's ideal death, and one's wishes may be important. It can be argued that discussions of this nature provide an ideal setting for end-of-life conversations, as was noted by Wilson et al. (2024). Furthermore, organizing these discussions within an art-based setting, as was done for this present study with the exhibition on *Being Mortal* at the Dom Museum in Vienna, can facilitate a more natural and comfortable atmosphere for such a discussion, while also providing a secure environment in which perceptions and beliefs can be explored in greater depth. A challenging conversation, like the one on death and dying, may be facilitated by a stimulus that allows for the projection of emotions, beliefs, and perceptions (Nicol & Pocock, 2020).

Furthermore, other projects, such as *The Reflection Room* (2023) have demonstrated that when public or educational spaces are made available for engagement with the topics of death and dying, even in an art-based manner, individuals do, in fact, utilize these spaces (Borque et al., 2024). It would be beneficial for museums, which frequently provide space for artwork that addresses mortality, as evidenced by the temporary exhibition, *Being Mortal*, as well as the general prevalence of death themes in museums, to recognize this potential. It is therefore important for museums to construct displays in a way that encourages visitors to engage in creative thought processes and foster open-minded dialogue (O'Neill, 2012), especially given the fact, that they can facilitate the opposite, as seen by Landau et al. (2006).

Further research on the role of mindfulness and art within the TMT should address the limitations identified in the present study. For instance, it would be beneficial to assess experiences of mindfulness or meditation that participants had before the study, to elucidate the reasons behind the persistent group differences. Secondly, measurements for changes in state mindfulness may facilitate a more comprehensive understanding of less impactful effects that cannot be identified within trait mindfulness. Even though trait mindfulness can be influenced by factors such as meditation experience and interventions specifically designed to enhance mindfulness, it is plausible that the intervention in question was not sufficiently impactful, and that a more situational approach with a focus on state mindfulness would have been appropriate (Baer et al., 2008; Bravo et al., 2018). Furthermore, the incorporation of mindfulness exercises within an (art-based) MS manipulation may facilitate additional enhancements in mindfulness as seen by similar attempts by Cacciatori et al. (2015) and Stella (2016).

As previously stated, it would generally be advisable to undertake a more comprehensive study, with a greater sample, and by incorporating additional measurements that have been demonstrated to shed further light on the underlying mechanisms of MS. This would not only make the results more robust and generalizable but would also make it easier to prescribe them to existing literature and allow for better comparisons.

Future research could also adopt a more deductive approach to the discussion guide, ensuring that discussion prompts are aligned with existing literature and tailored to specific themes. This could facilitate discussions that are more narrowly focused, on topics such as religious and spiritual belief, the benefits of discussing death, or the changeability of one's perception of death. Although the present study aimed to allow participants to discuss freely and include all associations that came to mind, this approach may also result in diverging perspectives that are challenging to capture. A more focused discussion on specific themes that emerged from this discussion could facilitate an even more in-depth discussion and the evaluation of specific dependent variables in relation to that theme. Moreover, to gain a deeper insight into the null effect of the art condition in comparison to the non-art condition,

future intervention should be based on an active ingredient framework to ensure the desired effects of arts can be achieved (Warran et al., 2022).

In conclusion, it can be stated that the exploratory nature of the present study, as well as the consideration of art and mindfulness within TMT, which has not been done previously in this way, permitted the identification of several novel insights. Notwithstanding the limitations of the study, which constrained the interpretation of the results, the trends and insights identified can inform future, larger-scale studies. This work also established the foundation for novel MS manipulation that diverge from those employed for decades and have recently been proven ineffective (Schindler et al., 2021; Treger et al., 2023). The call for new approaches was answered and represents a potential avenue for further novel MS manipulations. The discussions on death and dying in general and also with the incorporation of art were met with considerable approval from the participants. This lends support to the argument that discussing death should not be regarded as taboo or uncomfortable when conducted appropriately and can be seen as a call for the creation of such spaces in public and educational settings.

Reference List

- Abeyta, A. A., Juhl, J., & Routledge, C. (2014). Exploring the effects of self-esteem and mortality salience on proximal and distally measured death anxiety: a further test of the dual process model of terror management. *Motivation and Emotion*, 38(4), 523–528. <https://doi.org/10.1007/s11031-014-9400-y>
- Alleva, J. M., Atkinson, M. J., Schwarten, S., Theden, A., Waldén, M. I., & Martijn, C. (2020). The potential benefits of death reflection for improving women's body image. *Body Image*, 35, 192–200. <https://doi.org/10.1016/j.bodyim.2020.09.004>
- Anālayo, B., Medvedev, O. N., Singh, N. N., & Dhaussy, M. R. (2022). Effects of Mindful Practices on Terror of Mortality: A Randomized Controlled Trial. *Mindfulness*, 13(12), 3043–3057. <https://doi.org/10.1007/s12671-022-01967-8>
- Arndt, J., Cook, A., Goldenberg, J. L., & Cox, C. R. (2007). Cancer and the threat of death: The cognitive dynamics of death-thought suppression and its impact on behavioral health intentions. *Journal of Personality and Social Psychology*, 92(1), 12–29. <https://doi.org/10.1037/0022-3514.92.1.12>
- Arndt, J., Greenberg, J., Solomon, S., Pyszczynski, T., & Simon, L. (1997). Suppression, Accessibility of Death-Related Thoughts, and Cultural Worldview Defense: Exploring the Psychodynamics of Terror Management. *Journal of Personality and Social Psychology*, 73, 5–18.
- Arndt, J., Schimel, J., & Goldenberg, J. L. (2003). Death Can Be Good for Your Health: Fitness Intentions as a Proximal and Distal Defense against Mortality Salience. *Journal of Applied Social Psychology*, 33(8), 1726–1746. <https://doi.org/10.1111/j.1559-1816.2003.tb01972.x>
- Aronson, E., Wilson, T., & Sommers, S. (2020). *Social Psychology, Global Edition*. Pearson Education, Limited.
- Askarizadeh, G., Poormirzaei, M., & Bagheri, M. (2022). Mindfulness Facets and Death Anxiety: The Role of Cognitive Flexibility Components. *Psychological Studies*, 67(2), 208–217. <https://doi.org/10.1007/s12646-022-00655-w>
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using Self-Report Assessment Methods to Explore Facets of Mindfulness. *Assessment*, 13(1), 27–45. <https://doi.org/10.1177/1073191105283504>
- Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., Duggan, D., & Williams, J. M. G. (2008). Construct Validity of the Five Facet Mindfulness Questionnaire in Meditating and Nonmeditating Samples. *Assessment (Odessa, Fla.)*, 15, 342. <https://doi.org/10.1177/1073191107313003>

- Becker, E. (1971). *Birth and death of meaning*. Free Press.
- Becker, E. (1973). *The denial of death*. <https://ci.nii.ac.jp/ncid/BA55628826>
- Becker, E. (1975). *Escape from evil*. <http://ci.nii.ac.jp/ncid/BA01399328>
- Beene, S., & Thompson, D. S. (2022). Focusing on Slow Looking: An Exploration of Techniques to Develop Critical Observation Habits. *Art Documentation*, 41(1), 1–18. <https://doi.org/10.1086/719405>
- Bianco, S., Testoni, I., Palmieri, A., Solomon, S., & Hart, J. (2024). The Psychological Correlates of Decreased Death Anxiety After a Near-Death Experience: The Role of Self-Esteem, Mindfulness, and Death Representations. *Journal of Humanistic Psychology*, 64(3), 343–366. <https://doi.org/10.1177/0022167819892107>
- Borque, I., Oliete, E., Arantzamendi, M., & Centeno, C. (2024). Death Café conversations: evaluating the educational potential for university students in palliative care teaching. *Palliative Care and Social Practice*, 18. <https://doi.org/10.1177/26323524241273490>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research*. SAGE Publications Limited.
- Braun, V., & Clarke, V. (2021). *Thematic analysis*. SAGE.
- Bravo, A. J., Pearson, M. R., Wilson, A. D., & Witkiewitz, K. (2018). When Traits Match States: Examining the Associations Between Self-Report Trait and State Mindfulness Following a State Mindfulness Induction. *Mindfulness*, 9(1), 199–211. <https://doi.org/10.1007/s12671-017-0763-5>
- Brown, K. W., & Ryan, R. M. (2003). The Benefits of Being Present: Mindfulness and Its Role in Psychological Well-Being. In *Journal of Personality and Social Psychology* (Vol. 84, Issue 4, pp. 822–848). American Psychological Association Inc. <https://doi.org/10.1037/0022-3514.84.4.822>
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical Foundations and Evidence for its Salutary Effects. *Psychological Inquiry*, 18(4), 211–237. <https://doi.org/10.1080/10478400701598298>
- Burke, B. L., Martens, A., & Faucher, E. H. (2010). Two decades of terror management theory: A meta-analysis of mortality salience research. *Personality and Social Psychology Review*, 14(2), 155–195. <https://doi.org/10.1177/1088868309352321>
- Cacciatore, J., Thieleman, K., Killian, M., & Tavasolli, K. (2015). Braving Human Suffering: Death Education and its Relationship to Empathy and Mindfulness. *Social Work Education*, 34(1), 91–109. <https://doi.org/10.1080/02615479.2014.940890>

- Cardany, A. B. (2018). Mitigating death anxiety: Identifying music's role in terror management. *Psychology of Music*, 46(1), 3–17. <https://doi.org/10.1177/0305735617690600>
- Cavanagh, B., Haracz, K., Lawry, M., & James, C. (2020). Receptive Arts Engagement for Health: A Holistic and Trans-Disciplinary Approach to Creating a Multisensory Environment. *Sage Open*, 10(4). <https://doi.org/10.1177/2158244020978420>
- Cebolla, A., García-Palacios, A., Soler, J., Guillen, V., Baños, R., & Botella, C. (2012). Psychometric properties of the Spanish validation of the Five Facets of Mindfulness Questionnaire (FFMQ). *The European Journal of Psychiatry*, 26(2), 118–126. <https://doi.org/10.4321/S0213-61632012000200005>
- Cerqueira, A. R., Alves, A. S., Monteiro-Soares, M., Hailey, D., Loureiro, D., & Baptista, S. (2023). Visual Thinking Strategies in medical education: a systematic review. *BMC Medical Education*, 23(1). <https://doi.org/10.1186/s12909-023-04470-3>
- Cohen, F., Ogilvie, D. M., Solomon, S., Greenberg, J., & Pyszczynski, T. (2005). American Roulette: The Effect of Reminders of Death on Support for George W. Bush in the 2004 Presidential Election. *Analyses of Social Issues and Public Policy*, 5(1), 177–187. <https://doi.org/10.1111/j.1530-2415.2005.00063.x>
- Coholic, D., Eys, M., Shaw, K., & Rienguette, M. (2023). Exploring the Benefits of an Arts-Based Mindfulness Group Intervention for Youth Experiencing Challenges in Schooling. *Sage Open*, 13(3). <https://doi.org/10.1177/21582440231192111>
- Cotter, K. N., Crone, D. L., Rodriguez-Boerwinkle, R. M., Boerwinkle, M., Silvia, P. J., & Pawelski, J. O. (2022). Examining the Flourishing Impacts of Repeated Visits to a Virtual Art Museum and the Role of Immersion. *Behavioral Sciences*, 12(12). <https://doi.org/10.3390/bs12120500>
- Cotter, K. N., & Pawelski, J. O. (2022). Art museums as institutions for human flourishing. *The Journal of Positive Psychology*, 17(2), 288–302. <https://doi.org/10.1080/17439760.2021.2016911>
- Courtney, E. P., Felig, R. N., & Goldenberg, J. L. (2022). Together we can slow the spread of COVID-19: The interactive effects of priming collectivism and mortality salience on virus-related health behaviour intentions. *British Journal of Social Psychology*, 61(1), 410–431. <https://doi.org/10.1111/bjso.12487>
- Cozzolino, P. J. (2006). Death Contemplation, Growth, and Defense: Converging Evidence of Dual-Existential Systems? *Psychological Inquiry*, 17(4), 278–287. <https://doi.org/10.1080/10478400701366944>

- Cozzolino, P. J., Staples, A. D., Meyers, L. S., & Samboceti, J. (2004). Greed, Death, and Values: From Terror Management to Transcendence Management Theory. *Personality and Social Psychology Bulletin*, 30(3), 278–292. <https://doi.org/10.1177/0146167203260716>
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and Conducting Mixed Methods Research*. SAGE Publications, Incorporated.
- Cui, Y.-X., Zhou, X., Zu, C., Zhai, H.-K., Bai, B.-R., Xu, Y.-M., & Li, D. (2020). Benevolent Creativity Buffers Anxiety Aroused by Mortality Salience: Terror Management in COVID-19 Pandemic. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.601027>
- Curşeu, P. L., Coman, A. D., Panchenko, A., Fodor, O. C., & Raţiu, L. (2023). Death anxiety, death reflection and interpersonal communication as predictors of social distance towards people infected with COVID 19. *Current Psychology*, 42(2), 1490–1503. <https://doi.org/10.1007/s12144-020-01171-8>
- Davis-Berman, J. (2011). Conversations About Death: Talking to Residents in Independent, Assisted, and Long-Term Care Settings. *Journal of Applied Gerontology*, 30(3), 353–369. <https://doi.org/10.1177/0733464810367637>
- DeepL Write. (2024). (2024) [AI Writing Assistant]. <https://www.deepl.com/de/write>
- Dewall, C. N., & Baumeister, R. F. (2007). *From Terror to Joy Automatic Tuning to Positive Affective Information Following Mortality Salience*.
- Dom Museum Wien. (2023). *Sterblich sein*. Johanna Schwanberg.
- Dom Museum Wien. (2024). *Sterblich sein*. <https://Dommuseum.at/Sterblich-Information>.
- Drake, J. E., Eizayaga, M., & Wawrzynski, S. (2024). Making Versus Viewing Art: Effects on Affect, Enjoyment, and Flow. *Empirical Studies of the Arts*, 42(1), 147–165. <https://doi.org/10.1177/02762374231196387>
- Ebert, M., Hoffmann, J. D., Ivcevic, Z., Phan, C., & Brackett, M. A. (2015). Creativity; emotion, and art: Development and initial evaluation of a workshop for professional adults. *The International Journal of Creativity & Problem Solving*, 25(2), 47–59.
- Fairlamb, S., Cinnirella, M., & Iahr, I. (2022). The proximal and distal effects of mortality salience on COVID-19-related health perceptions and intentions. *Journal of Applied Social Psychology*, 52(10), 965–976. <https://doi.org/10.1111/jasp.12903>
- Fancourt, D., & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. In *Health Evidence Network Synthesis Report 67*. <https://iris.who.int/handle/10665/329834>

- Field, A. P. (2017). *Discovering statistics using IBM SPSS statistics* (5th edition.). SAGE Publications.
- Filipowska, R., Weinberg-Wolf, H., & Vaghenas, A. (2023). Being Present with Art: Mindful and Interactive Engagement with Art Lowers Stress While Increasing Attention and Belonging. *Journal of Museum Education*. <https://doi.org/10.1080/10598650.2023.2217568>
- Franzen, G. (2013). Positive Psychotherapie und rezeptive Kunsttherapie. *Musik-, Tanz- Und Kunsttherapie*, 24(4), 163–168. <https://doi.org/10.1026/0933-6885/a000140>
- Frias, A., Watkins, P. C., Webber, A. C., & Froh, J. J. (2011). Death and gratitude: Death reflection enhances gratitude. *Journal of Positive Psychology*, 6(2), 154–162. <https://doi.org/10.1080/17439760.2011.558848>
- Gathigia, M. G., Wang, R., Shen, M., Tirado, C., Tsaregorodtseva, O., Khatin-Zadeh, O., Minervino, R., & Marmolejo-Ramos, F. (2018). A cross-linguistic study of metaphors of death. *Cognitive Linguistic Studies*, 5(2), 359–375. <https://doi.org/10.1075/cogls.00025.gat>
- Gelo, F., Klassen, A. C., & Gracely, E. (2015). Patient use of images of artworks to promote conversation and enhance coping with hospitalization. *Arts and Health*, 7(1), 42–53. <https://doi.org/10.1080/17533015.2014.961492>
- Gradle, S. A. (2011). A university course in mindful viewing: Understanding art and self through contemplative experience. *International Journal of Education Through Art*, 7(2), 137–151. https://doi.org/10.1386/eta.7.2.137_1
- Grant, A. M., & Wade-Benzoni, K. A. (2009). The Hot and Cool of Death Awareness at Work: Mortality Cues, Aging, and Self-Protective and Prosocial Motivations. In *Source: The Academy of Management Review* (Vol. 34, Issue 4). <https://www.jstor.org/stable/27760027>
- 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, 91–99.
- Greenberg, J., & Kosloff, S. (2008). Terror Management Theory: Implications for Understanding Prejudice, Stereotyping, Intergroup Conflict, and Political Attitudes. *Social and Personality Psychology Compass*, 2(5), 1881–1894. <https://doi.org/10.1111/j.1751-9004.2008.00144.x>
- Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The Causes and Consequences of a Need for Self-Esteem: A Terror Management Theory. In *Public Self and Private Self* (pp. 189–212). Springer New York. https://doi.org/10.1007/978-1-4613-9564-5_10
- Greenberg, J., Pyszczynski, T., Solomon, S., Rosenblatt, A., Veeder, M., Kirkland, S., & Lyon, D. (1990). Evidence for Terror Management Theory II: The Effects of Mortality Salience on

- Reactions to Those Who Threaten or Bolster the Cultural Worldview. *Journal of Personality and Social Psychology*, 58, 318. <https://doi.org/10.1037/0022-3514.58.2.308>
- Hart, J. (2019). What's Death Got to Do With It? Controversies and Alternative Theories. In *Handbook of Terror Management Theory* (pp. 65–83). Elsevier. <https://doi.org/10.1016/B978-0-12-811844-3.00003-2>
- Heeren, A., Douilliez, C., Peschard, V., Debrauwere, L., & Philippot, P. (2011). Cross-cultural validity of the Five Facets Mindfulness Questionnaire: Adaptation and validation in a French-speaking sample. *European Review of Applied Psychology*, 61(3), 147–151. <https://doi.org/10.1016/j.erap.2011.02.001>
- Holyoke, P., Stephenson, B., Giosa, J., Kalles, E., & Neely, A. (2022). The Reflection Room®: promoting discussions on dying and death and pandemic-related grief. *International Journal of Integrated Care*, 22(S2), 46. <https://doi.org/10.5334/ijic.ICIC21188>
- Huang, F., Li, S., Li, D., Yang, M., Ding, H., Di, Y., & Zhu, T. (2022). The Impact of Mortality Salience, Negative Emotions and Cultural Values on Suicidal Ideation in COVID-19: A Conditional Process Model. *International Journal of Environmental Research and Public Health*, 19(15), 9200. <https://doi.org/10.3390/ijerph19159200>
- Huang, S., Du, H., & Qu, C. (2021). Emotional responses to mortality salience: Behavioral and ERPs evidence. *PLOS ONE*, 16(3), e0248699. <https://doi.org/10.1371/journal.pone.0248699>
- Jack, K. (2012). “Putting the words ‘I am sad’, just doesn’t quite cut it sometimes!”: The use of art to promote emotional awareness in nursing students. *Nurse Education Today*, 32(7), 811–816. <https://doi.org/10.1016/j.nedt.2012.04.020>
- Jain, G. (2023). Role of mindfulness meditation as moderating variable in reducing death anxiety. *Mortality*. <https://doi.org/10.1080/13576275.2023.2230149>
- Jansen, J., Schulz-Quach, C., Eisenbeck, N., Carreno, D. F., Schmitz, A., Fountain, R., Franz, M., Schäfer, R., Wong, P. T. P., & Fetz, K. (2019). German version of the Death Attitudes Profile-Revised (DAP-GR) - Translation and validation of a multidimensional measurement of attitudes towards death. *BMC Psychology*, 7(1). <https://doi.org/10.1186/s40359-019-0336-6>
- Jasani, S. K., & Saks, N. S. (2013). Utilizing visual art to enhance the clinical observation skills of medical students. *Medical Teacher*, 35(7). <https://doi.org/10.3109/0142159X.2013.770131>
- Johnson, J., Culverwell, A., Hulbert, S., Robertson, M., & Camic, P. M. (2017). Museum activities in dementia care: Using visual analog scales to measure subjective wellbeing. *Dementia*, 16(5), 591–610. <https://doi.org/10.1177/1471301215611763>

- Jonas, E., Sullivan, D., & Greenberg, J. (2013). Generosity, greed, norms, and death – Differential effects of mortality salience on charitable behavior. *Journal of Economic Psychology*, 35, 47–57. <https://doi.org/10.1016/j.joep.2012.12.005>
- Kabat-Zinn, J. (2003). Mindfulness-Based Interventions in Context: Past, Present, and Future. *Clinical Psychology (New York, N.Y.)*, 10, 156. <https://doi.org/10.1093/clipsy.bpg016>
- Kabat-Zinn, J. (2005). *Wherever you go, there you are*. Hyperion.
- Khoo, G. S., & Oh, J. (2024). Imagine That You Died. Would You Still Smoke?: How Death Reflection Affects Health Message Reception Through Personal Growth and Identification. *Health Communication*, 39(10), 2163–2173. <https://doi.org/10.1080/10410236.2023.2257944>
- Kiken, L. G., Garland, E. L., Bluth, K., Palsson, O. S., & Gaylord, S. A. (2015). From a state to a trait: Trajectories of state mindfulness in meditation during intervention predict changes in trait mindfulness. *Personality and Individual Differences*, 81, 41–46. <https://doi.org/10.1016/j.paid.2014.12.044>
- Kosloff, S., & Greenberg, J. (2009). Pearls in the desert: Death reminders provoke immediate derogation of extrinsic goals, but delayed inflation. *Journal of Experimental Social Psychology*, 45(1), 197–203. <https://doi.org/10.1016/j.jesp.2008.08.022>
- Krueger, R. A., & Casey, M. A. (2009). *Focus groups*. SAGE.
- Landau, M. J., Greenberg, J., Solomon, S., Pyszczynski, T., & Martens, A. (2006). Windows into nothingness: Terror management, meaninglessness, and negative reactions to modern art. *Journal of Personality and Social Psychology*, 90(6), 879–892. <https://doi.org/10.1037/0022-3514.90.6.879>
- Landau, M. J., Sullivan, D., & Solomon, S. (2010). On graves and graven images: A terror management analysis of the psychological functions of art. *European Review of Social Psychology*, 21(1), 114–154. <https://doi.org/10.1080/10463283.2010.513266>
- Leiner, D. J. (2024). *SoSci Survey* (3.6.07). [Computer Software]. <https://www.sosicisurvey.de/>
- Loewenthal, D. (2013). ‘Talking Pictures Therapy’ as Brief Therapy in a School Setting. *Journal of Creativity in Mental Health*, 8(1), 21–34. <https://doi.org/10.1080/15401383.2013.763679>
- Löwe, B., Spitzer, R., Zipfel, S., & Herzog, W. (2002). *PHQ-D Gesundheitsfragebogen für Patienten: Manual Komplettversion und Kurzform, Autorisierte deutsche Version des „Prime MD Patient Health Questionnaire (PHQ)“* (2. Auflage). https://www.klinikum.uni-heidelberg.de/fileadmin/Psychosomatische_Klinik/download/PHQ_Manual1.pdf

- Manuel, J. A., Somohano, V. C., & Bowen, S. (2017). Mindfulness Practice and Its Relationship to the Five-Facet Mindfulness Questionnaire. *Mindfulness*, 8(2), 361–367. <https://doi.org/10.1007/s12671-016-0605-x>
- Michalak, J., Zarbock, G., Drews, M., Otto, D., Mertens, D., Ströhle, G., Schwinger, M., Dahme, B., & Heidenreich, T. (2016). Erfassung von Achtsamkeit mit der deutschen Version des Five Facet Mindfulness Questionnaires (FFMQ-D). *Zeitschrift Für Gesundheitspsychologie*, 24(1), 1–12. <https://doi.org/10.1026/0943-8149/a000149>
- Moon, H. G. (2019). Mindfulness of death as a tool for mortality salience induction with reference to terror management theory. *Religions*, 10(6). <https://doi.org/10.3390/rel10060353>
- Morgan, J., Smith, R., & Singh, A. (2019). Exploring the role of humor in the management of existential anxiety. *HUMOR*, 32(3), 433–448. <https://doi.org/10.1515/humor-2017-0063>
- Naghshineh, S., Hafler, J. P., Miller, A. R., Blanco, M. A., Lipsitz, S. R., Dubroff, R. P., Khoshbin, S., & Katz, J. T. (2008). Formal art observation training improves medical students' visual diagnostic skills. *Journal of General Internal Medicine*, 23(7), 991–997. <https://doi.org/10.1007/s11606-008-0667-0>
- Naidu, K. N. C., & Chew, P. K. H. (2024). Effects of death anxiety on fear of missing out. *Current Psychology*, 43(15), 13349–13360. <https://doi.org/10.1007/s12144-023-05382-7>
- Naik, N. S. (2024). Uplifting and Uncanny Conversations Around Death and Dying: Qualitative Study Among Indian Adolescents and Emerging Adults. *Sage Open*, 14(2). <https://doi.org/10.1177/21582440241242204>
- Nicol, J., & Pocock, M. (2020). Memento Mori: Can art assist student nurses to explore death and dying? A qualitative study. *Nurse Education Today*, 89. <https://doi.org/10.1016/j.nedt.2020.104404>
- Niemiec, C. P., Brown, K. W., Kashdan, T. B., Cozzolino, P. J., Breen, W. E., Levesque-Bristol, C., & Ryan, R. M. (2010). Being present in the face of existential threat: The role of trait mindfulness in reducing defensive responses to mortality salience. *Journal of Personality and Social Psychology*, 99(2), 344–365. <https://doi.org/10.1037/a0019388>
- Noyes, R. (1980). Attitude Change Following Near-Death Experiences. *Psychiatry*, 43(3), 234–242. <https://doi.org/10.1080/00332747.1980.11024070>
- O'Neill, M. (2012). Museums and mortality. *Material Religion*, 8(1), 52–75. <https://doi.org/10.2752/175183412X13286288797890>

- Park, Y. C., & Pyszczynski, T. (2019). Reducing defensive responses to thoughts of death: Meditation, mindfulness, and Buddhism. *Journal of Personality and Social Psychology*, 116(1), 101–118. <https://doi.org/10.1037/pspp0000163>
- Paul, D., & Vasudevan, M. H. (2024). Exploring Mortality Salience and Pandemic Impact in the Context of COVID-19. *OMEGA - Journal of Death and Dying*, 88(3), 889–907. <https://doi.org/10.1177/00302228211056221>
- Pellico, L. H., Friedlaender, L., & Fennie, K. P. (2009). Looking Is Not Seeing: Using Art to Improve Observational Skills. *Journal of Nursing Education*, 48(11), 648–652. <https://doi.org/10.3928/01484834-20090828-02>
- Pepping, C. A., O'Donovan, A., & Davis, P. J. (2013). The positive effects of mindfulness on self-esteem. *The Journal of Positive Psychology*, 8(5), 376–386. <https://doi.org/10.1080/17439760.2013.807353>
- Przyborski, A., & Wohlrab-Sahr, M. (2021). *Qualitative Sozialforschung*. De Gruyter Oldenbourg.
- Pyszczynski, T., Solomon, S., & Greenberg, J. (2015). Thirty Years of Terror Management Theory. In J. M. Olson & M. , P. Zanna (Eds.), *Advances in Experimental Social Psychology* (Vol. 52, pp. 1–70). <https://doi.org/10.1016/bs.aesp.2015.03.001>
- Pyszczynski, T., Solomon, S., Simon, L., & Breus, M. (1994). Role of Consciousness and Accessibility of Death-Related Thoughts in Mortality Salience Effects. In *Journal of Personality and Social Psychology* (Vol. 67, Issue 4).
- Ramsenthaler, C., Baumann, K., Büssing, A., & Becker, G. (2022). Cross-cultural validity of the Death Reflection Scale during the COVID-19 pandemic. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.957177>
- Rasmussen, M. K., & Pidgeon, A. M. (2011). The direct and indirect benefits of dispositional mindfulness on self-esteem and social anxiety. *Anxiety, Stress & Coping*, 24(2), 227–233. <https://doi.org/10.1080/10615806.2010.515681>
- Richards, K. C., Campenni, C. E., & Muse-Burke, J. L. (2010). Self-care and Well-being in Mental Health Professionals: The Mediating Effects of Self-awareness and Mindfulness. *Journal of Mental Health Counseling*, 32(3), 247–264. <https://doi.org/10.17744/mehc.32.3.0n31v88304423806>
- Rieger, D., Frischlich, L., Högden, F., Kauf, R., Schramm, K., & Tappe, E. (2015). Appreciation in the Face of Death: Meaningful Films Buffer Against Death-Related Anxiety. *Journal of Communication*, 65(2), 351–372. <https://doi.org/10.1111/jcom.12152>

- Rose, S., Leonard, L. J., & Courey, T. J. (2008). The art in dying: Educating associate degree nursing students about death and the dying process through the power of art. *Teaching and Learning in Nursing*, 3(1), 26–29. <https://doi.org/10.1016/j.teln.2007.07.014>
- Rosenblatt, A., Greenberg, J., Solomon, S., Pyszczynski, T., & Lyon, D. (1989). Evidence For Terror Management Theory: I. The Effects of Mortality Salience on Reactions to Those Who Violate or Uphold Cultural Values. *Journal of Personality and Social Psychology*, 57, 690. <https://doi.org/10.1037/0022-3514.57.4.681>
- Routledge, C., Arndt, J., & Goldenberg, J. L. (2004). A time to tan: Proximal and distal effects of mortality salience on sun exposure intentions. In *Personality and Social Psychology Bulletin* (Vol. 30, Issue 10, pp. 1347–1358). <https://doi.org/10.1177/0146167204264056>
- Routledge, C., Arndt, J., & Sheldon, K. M. (2004). Task engagement after mortality salience: The effects of creativity, conformity and connectedness on worldview defence. *European Journal of Social Psychology*, 34(4), 477–487. <https://doi.org/10.1002/ejsp.209>
- Routledge, C. D., & Arndt, J. (2009). Creative terror management: Creativity as a facilitator of cultural exploration after mortality salience. *Personality and Social Psychology Bulletin*, 35(4), 493–505. <https://doi.org/10.1177/0146167208329629>
- Routledge, C., Ostafin, B., Juhl, J., Sedikides, C., Cathey, C., & Liao, J. (2010). Adjusting to death: The effects of mortality salience and self-esteem on psychological well-being, growth motivation, and maladaptive behavior. *Journal of Personality and Social Psychology*, 99(6), 897–916. <https://doi.org/10.1037/a0021431>
- Schindler, S., Reinhardt, N., & Reinhard, M.-A. (2021). Defending one's worldview under mortality salience: Testing the validity of an established idea. *Journal of Experimental Social Psychology*, 93, 104087. <https://doi.org/10.1016/j.jesp.2020.104087>
- Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A Terror Management Theory of Social Behavior: The Psychological Functions of Self-Esteem and Cultural Worldviews. *Advances in Experimental Social Psychology*, 24, 93–159. [https://doi.org/10.1016/S0065-2601\(08\)60328-7](https://doi.org/10.1016/S0065-2601(08)60328-7)
- Srivastava, A. A., Cohen, S., Hailey, D., Khoshbin, S., Katz, J. T., & Ganske, I. M. (2022). Training the eye, virtually: adapting an art in medicine curriculum for on-line learning. *SN Social Sciences*, 2(8). <https://doi.org/10.1007/s43545-022-00442-4>
- Stella, M. (2016). Befriending death: A mindfulness-based approach to cultivating self-awareness in counselling students. *Death Studies*, 40(1), 32–39. <https://doi.org/10.1080/07481187.2015.1056566>

- Stieger, S., Lewetz, D., Paschenko, S., & Kurapov, A. (2023). Examining terror management theory in Ukraine: impact of air-raid alarms and explosions on mental health, somatic symptoms, and well-being. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1244335>
- Stone, P., & Sharpley, R. (2008). Consuming dark tourism: A Thanatological Perspective. *Annals of Tourism Research*, 35, 595. <https://doi.org/10.1016/j.annals.2008.02.003>
- Tate Modern. (n.d.). *Ways of Looking*. https://www.tate.org.uk/Documents/93/Charman_looking.Pdf.
- Taylor, S. (2012). Transformation through suffering: A study of individuals who have experienced positive psychological transformation following periods of intense turmoil. *Journal of Humanistic Psychology*, 52(1), 30–52. <https://doi.org/10.1177/0022167811404944>
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). *Posttraumatic growth*. Psychology Press.
- Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Posttraumatic Growth*. Routledge. <https://doi.org/10.4324/9781315527451>
- Ter-Kazarian, K., & Luke, J. J. (2019). Influence of an art museum visit on individuals' psychological and physiological indicators of stress. *Museums & Social Issues*, 14(1–2), 45–59. <https://doi.org/10.1080/15596893.2021.1986896>
- The Reflection Room*. (2023). <https://thereflectionroom.ca/>
- Treger, S., Benau, E. M., & Timko, C. A. (2023). Not so terrifying after all? A set of failed replications of the mortality salience effects of Terror Management Theory. *PLOS ONE*, 18(5), e0285267. <https://doi.org/10.1371/journal.pone.0285267>
- Trupp, M. D., Bignardi, G., Chana, K., Specker, E., & Pelowski, M. (2022). Can a Brief Interaction With Online, Digital Art Improve Wellbeing? A Comparative Study of the Impact of Online Art and Culture Presentations on Mood, State-Anxiety, Subjective Wellbeing, and Loneliness. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.782033>
- Tymoszuk, U., Perkins, R., Fancourt, D., & Williamon, A. (2020). Cross-sectional and longitudinal associations between receptive arts engagement and loneliness among older adults. *Social Psychiatry and Psychiatric Epidemiology*, 55(7), 891–900. <https://doi.org/10.1007/s00127-019-01764-0>
- Üzar-Özçetin, Y. S., Hiçdurmaz, D., & Öcalan, S. (2021). 'Who would even want to talk about death?' A qualitative study on nursing students' experiences of talking about death with terminally ill patients with cancer. *European Journal of Cancer Care*, 30(6). <https://doi.org/10.1111/ecc.13514>
- Vail, K. E., & Juhl, J. (2015). An appreciative view of the brighter side of terror management Processes. *Social Sciences*, 4(4), 1020–1045. <https://doi.org/10.3390/socsci4041020>

- Vail, K. E., Juhl, J., Arndt, J., Vess, M., Routledge, C., & Rutjens, B. T. (2012). When Death is Good for Life: Considering the Positive Trajectories of Terror Management. *Personality and Social Psychology Review*, 16(4), 303–329. <https://doi.org/10.1177/1088868312440046>
- VERBI Software. (2024). *MAXQDA* (24). [Computer Software]. <https://www.maxqda.com/de/>
- Vilaverde, R. F., Correia, A. I., & Lima, C. F. (2020). Higher trait mindfulness is associated with empathy but not with emotion recognition abilities. *Royal Society Open Science*, 7(8), 192077. <https://doi.org/10.1098/rsos.192077>
- Warran, K., Burton, A., & Fancourt, D. (2022). What are the active ingredients of ‘arts in health’ activities? Development of the INgredients iN ArTs in hEalth (INNATE) Framework. *Wellcome Open Research*, 7, 10. <https://doi.org/10.12688/wellcomeopenres.17414.1>
- Wikström, B. M. (2000a). Aging Perceived through Visual Art Observations. *Geriatric Nursing*, 21(6), 300–302. <https://doi.org/10.1067/mgn.2000.112145>
- Wikström, B. M. (2000b). Visual art dialogues with elderly persons: Effects on perceived life situation. *Journal of Nursing Management*, 8(1), 31–37. <https://doi.org/10.1046/j.1365-2834.2000.00154.x>
- Wikström, B. M. (2003a). A picture of a work of art as an empathy teaching strategy in nurse education complementary to theoretical knowledge. *Journal of Professional Nursing*, 19(1), 49–54. <https://doi.org/10.1053/jpnu.2003.5>
- Wikström, B. M. (2003b). Health professionals’ experience of paintings as a conversation instrument: A communication strategy at a nursing home in Sweden. *Applied Nursing Research*, 16(3), 184–188. [https://doi.org/10.1016/S0897-1897\(03\)00049-1](https://doi.org/10.1016/S0897-1897(03)00049-1)
- Wilkinson, S. (1998). Focus group methodology: A review. *International Journal of Social Research Methodology*, 1(3), 181–203. <https://doi.org/10.1080/13645579.1998.10846874>
- Wilson, E., Caswell, G., Turner, N., & Pollock, K. (2024). Talking about death and dying: Findings from deliberative discussion groups with members of the public. *Mortality*, 29(1), 176–192. <https://doi.org/10.1080/13576275.2022.2136515>
- Wong, P. T. P., & Tomer, A. (2011). Beyond terror and denial: The positive psychology of death acceptance. In *Death Studies* (Vol. 35, Issue 2, pp. 99–106). <https://doi.org/10.1080/07481187.2011.535377>
- Xu, Z., Zhu, R., Zhang, S., Zhang, S., Liang, Z., Mai, X., & Liu, C. (2022). Mortality salience enhances neural activities related to guilt and shame when recalling the past. *Cerebral Cortex*, 32(22), 5145–5162. <https://doi.org/10.1093/cercor/bhac004>

- Yuan, Z., Baranik, L. E., Sinclair, R. R., Sliter, M. T., Rand, K. L., & Salyers, M. P. (2019). Memento Mori: The development and validation of the Death Reflection Scale. *Journal of Organizational Behavior*, 40(4), 417–433. <https://doi.org/10.1002/job.2339>
- Zabelina, D. L., White, R. A., Tobin, A., & Thompson, L. (2020). The Role of Mindfulness in Viewing and Making Art in Children and Adults. *Mindfulness*, 11(11), 2604–2612. <https://doi.org/10.1007/s12671-020-01474-8>
- Zhang, J., Mao, Y., Wang, Y., & Zhang, Y. (2023). The relationship between trait mindfulness and resilience: A meta-analysis. *Personality and Mental Health*, 17(4), 313–327. <https://doi.org/10.1002/pmh.1581>
- Zhang, L. (2024). Middle-aged and older adults in Aids village: a mixed methods study on talking about death and well-being promotion based on social support theory. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1363047>

List of Tables

Table 1	<i>Sociodemographic Characteristics of the Sample</i>	20
Table 2	<i>Check for Exclusion Criteria: Depression, Death Anxiety</i>	22
Table 3	<i>Descriptive Statistics of the Depended Variables</i>	29
Table 4	<i>Friedman Test Statistic and Mean Ranks Mindfulness</i>	33
Table 5	<i>Test Statistics for the Wilcoxon Test for Mindfulness</i>	33
Table 6	<i>Friedman Test Statistic and Mean Ranks Death Anxiety</i>	35
Table 7	<i>Test Statistics for the Wilcoxon Test for Death Anxiety</i>	36
Table 8	<i>Friedman Test Statistic and Mean Ranks Death Anxiety for Group 3</i>	36
Table 9	<i>Kruskal-Wallis Test Statistics for Mindfulness</i>	38
Table 10	<i>Mean Ranks of Mindfulness for each of the Groups and at each Point in Time</i>	38
Table 11	<i>Kruskal-Wallis Test Statistics for Death Anxiety</i>	41
Table 12	<i>Mean Ranks of Death Anxiety for each of the Groups and at each Point in Time</i>	41
Table 13	<i>Themes Overview and Description</i>	43
Table 14	<i>Integration of Death Anxiety Baseline Measures and Qualitative Data</i>	56
Table 15	<i>Integration of Mindfulness Baseline Measures and Qualitative Data</i>	57

List of Figures

Figure 1	<i>Flowchart of Participants</i>	25
Figure 2	<i>Photographs of the Selected Artworks for the Focus Group Discussions</i>	26
Figure 3	<i>Boxplots of Group Differences in Mindfulness and Death Anxiety at Baseline</i>	32
Figure 4	<i>Scatterplot of Mean Mindfulness Scores for each Group at each Time Point</i>	34
Figure 5	<i>Scatterplot of Mean Mindfulness Scores for each Group at each Time Point</i>	37
Figure 6	<i>Boxplots Visualizing the Results of the Kruskal Wallis Analysis for Mindfulness</i>	40
Figure 7	<i>Boxplots Visualizing the Results of the Kruskal Wallis Analysis for Mindfulness</i>	42

Appendix

Appendix A – Zusammenfassung

Hintergrund: Laut Terror-Management-Theorie führt das Bewusstsein der eigenen Sterblichkeit zu gruppenkonformen Verhalten und Feindseligkeit gegenüber anderen Weltanschauungen. Dies wurde anhand von "Mortality Salience (MS) Manipulationen" überprüft. Neue Experimentalbedingungen geben Einblick in weitere, positivere Effekte von MS, beispielsweise prosoziales- und Gesundheitsverhalten.

Ziel: Ziel der vorliegenden Arbeit ist es, durch eine neue, kunstbasierte MS-Manipulation die Effekte auf Achtsamkeit und Angst vor dem Tod zu untersuchen und den Inhalt einer MS-Manipulation auszuwerten.

Methodik und Stichprobe: Es handelt sich um ein exploratives, längsschnittlichen Mixed-Method-Design. Drei Freundesgruppen (je 4-5 Teilnehmer*innen) diskutierten über Tod und Sterben, mit oder ohne Kunstinput und wurden hinsichtlich ihrer Achtsamkeit und Angst vor dem Tod an drei Zeitpunkten untersucht.

Ergebnisse und Fazit: Das Achtsamkeitsniveau blieb in allen Gruppen über den Verlauf der Studie unverändert. Die Angst vor dem Tod nahm in allen drei Gruppen von der Baseline zur ersten Follow-up-Erhebung signifikant ab und stieg von der ersten zur zweiten Follow-up-Erhebung signifikant an. Dieser Trend war in der Kontrollgruppe am deutlichsten. Signifikante Gruppenunterschiede in der Achtsamkeit, konnten nicht eindeutig auf den Kunstinput zurückgeführt werden. Gruppenzugehörigkeit hatte keinen Einfluss auf die Angst vor dem Tod. Zukünftige Studien sollten größere Stichproben rekrutieren sowie zusätzliche Kontroll- und abhängige Variablen erheben. Die Diskussion wurde von den Teilnehmenden positiv bewertet, was Anstoß für öffentliche oder bildungsbezogene Formate gibt.

Schlüsselwörter: Terror Management Theorie, Achtsamkeit, Angst vor dem Tod, Auseinandersetzung mit Kunst, Diskussionen, Mixed-Method

Appendix B – Abstract

Background: According to terror management theory, awareness of one's own mortality leads to group-compliant behavior and hostility towards other world views. This was tested using “Mortality Salience (MS) Manipulations”. New experimental conditions provide insight into further, more positive effects of MS, such as prosocial behaviors and health decisions.

Aim: The aim of the present study is to investigate the effects of a new, art-based MS manipulation on mindfulness and death anxiety and to evaluate the content of an MS manipulation.

Methodology and Sample: This is an exploratory, longitudinal mixed-method design. Three groups of friends (4-5 participants each) discussed death and dying, with or without art input, and were analyzed in terms of their mindfulness and death anxiety at three time points.

Results and Conclusion: The level of mindfulness remained unchanged in all groups over the course of the study. Death anxiety decreased significantly in all three groups from baseline to the first follow-up and increased significantly from the first to the second follow-up. This trend was most pronounced in the control group. Significant group differences in mindfulness could not be clearly attributed to the art input. Group affiliation had no influence on death anxiety. Future studies should recruit larger samples and collect additional control and dependent variables. The discussion was positively evaluated by the participants, providing incentives for public or educational formats.

Keywords: terror management theory, mindfulness, death anxiety, engagement with art, discussions, mixed method

EINLADUNG: DEEP TALK



DER TOD - (K)EIN TABUTHEMA? LASST UNS DRÜBER REDEN!

Im Rahmen meiner Masterarbeit suche ich dich und deine Freund*innen, um zusammen über die Themen Tod und Sterben zu diskutieren.

Ihr seid eine Gruppe aus ~5 Personen und habt Lust auf einen gemeinsamen Deep Talk (Dauer: 1-2 Stunden)?

Anmeldung & Fragen unter:

a11826280@unet.univie.ac.at



WANN: Zeitraum: Juni-August
WO: 1010 Wien



VORAUSSETZUNGEN:

- ☒ Ihr seid zwischen 18 und 30 Jahre alt.
- ☒ Ihr fühlt euch psychisch in der Lage, intensiver über den Tod zu sprechen.
- ☒ Ihr hattet noch keine Nahtoderfahrung.
- ☒ Ihr habt keine, euch stark nahegehenden Sterbefälle im letzten Jahr erlebt.

Appendix D – Informed Consent

Teilnehmer*inneninformation und Einwilligungserklärung zur Teilnahme an der Studie:

Sehr geehrte*r Teilnehmer*in,

Vielen Dank für Ihr Interesse an der wissenschaftlichen Studie zum Thema „MINDFULNESS FACILITATION THROUGH ART-BASED DISCUSSIONS ON DEATH“. Diese Studie wird im Rahmen meiner Masterarbeit an der Fakultät für Psychologie der Universität Wien durchgeführt. Die Teilnahme ist bis einen Tag vor der Diskussion möglich. Mit Ihrer Teilnahme tragen Sie einen wertvollen Beitrag zum wissenschaftlichen Erkenntnisgewinn bei.

Studien wie diese sind notwendig, um verlässliche neue wissenschaftliche Forschungsergebnisse zu gewinnen. Unverzichtbare Voraussetzung für die Durchführung dieser Studien ist jedoch, dass Sie Ihr Einverständnis zur Teilnahme schriftlich erklären. Bitte lesen Sie daher den folgenden Text sorgfältig durch und zögern Sie nicht, Fragen zu stellen.

Ihre Teilnahme an dieser Studie erfolgt freiwillig. Sie können jederzeit, ohne Angabe von Gründen, Ihre Bereitschaft zur Teilnahme ablehnen oder auch im Verlauf der Studie zurückziehen. Die Ablehnung der Teilnahme oder ein vorzeitiges Ausscheiden aus dieser Studie hat keine nachteiligen Folgen für Sie.

Bitte klicken Sie nur auf weiter, wenn Sie:

- Art und Ablauf der Studie vollständig verstanden haben,
- bereit sind, der Teilnahme zuzustimmen und
- sich über Ihre Rechte als Teilnehmer*in an dieser Studie im Klaren sind.

1. Was ist der Zweck der Studie?

Bei dieser Studie wird untersucht, ob Diskussionen zu den Themen Tod und Sterben einen Einfluss auf die Achtsamkeit von Teilnehmer*innen haben können. Es wird zudem verglichen, ob die Integration von Kunst in die Diskussion diese Ergebnisse beeinflusst und inwiefern verschiedene Kunstwerke Einfluss auf die Inhalte der Diskussion nehmen können. Um dahingehend Vergleiche anstellen zu können, wird es Gruppen geben, die mit und ohne Kunst-Inputs diskutieren. Die Zuteilung der Gruppen zu diesen Bedingungen erfolgt zufällig.

Ziel der Studie ist es, positive Konsequenzen, wie Achtsamkeit, in der Konfrontation mit dem Tod zu fördern. Während sich die bisherige Forschung eher auf negative Folgen von Konfrontationen mit dem Tod fokussiert hat, ist es dieser Studie ein Anliegen, durch neue Ansätze, wie Inputs durch Kunst, einen positiven Zugang zu dem tabuisierten und negativ konnotierten Themen, Tod & Sterben zu schaffen.

2. Wie läuft die Studie ab?

Die Studie richtet sich an Freund*innen-Gruppen (4-6 Personen), die zusammen über die Themen Tod und Sterben diskutieren möchten. Dafür wird im Vorfeld ein Fragebogen zugeschickt, um zu überprüfen, ob alle Teilnehmenden den Voraussetzungen der Studie entsprechen. Erfragt wird hierzu die depressive Symptomatik und allgemeine Ängstlichkeit der Teilnehmenden, ebenso wie die Angst vor dem Tod („Death Anxiety“). Dafür wurden entsprechende Fragebögen ausgewählt und ein Maximalwert festgelegt, den die Teilnehmenden erreichen dürfen, um noch an der Studie teilnehmen zu können. Es wird außerdem erhoben, wie achtsam die Teilnehmenden vor der Studie sind. Dieser Vortest dauert etwa 15 Minuten. Im Anschluss findet die Diskussion vor Ort, im Dom Museum (Stephansplatz) oder Büro (Wächtergasse 1), statt. Die Gruppen erhalten genauere Informationen dazu, wo und wann ihre Diskussion stattfindet, gesondert von der Studienleitung. Direkt im Anschluss an die Diskussion wird erneut der Fragebogen zu Achtsamkeit und Angst vor dem Tod ausgefüllt. Beides zusammen dauert etwa 1-2 Stunden. Die Fragebögen für Achtsamkeit und Angst vor dem Tod erhalten die Teilnehmenden auch 2 Wochen später nochmals zugesendet (Dauer 5 Minuten).

3. Worin liegt der Nutzen einer Teilnahme an der Studie?

Ihre Teilnahme trägt wesentlich zur wissenschaftlichen Forschung bei, da Sie dabei helfen, neue Ansätze und Zugänge zu den Themen Tod und Sterben zu erproben. Die Ergebnisse dieser Studie können Ausgangspunkt für weitere Forschungen in diesem Bereich sein, oder auch zu praktischen Implikationen, wie Workshops oder therapeutischen Maßnahmen, verhelfen.

4. Gibt es Risiken bei der Durchführung der Studie und ist mit Beschwerden oder anderen Begleiterscheinungen zu rechnen?

Diese Studie beschäftigt sich mit den Themen Tod & Sterben und verlangt, dass Sie darüber sprechen und diskutieren. Dies kann für manche Personen belastend sein. Um an dieser Studie teilnehmen zu können, sollten Sie daher:

- ... sich psychisch in der Lage fühlen, intensiver über den Tod zu sprechen.
- ... noch keine Nahtoderfahrung gehabt haben.
- ... im letzten Jahr keine, Ihnen nahegehenden Sterbefälle erlebt haben.

Sollte einer diese Punkte nicht auf Sie zutreffen, rate ich davon ab, an der Studie teilzunehmen. Bitte geben Sie dies rechtzeitig bekannt.

5. Hat die Teilnahme an der Studie sonstige Auswirkungen auf die Lebensführung und welche Verpflichtungen ergeben sich daraus?

Nein, die Teilnahme hat keine Auswirkungen auf Ihre Lebensführung. Es ergeben sich keine weiteren Verpflichtungen. Es wird lediglich erbeten auch den Folge-Fragebogen (Dauer: 5 Minuten), der nach zwei Wochen zugesendet wird, auszufüllen, um die Vollständigkeit der Studie zu gewährleisten.

6. Was ist zu tun beim Auftreten von Beschwerdesymptomen, unerwünschten Begleiterscheinungen und/oder Verletzungen?

Sollten im Verlauf der Studie irgendwelche Beschwerdesymptome oder unerwünschte Begleiterscheinungen auftreten, sollten diese der Studienleitung mitgeteilt werden.

7. Wann wird die Studie vorzeitig beendet?

Sie können jederzeit, auch ohne Angabe von Gründen, die Teilnahme an der Studie widerrufen und die Studie aus persönlichen Gründen abbrechen, ohne daraus resultierende Nachteile.

Zudem kann auch die Studienleitung entscheiden, die Teilnahme einer Person zu beenden.

Mögliche Gründe hierfür können sein:

- a) Die*Der Teilnehmende kann den Erfordernissen der Studie nicht entsprechen.
- b) Die Studienleitung hat den Eindruck, dass eine weitere Teilnahme an der Studie nicht im Interesse der*des Teilnehmenden ist.

8. In welcher Weise werden die im Rahmen dieser Studie gesammelten Daten verwendet?

Im Rahmen dieser Studie werden sämtliche Daten pseudonym erhoben und ausgewertet. Das bedeutet, dass Sie eine ID-Nummer zugewiesen bekommen, unter der ihre Daten gespeichert werden. Für all jene, die nicht den „Schlüssel“ haben, ist auch kein Rückschluss auf Ihre Person möglich. Ihre Daten unterliegen dem Datenschutz. Der Grund für eine Pseudonymisierung liegt darin, dass es für die Auswertung möglich sein muss, Personen eindeutig Ihrer Gruppe zuzuordnen. Zudem werden im ersten Teil der Erhebung die Ausschlusskriterien erhoben, welche personenbezogen sein müssen, um Personen, die den Kriterien nicht entsprechen, ausschließen zu können.

Die auf diese Erhebung folgende Gruppendiskussion wird mithilfe von Audioaufnahmen aufgezeichnet. Dies ist notwendig, um die Diskussion inhaltlich auswerten zu können. Die Audioaufnahmen werden nach der Transkription sofort gelöscht. Sie werden ausnahmslos NICHT namentlich genannt. Sollten Namen in der Diskussion fallen, werden diese aus dem Transkript genommen und durch Ihr Pseudonym ersetzt.

Ihre Daten werden sowohl statistisch (Fragebögen) als auch inhaltlich (Diskussion) ausgewertet. Die Weitergabe der Daten erfolgt ausschließlich zu statistischen Zwecken und nur an der Studie mitwirkende Personen haben Zugang zu den Daten. Diese sind zur Verschwiegenheit verpflichtet.

Eine nachträgliche Löschung Ihrer Daten ist nicht möglich.

9. Entstehen für die Teilnehmer*innen Kosten? Gibt es einen Kostenersatz oder eine Vergütung?

Es entstehen keine Kosten für die Teilnehmenden. Ebenso ist keine Vergütung vorgesehen.

10. Möglichkeit zur Diskussion weiterer Fragen

Für weitere Fragen im Zusammenhang mit der Studie steht die Studienleitung gerne zur Verfügung. Fragen, die die Rechte als Teilnehmer*in an der Studie betreffen, werden selbstverständlich beantwortet.

Appendix E – Questionnaires

Note: The questionnaires completed by the participants are provided below. The questionnaires were administered on three occasions: before the discussion, immediately following the discussion, and two weeks after the discussion. It should be noted that point 1 was only administered before the study. The questionnaire is provided in full below, with subheadings indicating the specific variables that were measured.

1. Assessment of sociodemographic variables, check for eligible criteria and mental health

Screening (only at baseline):

- 1.1. Bitte tragen Sie hier Ihre Teilnahme-ID ein. Sie sollten diese mit dem Link zur Teilnahme an der Studie erhalten haben.
- 1.2. Ich fühle mich psychisch in der Lage, intensiver über den Tod zu sprechen. (*Ja, Nein*)
- 1.3. Ich habe noch keine Nahtoderfahrung gemacht. (*Stimmt, Stimmt nicht*)
- 1.4. Ich habe im letzten Jahr keine, mir nahegehenden Sterbefälle erlebt. (*Stimmt, Stimmt nicht*)
- 1.5. Mein höchster Bildungsabschluss ist: (*Pflichtschule, Lehre, Matura/Abitur, Bachelor, Master, PhD, andere*)
- 1.6. Welchem Geschlecht fühlen Sie sich zugehörig? (*weiblich, männlich, divers, keine Angabe*)
- 1.7. Wie alt sind Sie?
- 1.8. Wie oft fühlten Sie sich im Verlauf der letzten 2 Wochen durch die folgenden Beschwerden beeinträchtigt? (*Skala: überhaupt nicht, an einzelnen Tagen, an mehr als die Hälfte der Tage, beinahe jeden Tag*)
 - 1.8.1. Wenig Interesse oder Freude an Ihren Tätigkeiten
 - 1.8.2. Niedergeschlagenheit, Schwermut oder Hoffnungslosigkeit
 - 1.8.3. Schwierigkeiten, ein- oder durchzuschlafen, oder vermehrter Schlaf
 - 1.8.4. Müdigkeit oder Gefühl, keine Energie zu haben
 - 1.8.5. Verminderter Appetit oder übermäßiges Bedürfnis zu essen
 - 1.8.6. Schlechte Meinung von sich selbst; Gefühl, ein Versager zu sein oder die Familie enttäuscht zu haben
 - 1.8.7. Schwierigkeiten, sich auf etwas zu konzentrieren, z. B. beim Zeitunglesen oder Fernsehen
 - 1.8.8. Waren Ihre Bewegungen oder Ihre Sprache so verlangsamt, dass es auch anderen auffallen würde? Oder waren Sie im Gegenteil „zappelig“ oder ruhelos und hatten dadurch einen stärkeren Bewegungsdrang als sonst?
 - 1.8.9. Gedanken, dass Sie lieber tot wären oder sich Leid zufügen, möchten.
- 1.9. Hatten Sie in den letzten 4 Wochen eine Angstattacke (plötzliches Gefühl der Furcht oder Panik)? (*Filterfrage, Ja oder Nein, bei ja → siehe i*)
- 1.10. Beantworten Sie folgende Fragen in Bezug auf die Angstattacke:

- 1.10.1. Ist dies bereits früher einmal vorgekommen? (*Ja, Nein*)
- 1.10.2. Treten manche dieser Anfälle völlig unerwartet auf – d. h. in Situationen, in denen Sie nicht damit rechnen, dass Sie angespannt oder beunruhigt reagieren? (*Ja, Nein*)
- 1.10.3. Empfinden Sie diese Anfälle als stark beeinträchtigend und/oder haben Sie Angst vor erneuten Anfällen? (*Ja, Nein*)
- 1.10.4. Litten Sie während Ihres letzten schlimmen Angstanfalls unter Kurzatmigkeit, Schwitzen, Herzrasen oder -klopfen, Schwindel oder dem Gefühl, der Ohnmacht nahe zu sein, Kribbeln oder Taubheitsgefühlen, Übelkeit oder Magenbeschwerden? (*Ja, Nein*)
- 1.11. Wenn eines oder mehrere der in diesem Fragebogen beschriebenen Probleme bei Ihnen vorliegen, geben Sie bitte an, wie sehr diese Probleme es Ihnen erschwert haben, Ihre Arbeit zu tun, Ihren Haushalt zu regeln oder mit anderen Menschen zurecht zu kommen: (*Skala: überhaupt nicht erschwert, etwas erschwert, relativ stark erschwert, sehr stark erschwert, Bei mir liegen keine der in diesem Fragebogen beschriebenen Probleme vor*).
2. *Assessing death anxiety with the subscale Death Anxiety of the DAP-GR (Jansen et al., 2019).*
 - 2.1. Der Ihnen vorliegende Fragebogen enthält eine Reihe von Aussagen, welche sich auf unterschiedliche Einstellungen und Haltungen zum Tod beziehen. Lesen Sie jede einzelne Aussage sorgfältig durch und entscheiden Sie dann, in welchem Ausmaß Sie der betreffenden Aussage zustimmen oder diese ablehnen. Es ist wichtig, dass Sie den Fragebogen vollständig durcharbeiten und jede Aussage beantworten. Viele der Aussagen werden ähnlich erscheinen, aber sie sind alle notwendig, um kleinste Unterschiede in den Einstellungen zu zeigen. (*Skala: starke Ablehnung, Ablehnung, mäßige Ablehnung, Unentschlossenheit, mäßige Zustimmung, Zustimmung, starke Zustimmung*)
 - 2.1.1. Der Tod ist zweifellos eine grauenvolle Erfahrung.
 - 2.1.2. Die Aussicht auf meinen eigenen Tod verursacht mir Angst.
 - 2.1.3. Die Endgültigkeit des Todes verstört mich.
 - 2.1.4. Ich habe große Angst vor dem Tod.
 - 2.1.5. Das Thema Leben nach dem Tod beunruhigt mich sehr.
 - 2.1.6. Die Tatsache, dass der Tod das Ende von allem, wie ich es kenne, bedeuten wird, macht mir Angst.
 - 2.1.7. Die Ungewissheit, über das, was nach dem Tod passiert, beunruhigt mich.
3. *Assessing mindfulness with the FFMQ-D (Michalak et al., 2016).*
 - 3.1. Bitte schätze jede der folgenden Aussagen anhand der vorgegebenen Skala ein. Kreuze an, wie stark die Aussagen nach deiner Meinung im Allgemeinen auf dich zutrifft. (*Skala: nie oder sehr selten zutreffend, selten zutreffend, manchmal zutreffend, oft zutreffend, sehr oft oder immer zutreffend*)
 - 3.1.1. Wenn ich gehe, dann nehme ich ganz bewusst wahr, wie sich die Bewegungen meines Körpers anfühlen.

- 3.1.2. Ich kann meine Gefühle gut in Worte fassen.
- 3.1.3. Ich kritisiere mich dafür, irrationale oder unangebrachte Gefühle zu haben.
- 3.1.4. Ich nehme meine Gefühle und Empfindungen wahr, ohne auf sie reagieren zu müssen.
- 3.1.5. Wenn ich etwas tue, dann schweifen meine Gedanken ab und ich bin leicht abzulenken.
- 3.1.6. Wenn ich dusche oder bade, bin ich mir des Gefühls des Wassers auf meinem Körper bewusst.
- 3.1.7. Es fällt mir leicht, meine Überzeugungen, Meinungen und Erwartungen in Worte zu fassen.
- 3.1.8. Ich achte nicht darauf, was ich tue, da ich tagträume, mir Sorgen mache oder anderweitig abgelenkt bin.
- 3.1.9. Ich beobachte meine Gefühle, ohne mich in ihnen zu verlieren.
- 3.1.10. Ich sage mir, dass ich nicht das fühlen sollte, was ich fühle.
- 3.1.11. Ich bemerke, wie Lebensmittel und Getränke meine Gedanken, meine Körperempfinden und meine Gefühle beeinflussen.
- 3.1.12. Es fällt mir schwer, das, was ich denke, in Worte zu fassen.
- 3.1.13. Ich bin leicht abgelenkt.
- 3.1.14. Ich glaube, dass einige meiner Gedanken unnormal sind, und dass ich nicht so denken sollte.
- 3.1.15. Ich achte auf Empfindungen, wie zum Beispiel Wind in meinem Haar oder Sonnenschein auf meinem Gesicht.
- 3.1.16. Ich habe Schwierigkeiten, die richtigen Worte zu finden, um meine Gefühle auszudrücken.
- 3.1.17. Ich urteile darüber, ob meine Gedanken gut oder schlecht sind.
- 3.1.18. Ich finde es schwierig, auf das konzentriert zu bleiben, was im gegenwärtigen Augenblick passiert.
- 3.1.19. Wenn ich belastende Gedanken oder Vorstellungen habe, kann ich von diesen Abstand nehmen und bin mir der Gedanken und Vorstellungen bewusst, ohne dass ich von ihnen überwältigt werde.
- 3.1.20. Ich achte auf Geräusche, wie beispielsweise das Ticken von Uhren, Vogelzwitschern oder das Geräusch vorüber fahrender Autos.
- 3.1.21. In schwierigen Situationen kann ich innehalten, ohne sofort zu reagieren.
- 3.1.22. Körperliche Empfindungen sind für mich schwer zu beschreiben, weil mir die richtigen Worte fehlen.
- 3.1.23. Es sieht so aus, als würde ich „automatisch funktionieren“, ohne viel Bewusstsein für das, was ich tue.
- 3.1.24. Wenn ich belastende Gedanken oder Vorstellungen habe, beruhige ich mich kurz danach wieder.

- 3.1.25. Ich sage mir, dass ich nicht so denken sollte, wie ich denke.
- 3.1.26. Ich nehme Gerüche und Düfte der Dinge wahr.
- 3.1.27. Sogar wenn ich schrecklich verärgert bin, kann ich das in Worte fassen.
- 3.1.28. Ich hetzte durch Aktivitäten, ohne wirklich aufmerksam für die zu sein.
- 3.1.29. Wenn ich belastende Gedanken oder Vorstellungen habe, kann ich sie einfach nur wahrnehmen, ohne auf sie zu reagieren.
- 3.1.30. Ich denke, dass manche meiner Gefühle schlecht oder unangebracht sind, und dass ich sie nicht haben sollte.
- 3.1.31. Ich bemerke visuelle Elemente sowohl in der Kunst als auch in der Natur, zum Beispiel Farben, Formen, Strukturen oder Muster aus Licht und Schatten.
- 3.1.32. Ich habe die natürliche Tendenz, meine Erfahrungen in Worte zu fassen.
- 3.1.33. Wenn ich belastende Gedanken oder Vorstellungen habe, registriere ich sie nur und lasse sie wieder ziehen.
- 3.1.34. Ich erledige Aufträge oder Aufgaben automatisch, ohne mir bewusst zu sein, was ich tue.
- 3.1.35. Wenn ich belastende Gedanken oder Vorstellungen habe, bewerte ich mich selbst entweder als gut oder schlecht, abhängig vom Inhalt des Gedankens/ der Vorstellung.
- 3.1.36. Ich achte darauf, wie sich meine Gefühle auf meine Gedanken und mein Verhalten auswirken.
- 3.1.37. Ich kann ziemlich genau beschreiben, wie ich mich in dem Moment gerade fühle.
- 3.1.38. Ich merke, wie ich Dinge tue, ohne auf sie zu achten.
- 3.1.39. Ich missbillige mich, wenn ich unvernünftige Ideen habe.

Appendix F – Discussion Guide Control Group

BEGRÜßUNG

Hallo nochmals an alle und gleich vorab ein großes Dankeschön dafür, dass ihr an der Fokusgruppen-Diskussion teilnehmt. Ich stelle mich kurz vor: Mein Name ist Lisa und ich werde die Diskussion heute moderieren. Ich studiere nun im letzten Semester meines Psychologie Masters und führe diese Diskussion im Rahmen meiner Masterarbeit. In der Arbeit befasse ich mich ganz allgemein mit den Themen Tod und Sterben und versuche eine Menge an Perspektiven dazu zu gewinnen.

Generell gesprochen, geht es bei dieser Diskussion um eure Gedanken, Meinungen, Erfahrungen und Gefühle. Es gibt kein Richtig oder Falsch. Alle sind eingeladen auch persönliche Erfahrungen einzubringen. Ich bin mir sicher, dass jede*r von euch verschiedene Punkte miteinbringen wird und lade euch ein, diese zu teilen, auch wenn sie sich von denen eurer Freund*innen unterscheiden.

Ich möchte euch nochmals darauf hinweisen, dass die Diskussion via Audio-Recorder aufgenommen wird, damit keiner eurer Beiträge verloren geht. Ich werde für meine anschließenden Analysen eine Anonymisierung vornehmen, das heißt, dass keine Namen mehr vorkommen oder euch Beiträge zugeordnet werden können. Alles, was hier gesagt wird, ist vertraulich. Je nachdem, wie ihr das in eurer Freund*innengruppe handhaben wollt, würde ich auch vorschlagen, dass auch ihr nicht mit Personen außerhalb dieses Raumes über das Gesagte spricht.

Ihr braucht nicht ständig mir zu antworten. Wenn ihr auf etwas eingehen wollt, dass jemand gesagt hat, wenn ihr zustimmen oder widersprechen oder ein Beispiel geben wollt, tut das gerne. Fühlt euch frei, miteinander ein Gespräch zu führen. Ich bin hier, um Fragen zu stellen, zuzuhören und dafür zu sorgen, dass jeder die Möglichkeit hat, etwas zu sagen. Ich bin daran interessiert, von jedem von euch zu hören. Wenn ich also bemerke, dass manche Personen viel mehr sprechen als andere, werde ich versuchen die weniger Gesprächigen stärker miteinzubeziehen. Damit möchte ich nur sicherstellen, dass jede*r von euch die Chance hat, seine und ihre Ideen mitzuteilen. Wenn ihr ein Smartphone dabei habt, schaltet es bitte leise, und wenn ihr antworten müsst, geht bitte leise hinaus und kommt so bald wie möglich wieder zu uns. Ich werde nun die Aufnahme starten und wir beginnen mit der Diskussion.

STARTFRAGE, THEMEN: EIGENER TOD; EMOTIONEN; GEDANKEN; GEFÜHLE

Der Einstieg in Themen wie Tod und Sterben ist, glaube ich nie besonders leicht. Starten wir deshalb damit, dass ihr euch einfach kurz vorstellt und davon erzählt, woran ihr zuerst denkt, wenn ihr an den Tod und Sterben denkt.

Nun da wir eure ersten Gedanken kennengelernt haben, würde ich euch bitten, dass ihr euch darüber austauscht, welche Emotionen in euch aufkommen, wenn ihr an euren eigenen den Tod denkt.

Wenn wir schon bei dem Thema sind – Wie stellt ihr euch denn euren Übergang vom Leben in den Tod vor? Nachfrage: Welches Bild habt ihr da im Kopf? Nehmt euch Zeit und beschreibt es euch gegenseitig.

Und wie stellt ihr euch den Tod an sich vor? Nachfrage: Welches Bild habt ihr da im Kopf? Nehmt euch Zeit und beschreibt es euch gegenseitig.

THEMEN: UMGANG MIT GEDANKEN/ GEFÜHLEN ZU TOD

Lasst uns zwischendurch eine kurze Übung machen. Ich möchte, dass ihr versucht euch in das, was ihr gerade diskutiert habt, hineinversetzt. Stellt euch vor, dass der Tod bzw. der Übergang vom Leben in den Tod, von euch gerade erlebt wird, genauso so wie ihr es beschrieben habt, oder wie es in eurer Vorstellung aussieht. Lasst uns kurz einen Augenblick verharren und spürt in diese Vorstellung hinein.

Welche Gedanken gehen euch durch den Kopf? Welche Gefühle kommen hoch?

Nun habt ihr gerade viele Gedanken und Gefühle Rund um die Themen Tod und Sterben geteilt. Ich möchte nun langsam zum Ende kommen und euch fragen: Wie geht ihr mit im Alltag mit den Gedanken und Gefühlen zu Tod und Sterben um?

Nachfragen optional:

Konfrontiert ihr euch bewusst mit dem Thema Tod?

Denkt ihr, dass es allgemein wichtig sein kann, sich mit dem Thema Tod und Sterben so wie in dieser Runde auseinanderzusetzen?

Welche Vorteile kann ein Gespräch über den Tod, wie dieses hier, haben?

Nachfrage optional (wenn nicht viel gesagt wird): Oder denkt ihr, dass etwas gefehlt hat, um tatsächlich positive Auswirkungen zu beobachten?

ABSCHLUSS:

Denkt nochmals an alles zurück, was ihr heute geteilt habt. Was von dem , was heute besprochen wurde, nehmt ihr euch mit nach Hause? Diese Frage könnt ihr gerne einmal reihum jeder beantworten. Erzählt außerdem gerne, wie es euch nach unserer Diskussion nun geht.

Ich fasse alle Punkte zusammen, die gesagt wurden und sage anschließend:

Habe ich etwas vergessen? Fällt euch noch etwas ein, worüber wir noch nicht gesprochen haben und was ihr noch gerne ergänzen würdet? Ich werde die Aufnahme nun beenden. Vielen Dank für eure Teilnahm und die schöne Diskussion.

Appendix G – Discussion Guide Museum Groups

BEGRÜßUNG

Hallo nochmals an alle und gleich vorab ein großes Dankeschön dafür, dass ihr an der Fokusgruppen-Diskussion teilnehmt. Ich stelle mich kurz vor: Mein Name ist Lisa und ich werde die Diskussion heute moderieren. Ich studiere nun im letzten Semester meines Psychologie Masters und führe diese Diskussion im Rahmen meiner Masterarbeit. In der Arbeit befasse ich mich ganz allgemein mit den Themen Tod und Sterben und versuche eine Menge an Perspektiven dazu zu gewinnen. Wie ihr euch vielleicht denken könnt, spielt auch das Thema Kunst eine Rolle.

Generell gesprochen, geht es bei dieser Diskussion um eure Gedanken, Meinungen, Erfahrungen und Gefühle. Es gibt kein Richtig oder Falsch. Alle sind eingeladen auch persönliche Erfahrungen einzubringen. Ich bin mir sicher, dass jede*r von euch verschiedene Punkte miteinbringen wird und lade euch ein, diese zu teilen, auch wenn sie sich von denen eurer Freund*innen unterscheiden.

Ich möchte euch nochmals darauf hinweisen, dass die Diskussion via Audio-Recorder aufgenommen wird, damit keiner eurer Beiträge verloren geht. Ich werde für meine anschließenden Analysen eine Anonymisierung vornehmen, das heißt, dass keine Namen mehr vorkommen oder euch Beiträge zugeordnet werden können. Alles, was hier gesagt wird, ist vertraulich. Je nachdem, wie ihr das in eurer Freund*innengruppe handhaben wollt, würde ich auch vorschlagen, dass auch ihr nicht mit Personen außerhalb dieses Raumes über das Gesagte spricht.

Ihr braucht nicht ständig mir zu antworten. Wenn ihr auf etwas eingehen wollt, dass jemand gesagt hat, wenn ihr zustimmen oder widersprechen oder ein Beispiel geben wollt, tut das gerne. Fühlt euch frei, miteinander ein Gespräch zu führen. Ich bin hier, um Fragen zu stellen, zuzuhören und dafür zu sorgen, dass jeder die Möglichkeit hat, etwas zu sagen. Ich bin daran interessiert, von jedem von euch zu hören. Wenn ich also bemerke, dass manche Personen viel mehr sprechen als andere, werde ich versuchen die weniger Gesprächigen stärker miteinzubeziehen. Damit möchte ich nur sicherstellen, dass jede*r von euch die Chance hat, seine und ihre Ideen mitzuteilen. Wenn ihr ein Smartphone dabei habt, schaltet es bitte leise, und wenn ihr antworten müsst, geht bitte leise hinaus und kommt so bald wie möglich wieder zu uns. Ich werde nun die Aufnahme starten und wir beginnen mit der Diskussion.

STARTFRAGE, THEMEN: EIGENER TOD; EMOTIONEN; GEDANKEN; GEFÜHLE

Der Einstieg in Themen wie Tod und Sterben ist, glaube ich nie besonders leicht. Starten wir deshalb damit, dass ihr euch einfach kurz vorstellt und davon erzählt, woran ihr zuerst denkt, wenn ihr an den Tod und Sterben denkt.

Nun da wir eure ersten Gedanken kennengelernt haben, würde ich euch bitten, dass ihr euch darüber austauscht, welche Emotionen in euch aufkommen, wenn ihr an euren eigenen den Tod denkt.

Wenn wir schon bei dem Thema sind – Wie stellt ihr euch denn euren Übergang vom Leben in den Tod vor? Nachfrage: Welches Bild habt ihr da im Kopf? Nehmt euch Zeit und beschreibt es euch gegenseitig.

Und wie stellt ihr euch den Tod an sich vor? Nachfrage: Welches Bild habt ihr da im Kopf? Nehmt euch Zeit und beschreibt es euch gegenseitig.

THEMEN: KUNSTWERK

Danke für eure Einblicke bisher. Ich möchte eure Aufmerksamkeit nun gerne auf unsere Räumlichkeiten heute lenken. Wie ihr vielleicht bereits erraten konntet, sitzen wir gerade in einer Ausstellung, die sich vollkommen den Themen, die wir gerade schon angeschnitten haben, widmet. Nehmt euch kurz Zeit und schaut euch das Kunstwerk vor euch an. Diskutiert dann, was eure ersten Reaktionen auf das Kunstwerk sind.

An was erinnert euch das Kunstwerk? Warum erinnert es euch an daran?

Was stellt das Werk dar? Versucht, über eine reine Beschreibung dessen, was ihr sehen, hinauszugehen und stellt Spekulationen darüber an, wofür das Werk stehen könnte.

Nachfragen optional:

Was denkt ihr, passiert in dem Kunstwerk?

Gibt es irgendwelche Symbole, die ihr wiedererkennt?

Wie wird der Tod in dem Kunstwerk dargestellt?

Denken wir nun nochmal zurück, an das, was wir vorher zu euren Gedanken und Gefühlen gehört haben. Wir haben darüber gesprochen wie ihr euch persönlich den Tod an sich und den Übergang vom Leben in den Tod vorstellt und eure Gedanken und Emotionen dazu diskutiert.

Inwiefern passt das Kunstwerk zu euren Vorstellungen vom Tod/Sterben oder wieso nicht?

THEMEN: UMGANG MIT GEDANKEN/ GEFÜHLEN ZU TOD

Lasst uns zwischendurch eine kurze Übung machen. Ich möchte, dass ihr versucht euch in das Kunstwerk hineinzuversetzen. Stellt euch vor, dass das was ihr seht, von euch gerade erlebt wird, dass so euer Übergang vom Leben in den Tod aussieht.

Q1) Ihr geht auf ein Licht zu.

Q2) Ihr segelt auf dem Boot in den Tod.

Lasst uns kurz einen Augenblick verharren und spürt in diese Vorstellung hinein.

Welche Gedanken gehen euch durch den Kopf? Welche Gefühle kommen hoch?

Wir haben nun bereits sehr viel zudem Themen Tod und Sterben diskutiert. Ich möchte nun langsam zum Ende kommen und euch fragen:

Wie geht ihr mit im Alltag mit den Gedanken und Gefühlen zu Tod und Sterben um?

Denkt ihr, dass es allgemein wichtig sein kann, sich mit dem Thema Tod und Sterben so wie in dieser Runde auseinanderzusetzen?

Welche Vorteile kann ein Gespräch über den Tod, wie dieses hier, haben?

Nachfrage optional (wenn nicht viel gesagt wird): Oder denkt ihr, dass etwas gefehlt hat, um tatsächlich positive Auswirkungen zu beobachten?

Welche Rolle hat die Kunst in diesem Gespräch für euch gespielt?

ABSCHLUSS:

Denkt nochmals an alles zurück, was ihr heute geteilt habt. Was von dem , was heute besprochen wurde, nehmt ihr euch mit nach Hause? Diese Frage könnt ihr gerne einmal reihum jeder beantworten. Erzählt außerdem gerne, wie es euch nach unserer Diskussion nun geht.

Ich fasse alle Punkte zusammen, die gesagt wurden und sage anschließend:

Habe ich etwas vergessen? Fällt euch noch etwas ein, worüber wir noch nicht gesprochen haben und was ihr noch gerne ergänzen würdet? Ich werde die Aufnahme nun beenden. Vielen Dank für eure Teilnahm und die schöne Diskussion.

Appendix H – Codebook

1	Approximative attitude toward death	An approaching attitude towards death was shown, evidenced by the participant's willingness to engage with death in various ways including having conversations about death outside of the focus group setting, preparing themselves for death, and confronting themselves actively with their mortality. Death is viewed as an inherent aspect of life and is generally conceptualized with positive attributes. An approximate attitude was also visible in comments about not being afraid.
Codes and Data Extracts:		
<i>Will to prepare for death (8):</i> “[...] before we flew to Sicily, I also wrote a will, because my dad scared me so much about the volcano/ crashing. (...) Yes. And I thought to myself, I want things to be sorted out because D. and I are currently renovating the house. And then I just wanted the situation to be clear, what would happen to my money [...] what happens then and how the money is and isn't used. I wrote in especially for H. and M.: ‘You're not buying a car with it’. (laughs)” (S4)		
<i>Talking about death as a coping strategy (2):</i> “And if it burdens me or stresses me out or something like that, which somehow happens rather rarely now, I don't know why, [...] but then I just talk about it. Fortunately, I have friends and family who I can talk to about it. (...)” (C1)		
<i>Preparing children for the eventuality of death (2):</i> “I just think it's extremely important that it's done. Because you can't protect them [the children] from it (...) ahm, you can only somehow make sure that they deal with it in a reasonably strong way by preparing them a little for it.” (C2)		
<i>Death as part of life (6):</i> “Yes, death is simply part of life.” (C4)		
<i>Death is welcoming (4):</i> “I imagine it more like this, death is like something that makes you feel so/ it sounds so absurd, but something that makes you feel so welcome.” (C1)		
<i>Death is fascinating (2):</i> “I've always found death fascinating, and then I continued to explore it” (S4)		
<i>Death is redeeming (3):</i> “[...] or that somehow it [death] is a solution. So I've often noticed that older people are actually hoping for it.” (B4)		
<i>Death does not have to be bad (4):</i> “And I just think it's nice to see that death doesn't have to be a bad thing. So it can be bad, but it doesn't have to be anything bad” (S4)		
<i>Not afraid of death (2):</i> “But not as strongly. I would be more afraid of other things.” (S2)		
<i>Utilizing humor (2):</i> “But as I said, by taking it to a more relaxed level, it's also a bit more pleasant to think about” (B3)		

	<i>Feelings of contentment when thinking of death (5):</i> “[...] but also a bit, which has only come about in the last year or two, a bit of a (..) contentment thing. Because I think to myself, if I die now, I don't know, you could say at my funeral: ‘She was fine. She was happy.’ [...] and I actually think that's really nice. I hope that happens more often in life than the other way around.” (C4)	
	<i>Actively visualize finiteness (2):</i> “[...]so I try to keep in mind that it can be over at any time [...]” (B1)	
	<i>Thoughts of death do not cause concern for others (2):</i> “I'm not so worried that those around me wouldn't be able to cope. I think they would cope with it. I assume that everyone would be so supportive and there for each other that it would work.” (C2)	
	<i>Discussing medical background of dying (3):</i> “But because, as you say, the neurons fire and all the channels in the brain open up, it [dying] has a similar mechanism to most drugs, which also make you feel good.” (S2)	
	<i>Accepting (your own) death (9):</i> “Ahm, but for me personally, yes, I don't think it would be so cool if I died, (laughs) but I don't know, that's just the way it is. I don't know. I live my life as it comes and when it's over, it's over. (..)” (S1)	
	<i>Artwork sparks curiosity & excitement (6):</i> “I think/ I would be like: ‘Okay, what's happening behind that, what's there?’, and I would also be extremely curious and I think I would go there relatively quickly.” (C4)	
	<i>Artwork fits in with personal ideas about death/dying (11):</i> “And I also think it fits in with this big nothing. That it can now be either dark or light. The fact that it can be light or shadow somehow, I think it fits very well.” (C4)	
	<i>Artwork does not evoke fear (4):</i> “It's just that it doesn't have a negative effect in any way.” (C2)	
	<i>Artwork is perceived as beautiful (2):</i> “And somehow I think (.) the ship looks very cheerful, so, yes.” (B4)	
2	Opposition to death	The reluctance to contemplate mortality is manifested in the form of negative emotional responses, as well as a tendency to repress thoughts about death. Death is perceived as an injustice. Participants exhibit a strong attachment to life and cannot accept death.
	Codes and Data Extracts:	
	<i>Repression of death-related thoughts (5):</i> “That's why I think death is somehow still something you want to push away. Sometimes, not always, but for me personally/ I don't always want to think about it [...]” (C3)	
	<i>Death as an unfair occurrence (7):</i> “And also anger, that you think to yourself, as you said, yes, 'why exactly me?' So that you're angry, like, 'why does this have to happen to me now?'" (S4).	

		<i>Desire to maintain existence (6)</i> : “Well, for me it was there within a second, this feeling, if I were to die now, really, if I were to feel like this: ‘Oh, I’m dying now’, then I would think to myself: ‘No please, not now!’ . But now, due to the circumstances, I still want to experience life. So I wouldn’t really want it too soon.” (S3)
		<i>Accepting death is challenging (4)</i> : “It’s just, yes, I can come to terms with the fact that I, I don’t know, die in pain or something more easily, because I won’t even get that far. I first have to come to terms with the fact that it [death] is going to happen! (everyone laughs) And find peace with it.” (C2)
		<i>Create distance from the reality of death (3)</i> : “When I think about death, about my death, I always think, yes, at some point when I’m old.”(S5)
		<i>Choosing immortality if feasible (2)</i> : “I would choose eternal life, yes.” (C2).
		<i>Transforming fear in anger and feelings of injustice (1)</i> : “Maybe I’m also a bit scared of it and I just do it that way. I somehow wrap it up in this: “It’s unfair!” and “I’m pissed off that it has to happen like this”, because maybe I’m secretly a bit afraid of it. (..)” (C2),
		<i>Lack of understanding (2)</i> : “[...] but first and foremost it’s still this/ (..) it doesn’t make me angry or anything, but I just don’t understand this/ just at least this concept you live (..) and then at some point/” (C2)“It’s over.” (C3)
		<i>Not thinking about death (9)</i> : “I rarely think about my own death.” (B3)
		<i>Dealing with own death makes one sad (6)</i> : “But I have to say that I cried a lot during that. So it was really the imagination that made me really sad” (S4)
		<i>Death as something negative (3)</i> : “That death itself is now somehow a very negative state.” (B1)
		<i>The artwork does not fit in with their own ideas about death</i> : “So that wouldn’t be the first thing that comes to my mind when I think about dying. That kind of a metaphor.” (B1)
3	Loss	The topic of loss is a common feature of discussions in a variety of contexts: participants often refer to the loss of loved ones, cite missed opportunities due to death, comment on unrealized life goals, and the loss of emotions when one is dead.
	Codes and Data Extracts:	
		<i>Death of others(6)</i> : “I think that when I think about death, perhaps it’s actually more about this grieving process [...] just the connection to the people you had. I mean to the people who have died.” (B2)
		<i>Regrets about missed opportunities(6)</i> : “So maybe if I were to die suddenly, unexpectedly, a lot of the things I would have experienced wouldn’t happen. Never. And that it’s a shame. Yes, that was the first thing I thought about” (S3)

	<i>Referencing experiences with death within the group (5):</i> “Because we've all had experiences like that and everything.” (C3)	
	<i>Dying associated with missing companionship (4):</i> “I think dying is still something you do alone. No one can share that with you, what is going through your head or through your body.” (C2)	
	<i>Loss of emotions (3):</i> “I don't know if all feelings and emotions will be gone, but I don't know if I would have such strong emotions or something. [...] I wouldn't be so afraid or anything, I don't think. [...] because I somehow believe very strongly that it [fear] will no longer exist, because what for?” (C4)	
	<i>Death associated with saying goodbye (2):</i> “I also think about saying goodbye, simply to people close to me. When I think of death.” (S2)	
	<i>Incomplete bucket list (3):</i> “[...] and also this/that thing you mentioned earlier, oh my God, my bucket list is still so long and I still have to do this and this and this [...]” (S1)	
4	Incapacity to act in the face of death	A recurrent theme in the discussions is the topic of powerlessness, understood as the participants' perceived incapacity to act in the face of death and dying. They describe how they are/were confronted with death without being asked and describe death as something powerful. The feeling of powerlessness is accompanied by uncertainty, which is not, however, perceived as exclusively negative.
	Codes and Data Extracts:	
	<i>No active role in the dying process (2):</i> “If I have cancer or something like that, then I have to suffer all the time and only live towards the point that I'm going to die soon. I don't think I can enjoy it at all because then I can't think about anything else.” (S2)	
	<i>Fearful of a sudden death (6):</i> “So for me it is sometimes difficult, I have to say. Especially when it's such a surprising death“(C3)	
	<i>Confronted with death through media reports (3):</i> “But I just think to myself, for me it makes a difference somehow, ahm whether I/ I mean sure, that's kind of the nature of death, that it just comes like that and that you can't control it, but it just annoys me and stresses me out with the news that you get so much negative shit (.) smashed against your head without being asked. Although there are also so many positive things happening in the world.” (S1)	
	<i>Confronted with death through intrusive thoughts (3):</i> “So for me it's also when I'm driving, but not when something happens to me, but these intrusive thoughts that you probably know too. When you're driving and you think to yourself, all I have to do now is hit a tree and that's it. I have that really, really often. It's really bad, especially when someone is coming towards you. I just think to myself: ‘One hit and that's it’.” (S4)	

<i>Feeling close to death (7)</i> : “It's always the case, I don't know, when you're driving a car and you're in a dangerous situation or climbing or hiking and it's steep somewhere and you realize that there's not much missing and then it could happen. And that's always an interesting situation when you realize that you're actually closer to death than you always tell yourself or believe in everyday life. (...) Then it always sends a brief shiver down your spine, but then you're fine again.” (S5) “Really?” (S3) “Yes, [...] it's just one thing when you realize it like that.” (S5) “Yes, but do you really shiver?” (S3) “Well, shivering is an exaggeration. But you do think ‘I have to be careful what I do because I'm not as safe as I always feel.’” (S5) “It's a stressful situation.” (S3) “Yes, it is. If you take one wrong step and it knocks you down, then that's it.” (S5)		
<i>Death is powerful (3)</i> : “[...] and then you just can't stop it. It's simply more powerful than anything else out there.” (C2)		
<i>What comes after death? (11)</i> : “I have no idea what there is. But somehow I've also come to terms with the fact that it can't be explained. And that is/sometimes I think more of this. And sometimes the other is more of what I believe or what I imagine.” (S5)		
<i>Knowing about the time of death (3)</i> : “[...] I don't even know if I would want to know when I die [...]” (C2)		
5	Death Anxiety	The participants offer a range of perspectives on the nature of their death anxiety. They discuss both, general feelings of fear and more specific anxieties related to particular aspects of death and dying.
Codes and Data Extracts:		
<i>Feelings of general anxiety(7)</i> : “I instantly felt scared now” (S1)		
<i>Fear of the dying process/ way of dying (6)</i> : “So, I have one more thought on this. For me, the fear relates more to the process of dying. That's somehow what I perceive, well that seems to be what many people are somehow very concerned about” (B1).		
<i>Fear of missing out when dead(7)</i> : “I was just thinking about what you meant, one of the basic things is that you're afraid of missing out on something or maybe you think to yourself when you're ninety, boah, you haven't done anything or you just haven't made the most of your life and so on.” (C1)		
<i>Worry about loved ones (9)</i> : “[...] then I'm afraid because of my environment, because of my mum, because of P. and so on, that I think to myself, what is it then, are they sad/ I don't want them to be sad/ I don't want you all to be sad and so on.” (C4)		
<i>Fear of the finality of death (1)</i> : “But I think I'm also (.) a bit scared and also, yes, just scared of the finality of it a bit for me, so.” (B4)		

6	Death as a taboo subject	The subjects of death and dying are considered taboo, both latently and manifestly. Participants reported that these topics are often not discussed and that such conversations are perceived as unpleasant and sensitive.
Codes and Data Extracts:		
<i>Death is not typically talked about in family (4):</i> “And you're also completely unprepared. I don't know what it was like in your families, but for me it was never really topic of conversation. Okay, a pet died once, that was also mega mega sad, but it was just never something you talked about. What happens if someone dies [...]” (C1)		
<i>Conversations about death are considered to be unpleasant(7):</i> “[...] but I do have the feeling that it is often unpleasant for many people to talk about it.”(C4)		
<i>Conversations about death are considered to be sensitive(3):</i> “So (.) yes, you just don't talk about it in general, because of course on the one hand I don't think you know or don't always know how other people will deal with it or whether it might go too far. (.) So I don't think you can talk about it with everyone, because you first have to clarify whether it's okay or whether it's not going too far.” (B4)		
<i>Death is a taboo(5):</i> “I think it's quite a taboo subject to some extent.” (B4)		
7	Death as cause of emotional suffering	Death is defined in the discussions as a phenomenon that causes emotional suffering. The participants perceive death as challenging, affecting them foremost mentally, through feelings of overwhelm, pain and guilt. The manner in which death is depicted in the artworks also evokes ambivalent feelings.
Codes and Data Extracts:		
<i>Death is associated with pain(8):</i> “It is just [...] a painful experience to loose someone or being confronted with death oneself” (B1)		
<i>Death is associated with anger(2):</i> “Death for me, especially when it comes to other people or what I've experienced so far, has been associated with anger for a very long time.”		
<i>Death leads to feeling overwhelmed(7):</i> “Yes, I was just going to say earlier, the way you told it, with everything crashing down on you, I think the first moment when you find out something like that, that someone close to you has somehow died or something like that, is rather like being completely overwhelmed.” (C3)		
<i>Thinking about the death of a loved one leads to negative emotions(13):</i> “And yes, well (.) when I think about losing people close to me, it's often difficult for me. (...) Just thinking realistically about how I would feel about it, (...) especially when it's about my mum or something. (..)” (C3)		

		<i>Death is associated with feelings of guilt</i> (2): “[...] but then also partly guilt, because I think to myself, okay, what is my impact, that it [life] lasts longer, that your life goes on for a long time and so on. It's also a bit of responsibility somewhere.” (C4)
		<i>Death leads to emotional chaos</i> (6): “[...] so I think all the emotions you have come across when you're confronted with death.” (C4)
		<i>Artwork makes participants feel unsure about their feelings</i> (4): “I don't have this full/ because you meant peaceful. I wouldn't have felt that way in my imagination. So not that full certainty, okay, this is a good thing that's happening.” (C1)
8	The influence of death on life	The impact of mortality on the living and on life itself was frequently mentioned. Participants discussed how the inevitability of death can foster a sense of gratitude, encourage the prioritization of relationships, reinforce a focus on what is truly important, and motivate individuals to invest in their health.
	Codes and Data Extracts:	
		<i>Fostering a sense of gratitude</i> (2): “And I just try to be more grateful for it [life] and appreciate it more so that I don't think afterward that I should have appreciated it more.” (S2)
		<i>Make the most of their time with others</i> (5): And then I think, okay, I don't know, I should just spend more time with different people. When I think to myself, okay, they're a bit older, for example, so especially when I think to myself, okay (...) with older people, I always have the feeling, okay, I haven't spent enough time with them or sometimes, when a person has died, I often have the feeling, okay, more could have been done. (..) (B4)
		<i>Become more health conscious</i> (3): [...] that I just take better care of myself because I haven't done that in the last few weeks. Ahm (.) I'm sitting here now and I'm still in pain from last weekend and I'm actively thinking about the fact that unfortunately you're NOT immortal and that you just have to be a bit more careful with yourself. Or that I should be more mindful of myself, especially when it comes to my body ahm. Because what I've done to it this year has already been enough. (...) Ahm yes, (...) do a bit better in the future. (..) (C2)
		<i>Focus on essentials</i> (6): “But it actually reminds you of what you might actually want. Or how important people actually are.”
		<i>Desire to utilize life fully</i> (2): “So, for example, if you say, okay, you don't know what's happening, then say: ‘Okay, never mind, just make sure you live this life properly!’” (B3),
		<i>Considering life worth living</i> (2): “After all, life is worth living.” (C3)
9	Effectiveness of conversations about death	The discussion addresses the positive aspects of conversations about death in general and in the context of the focus group setting. Some of the positive effects that were mentioned

	include the strengthening of cohesion, the reduction of anxiety, and the possibility of learning.
Codes and Data Extracts:	
	<i>Being able to let emotions run free (7):</i> “And if people just talk about it openly, I think that/ I don't know/ because I think it [death] is associated with a lot of emotions and they should just get out and I also think that it might be easier for other people to talk about issues if someone dies or something.” (C4)
	<i>The strengthening of cohesion (4):</i> ” I also feel more connected because we did it together.” (S3)
	<i>Normalization of death (8):</i> “That's right. In many extremely difficult situations, it helps a little when you know that it happens to other people in the same way. And it's a normal thing to experience. And several people go through something like that.” (B3)
	<i>Processing death more easily (6):</i> ” I think that's important. On the one hand, it's also important for processing what you've experienced. (...) Because it's no use if you just keep quiet about it [...]” (B4)
	<i>Creating compassion for others (2):</i> “And (...) talking about it perhaps also creates empathy.” (B1)
	<i>Feelings of gratitude for the joint discussion (5):</i> “So thank you all for letting us share this with each other. For the openness. Somehow, it's a matter of principle for us, but thank you anyway. Full on. I fully appreciate it. Yes, what do I take away from this? It's difficult to pin it down right now. What I take away from it is that I'm really grateful that I have people in my life that I can talk to about these things. About everything!” (C1)
	<i>Reduced anxiety through conversations (2):</i> “That it is reassuring for yourself when other people have similar or different views, which can have a very calming effect” (S1)
	<i>Possibility of learning and enrichment (12):</i> “Yes, you can learn something from it. Someone says something that you've never thought of before and then you can think about it yourself and adjust your own perspective.” (S5)
	<i>Reflection on Lifestyle(1):</i> “I don't even imagine that/ I don't even think about dying in old age, [...] I'm more likely to think now, in the last few weeks or with what I'm doing right now, often being on the road and often too drunk, and so on, that I'll just do some shit and that something will happen, so that/ just back to the fact that you have to (.) have to look after yourself ahm, that if I don't do that, I'm more likely (.) I think in the short term that something bad will happen to me (.) where I'm just careless or (.) too drunk or something and then something will happen to me. (...) Because (...) falling asleep peacefully at eighty, ninety or so is somehow a thought that I don't have in my head right now.” (C2)
	<i>Conversations foster inclusion (1):</i> “And then [when not talking] you also exclude the people who might experience something like that if the subject is suppressed.”(B2)

	<i>Conversations make people more vulnerable (1)</i> : “And that also requires you to show vulnerability in some way.” (B1)	
	<i>Conversations are different, depending on the people you have them with (8)</i> : “Above all, I think what we all realize is that there's a difference between talking to people who have already had this experience themselves and people who haven't yet.” (C1)	
	<i>The discussion was experienced positively (12)</i> : “I would also say more reassured than before, not necessarily because we talked about death, but because a conversation like that has a calming effect, as you said.” (S3)	
10	Wishes for one's own demise	Wishes for one's own future demise were addressed, with participants discussing their ideas about the “ideal death” and their aspirations for what they would like to leave behind.
	Codes and Data Extracts:	
	<i>Conceptions of an ideal death (11)</i> : “So my favorite thing would be to live to be 80 or 90 in good shape. Then I'll just have a heart attack and die in a second” (S2)	
	<i>Legacies to leave behind (4)</i> : “ [...] simply that you leave something beautiful to your loved ones, not materially but simply, yes/[...]” (B3)	
	<i>Be at peace with themselves and others (6)</i> : “And what I also thought to myself is, that I don't want to have achieved much, but that I want to be able to think to myself, okay, I want to have been a good person when I die. And that's actually the biggest goal. [...] to have been a good person, that would actually be the primary thing.” (B3)	
	<i>Deciding actively when ready to die (2)</i> : “[...]but if I could decide now, for example, when I'm really old or something, if I could say: “Okay now, it's time!”, then I would find it/ then I think I would also find it cool.” (C4)	
11	Symbols of death and dying	Symbols and metaphors about death and dying were frequently mentioned. These were observed to refer either to death itself or the process of dying. The artworks discussed also prompted debates about potential metaphors and references employed.
	Codes and Data Extracts:	
	<i>Light at the end of the tunnel (4)</i> : “ [...] where you walk towards a tunnel and through a tunnel. And at the end is a light.” (S2)	
	<i>Death as transition (3)</i> : “Well, death is actually just transition, in my opinion, so it feels like a transition.” (B3)	
	<i>Death as nothing (2)</i> : “For me, it's also just a big nothing, but not a black, big nothing, but not a colored thing or anything, just nothing.” (C4)	

		<i>Death as the ultimate end (12)</i> : “I just think that when it's over, it's over.”(C2)
		<i>Death can be compared to unconsciousness and sleep (10)</i> : “But when you think about dying, do you really think about all these things, because I think I only really think about closing my eyes and then somehow falling asleep or something. Nothing more.” (B2)
		<i>Seeing a deceased loved one when dying(5)</i> : “[...] and maybe/ so what I imagine is that people are waiting for you a bit, maybe picking you up. People you want to see again [...]” (C3)
		<i>Seeing a flashback when dying (7)</i> : “[...] that you briefly relive all the best moments, I think, or somehow your life from the beginning to the end in fast-forward. So that's how I imagine it, that at the end it's all a trailer. (everyone laughs) That you see it briefly and then/” (B4)
		<i>Death is not a person(4)</i> : “But death is somehow not someone I imagine as a person. It's just like that, just like love or something, it's also a thing that is so/” (S5)
		<i>Seeing oneself from the outside when dying (1)</i> : “[...] when you die, you just look at yourself. So somehow you go upwards, not to heaven, but in such a way that you observe yourself from above [...]” (B4)
		<i>Popular death references in movies (5)</i> : “[...] a bit like in “The Notebook”. If you know the scene (everyone laughs) where he sort of goes to bed with her.” (C4)
		<i>Popular movie references for the artwork (4)</i> : “I feel really good right now because I said that before with “The Notebook”. I can just imagine it really well as an old woman in my night gown walking there and then closing the door behind me. (laughs)” (C4)
		<i>The artwork depicts the transition from life to death (3)</i> : “[...] I still have the feeling that it's [the artwork] more of a transition.”. (C4)
		<i>Being inside and being outside as metaphor for life and death in the artwork (5)</i> : “And the aim is to stay inside the boat. And stay alive. And not fall out and die.” (B3)
		<i>The artwork shows references to other cultural or mythological symbols (4)</i> : “It also reminds me of this/ I think it was like that with the Greeks, right? That this ship takes you across the river to the realm of the dead.” (B2)
		<i>Dying as it is depicted in the artwork is like a cruise (2)</i> : “So specifically in terms of dying, for me it would be like this, okay, you're driving it towards death. So you have this route and you drive there and this process is just the crossing to get there.” (B3)
12	Religion, Culture and Spirituality	The concept of "wanting to believe in something" was discussed, as well as the doubts that accompany this desire. The influence of religion and culture on topics related to death (e.g. hope) was also addressed, with particular attention paid to spiritual concepts such as rebirth, the opposition between darkness and light, and the concept of immortality. The artworks also prompted reflection on religion and spirituality.

Codes and Data Extracts:

Conflicting sentiments regarding their beliefs(6): “I always have doubts when I want to fight religious or abnormal, unnatural things with my biological, logical sense. I have doubts about it. And that's because (.) I only see and hear and smell and feel what [...] I was born into. I was born into the world, so to speak, and that alone is actually/ I only have the perception that my brain gives me. And that's why I don't think I can explain everything with that. I believe there is much more than we can perceive. [...] I will never say I doubt that there is anything supernatural. In the same way, I wouldn't say I believe in it 100%. (...) Because I just know that I can only perceive these certain things that I can perceive. And I was born into the world. But there are certainly/ so it could very well be, I think, that there are many more things than what we can perceive.” (S2)

Religion provides people with hope(5): “But I have to say, what's really interesting is that none of us are really religious, are we? And if we had someone in the group who was religious, I think it would be different, because they would bring the afterlife and heaven into the conversation. Which I think also takes away a lot of anxiety and worry and fear and that kind of thing, doesn't it? The idea of it, yes.” (C1)

Hope for the possibility of rebirth(3): “And/ (.) so I'm comforting myself with the thought that, for example, in the next life or if there is such a thing, you no longer know that you've lived before and that it [...] is in such a continuous cycle and you don't really know what was before, so you don't realize that.” (B3)

Diverse traditions and beliefs concerning death observed in various cultural and religious contexts (5): “Yes, I think it's also very dependent on faith. (...) So it depends on the religion.” (B4) “Yes, but you mean depending on which religion you have, you imagine things differently, don't you?” (B2) “Yes. So in Buddhism, the idea is that you want to enter nirvana and be reborn until you have lived your life so well that you enter nirvana.” (B4) “Mhm. (agreeing)” (B2) “And (.) I don't know exactly how it is (..) with Roman Catholics, whether you are also reborn there until you get to heaven. Probably not.” (B4) “No.” (B3)

Doubts about religious beliefs due to school/studies (3): “[...] and by the time I went to university, all things had actually disappeared. Mainly because it doesn't make any sense at all. Especially if you then go into very small details, about atoms and anything else.” (S4)

Doubts about the value of immortality (2): “And that's why I fully understand your approach to this eternal life. But I think to myself that eternal life would only be nice for me if everyone lived with me forever, because otherwise I would have to say goodbye to everyone and I think that would be the point where I would decide against eternal life, because I wouldn't want to live forever alone, to put it bluntly.” (C3)

		<i>Artwork Meaning of darkness and light (5)</i> : “The unity of life and death, somehow like that. That without the one, the other doesn't exist. And that's how I would have interpreted it now.” (C1) “Light and darkness.” (C2)
		<i>Work of art associated with (re)birth (3)</i> : “But that could also be the first thing a newborn baby sees. When it opens its eyes like this.” (C1)
13	Changeability of own ideas	The participants discussed, that ideas about death can evolve over time and that one's perception of death is shaped by various factors, including the passage of time and the context in which it occurs. It was also evident that certain perceptions are influenced by one's social environment and upbringing.
	Codes and Data Extracts:	
		<i>Perceptions of death as a child (8)</i> : “Because as a child, I personally always felt a bit like this/ this typical Grim Reaper and so on, everything is black and dark and gloomy, a dark forest with fog and blablabla somehow a/ or just a bone horse or something like that riding along.” (C3)
		<i>Perception of death varies depending on the age of the individual (7)</i> : “ [...] so I've never experienced a person dying really early, I can imagine that it's different. [...] But if it's somehow at the (.) end of life, if a person passes away so naturally, then I think you can deal with it quite well.” (B2)
		<i>Perception are adopted from or influenced by other people/surroundings (10)</i> : “Maybe that's why I'm not afraid of my own death, because mum and dad, [...] so mum ALWAYS said, I don't have to worry because you'll live on.” (S4)
		<i>Influence of life experience and time on death perceptions (3)</i> : “And now I have to say that somehow/ Mexico has changed that extremely for me, because we were there at the time and this Dias de los muertos time, where it [death] is completely celebrated and that has also changed my image.” (C3)
14	Speechlessness	A notable phenomenon that emerged during the discussions was a pervasive sense of speechlessness when confronted with topics pertaining to death and dying. Participants frequently articulated that they struggled to find the appropriate words or were uncertain as to the precise manner in which they should describe something or immerse themselves.
	Codes and Data Extracts:	
		<i>Struggled to find the right words (6)</i> : “I find the question very difficult to answer in general.”
		<i>Difficulties immersing oneself into the artwork (1)</i> : “But somehow it was really hard for me to think, okay, I'm sitting in there now or I'm lying in there or someone is lying in there and you're driving it, I don't know. (B4)

Having no specific ideas (4): “I can stay out of it, because I've never thought about that before.”
(S3)

Imaging death is difficult (1): “That's why I can't really imagine, okay, what does death look like, what is death like, because it will certainly be different in every scenario, or look different somehow.” (B4)
