

Immediate/chronic death threat: The different effects on money desire

Na Zhao ¹, Richu Wang,² and Enhong Han³

¹School of Sociology and Psychology, Central University of Finance and Economics, Beijing, China, ²Institute of Psychology, Chinese Academy of Sciences, Beijing, China, ³Department of Nephrology, Chinese PLA Strategic Support Force Characteristic Medical Center (The 306th Hospital of Chinese PLA), Beijing, China

Abstract: The present study examined the distinct relationships between immediate/chronic death threat and money attitude in the real-world context. Immediate threats led to a stronger desire for money, whereas chronic threats had not such an effect.

Keywords: chronic fatal condition; death anxiety; money attitude; mortality salience

Correspondence: Dr. Enhong Han, Department of Nephrology, Chinese PLA Strategic Support Force Characteristic Medical Center (The 306th Hospital of Chinese PLA), Beijing, China. Email: 553750415@qq.com

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Unlike other animals, humans are aware of the fragility of life and the inevitability of ultimate death. The terror management theory argues that human mortality can induce great anxiety and affect a broad range of behaviors in various contexts, including economic behaviors (Zaleskiewicz et al., 2013). People use external resources (such as money) to develop a buffering system to protect against the death anxiety and to maintain psychological equanimity. In the context of mortality salience, individuals become more likely to pursue external values, such as wealth and power, to alleviate the fear of death (Kosloff & Greenberg, 2009), and money can reduce such anxiety (Gasiorowska, Zaleskiewica, & Kesebir, 2018). Cozzolino, Staples, Meyers, and Samboceti (2004) defined death reflection as another aspect of death attitude, which is based on a long-term rumination on death. This encourages people to pursue internal value and they always regard pursuit of wealth as meaningless (Jonas et al., 2014).

However, previous studies indicated that arousal of death anxiety is immediately experienced by priming the mortality salience in the laboratory and how death anxiety affects money attitude in real world context is rarely studied, especially when people face immediate (e.g., exposed to a

highly contagious disease) and long-term (e.g., chronic fatal disease) death threat. To fill in the gaps in the literature, we surveyed two different samples to examine the links between death anxiety and money attitude, i.e., medical staff who were working on the frontline fighting the emergency of the coronavirus disease 2019 (COVID-19) pandemic and dialysis patients with renal failure.

Becoming accustomed to death is a part of medical staffs' working lives, especially during a public health crisis. The immediate death threat generates high level of death anxiety among frontline medical staffs (Menzies, Neimeyer, & Menzies, 2020). Thus, we hypothesize that they would be more likely to use the external defense to resist heightened death anxiety (H1). On the contrary, pertaining to dialysis patients with renal failure, the chronic nature of the condition encourages individuals to indulge in death reflection and focus less on external defense, such as money desire. We hypothesize that death anxiety is not related to desire for money among dialysis patients (H2).

The survey took place from February 20 to March 16, 2020. The ethical code of the study was approved by the Central University of Financial Economics in China.

A sample of 230 frontline medical staffs who were tending COVID-19 patients in shelter hospitals ($M_{\text{age}} = 25.46$, $SD = 7.98$, 157 males) and 205 dialysis patients ($M_{\text{age}} = 44.38$, $SD = 9.25$, 95 males) participated in the survey. All participants gave oral consent and completed the measurements, including death anxiety and money attitude. Death anxiety was measured using a death anxiety scale which includes 10 yes/no items (Madnawat & Kachhawa, 2007). Cronbach's alpha for this scale was .83 in the present study. A six-item money desire scale was completed ($\alpha = .76$) by the samples (Lasaleta, Sedikides, & Vohs, 2014). Money-related attitudes (e.g., "Frankly speaking, having money is something that I value.") were rated on a Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*), the higher scores indicating greater desire for money.

Correlation between death anxiety and desire for money was significant in the medical staff sample ($r = .21$, $p < .01$, H1), but not in the dialysis patients ($r = .03$, $p = .41$, H2). We conducted regression analyses to examine the relationship between death anxiety and money desire in the two different groups. The result showed that death anxiety was a significant predictor of money desire in the medical staff sample ($\beta = .12$, $t = 3.31$, $p < .01$, $R^2 = .06$). However, there was no such predictive effect in the dialysis patients ($\beta = .03$, $t = .43$, $p = .66$). The results supported our hypotheses that immediate death threat condition but not the chronic death threat would trigger the needs for external resources.

The results of the present study had several implications for the death study. First, the present results encourage us to use the appropriate intervention strategies for death anxiety. People may endorse different strategies to cope with death anxiety in different contexts. To those with fatal chronic conditions, such as the dialysis patients in the present study, they tend to look to internal resources to cope with the high level of death anxiety via death reflection (Blackie & Cozzolino, 2011) and less to external resources. However, for the medical staffs who are in a vigilant working state, they have no time to explore internal resources, such as reflection and resilience, thus tend to look to external resources for comfort. Second, this study also extends our understanding of the ecological validity of the mortality salience manipulation. The manipulation in the laboratory may have induced the first stage of death anxiety, with fear being the key emotional element. Those strategies used in the laboratory may be unable to resemble actual death,

especially considering the long and complex trajectory of dying and death.

The result of this study needs to be interested with caution. First, the cross-sectional study limits the power of casual explanation. Second, medical staffs and patients are different in their avoidance/approach orientations and activation levels and they may hold different views about sources.

Disclosure of conflict of interest

The authors declare that there is no conflict of interest.

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