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Managing Death in the Burning Grounds of Varanasi, India: A Terror Management Investigation

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Abstract

Is it possible to reach a subconscious acceptance of death? Building on Terror Management Theory, the authors investigated in-group identification and cultural worldview among two groups of Hindus with naturally occurring high ($N = 120$) versus low ($N = 120$) death exposure. In each group, half were reminded about death and the other half of a control topic. Results indicated that making mortality salient increased identification with India and cultural worldview defense in the low-exposure but not in the high-exposure sample, the latter showing consistently higher levels on these variables across experimental conditions. Chronic death exposure may lead to chronic cultural worldview defense rather than a deeper acceptance of the inevitability of death.

Keywords

terror management, mortality salience, India, Varanasi, death exposure, cultural worldview defense, Hinduism

Varanasi is an ideal place to die. One of the holiest and oldest cities in India, it attracts scores of people who wish to be cremated there, for, according to the Hindu religion, Varanasi is a sacred place. The city is divided into two by the sacred Ganges, along the shores of which the burning grounds are located. The river is also the place where Indians perform their daily activities, including religious rituals baths, cloth cleaning, and fishing. As a consequence, there is little physical division between the living and the dead in Varanasi. As Diana Eck (1982) stated, “No other city on earth is as famous for death as is Varanasi. . . . In Varanasi, life is lived in the perpetual presence of death” (p. 324).

Every day, some 250 public cremations take place in the burning grounds, resulting in a fog of ashes along the river. During the day of the funeral, family members cover the corpse with bright orange cloths and carry it along the streets of Varanasi while singing songs to Shiva, the

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lord of death. They wear white clothing and do not cry, as the public display of sadness is thought to bring bad luck to the *karma* of the person who is about to be cremated. Once they arrive in the burning grounds, the cremation ritual takes place. The cadaver is given a last bath in the Ganges, and then is given to Agni, the Hindu God of fire.

One can frequently see cadavers floating in the Ganges River. Children, pregnant women, *saddhus* (holy men), those who died of a snake bite, and poor people whose family could not afford to buy enough wood for a cremation, all are tied to a heavy stone and thrown in the river. Especially during monsoon periods, when the water level is high, cadavers may untie from the stone and float on the surface of the river. On the ground, things are not much different: *renouncers* and ill people populate the streets of Varanasi, waiting for their death. The *Aghoris* are the most radical renouncers, who eat out of human skulls, sleep in cremation grounds, and practice symbolic rituals in which they celebrate their own death (Eck, 1982). Death and its representation are so pervasive in Varanasi because it is considered the ideal place to die (Parry, 1994). As the classic Indian saying goes, “death in Varanasi is liberation,” because when one dies in Varanasi, Lord Shiva himself whispers in one’s ear the mantra of wisdom for the liberation from the circle of rebirths.

A central Hindu view holds that human beings have lived and died many times in the past and that their present life is part of the cycle of rebirths and deaths that their soul must go through until their *karma* has sufficiently removed the layers of ignorance (Deshpande, Reid, & Rao, 2005). Accordingly, “for Hindus, death is not the opposite of life; it is rather, the opposite of birth,” because the present life is a mere stage of a large chain of reincarnations, and death is a transition rather than a finality (Eck, 1982, p 333). The ultimate step that a soul should take is to attain *moshka*, the end of the cycle of rebirths, in which the soul is released from biological and psychological existence and is united to the infinite and pure spirit (*Brahman*) in a state of eternal bliss (Justice, 1997; Michaels, 2004). Ancient Hindu narratives called *Vedas* prescribe that only those who are cremated in Varanasi can attain *moshka*. Hence the long-standing Hindu tradition to travel to this holy place to die and be cremated.

Anthropologists, philosophers, and writers over the centuries have reflected on life and death in this holy place from different perspectives. A common view shared by people who have visited Varanasi is that Indians from this city have accepted the idea that they are going to die and are neither afraid of death nor affected by the presence of burning corpses. Can this be true? Is it possible that we humans come to terms with the inevitability of our own demise? Does the awareness that we are destined to die affect our psyche and behavior? Many scholars have pondered these questions. Ernest Becker, perhaps the most well known, argues that the awareness of the inevitability of death has a profound influence on us (Becker, 1971, 1973, 1975). Specifically, the uniquely human capacity for self-awareness and “mind-traveling” brings the knowledge of the inevitability of annihilation and the vulnerability of our existence, which in turn leads to potential terror. This terror, Becker argues, building on the work of Otto Rank (1958) among others, is kept at bay by specific psychological mechanisms. The remarkable theoretical integration achieved by Becker has been complemented, in the past two decades, by a large amount of empirical work that has provided strong support for Becker’s main ideas. This work was carried out within the framework of Terror Management Theory (TMT; Greenberg, Pyszczynski, & Solomon, 1986), which posits that to manage the existential terror linked to the awareness of the inevitability of death, individuals (a) immerse themselves in cultural worldviews that give life a subjective sense of meaning and permanence and (b) strengthen their self-esteem, chiefly through believing that one is a valuable member of a meaningful world.

The empirical work stems from a simple premise: Because worldviews are fragile cultural constructions of reality that require constant protection if they are to work to buffer our existential anxiety, when people are reminded of their own death, they should respond positively to those who share their cultural worldview and negatively to those who challenge them. This

could account for, for example, increased levels of prejudice, ethnocentrism, and intergroup bias. Similarly, reminding individuals of their own death (mortality salience [MS]) leads to positive evaluation of similar others and those who praise their culture and negative evaluations of dissimilar others and those who criticize the culture (Greenberg et al., 1990), favorable reactions of those who meet moral standards and harsher reactions to moral transgressors (Rosenblatt et al., 1989), and increased aggression to those who hold different attitudes (McGregor et al., 1998).

The accumulated empirical support for the main claims of TMT is significant; hundreds of studies have tested the impact of death reminders on a host of operationalizations of cultural worldviews, as well as some of the specific mechanisms through which death reminders produce such effects (Greenberg, Pyszczynski, Solomon, Simon, & Breus, 1994; Greenberg, Arndt, Schimel, Pyszczynski, & Solomon, 2001). The time is thus ripe to begin asking the next sets of relevant questions for a theory that has the ambition of being a general theory of human behaviour. For example, can the findings on terror management to date be generalized to the wide varieties of the human physical and cultural experiences? Although some studies have been conducted with populations outside the Western world, for example with Australian Aborigines (Halloran & Kashima, 2004; Kashima, Halloran, Yuki, & Kashima, 2004), in Japan (Heine & Bhungalias, 2002), and with Chinese and Iranian Muslims (Pyszczynski et al., 2006), the vast majority of TMT research has been conducted in individualistic cultures such as the United States, Canada, and Western Europe. In addition to differences regarding the emphasis placed on the nature of the self (e.g., Markus & Kitayama, 1991, 1997), societies and cultures differ in the nature of the philosophical and religious systems that they embrace and, in turn, their views on life and death (Young & Morris, 2004). For instance, whereas in the Judeo-Christian tradition life is represented linearly and its end is death, in Hinduism life is represented circularly; people live and die many times. It could be argued that the latter view provides a more potent anxiety buffer system, or even that individuals with such a cultural world view do not need such a system, as their conception of death is not akin to the death-as-annihilation conceptualization that is central to TMT.

In addition, it should be noted that, for the most part, in Western societies death is kept in the background of most people's existence: restricted to TV news, casual passes by funeral homes, and physical illness. Dead bodies are rarely in display, and when they are, as made chillingly clear by the TV series *Six Feet Under*, we go to great distance to eliminate from them the signs of death and decomposition. In India, and in Varanasi in particular, death is much more present in daily life as described above. In this context, it is thus possible to investigate the effects of chronic exposure to death. Does high exposure lead to a deeper acceptance of the inevitability of death or to stronger use of defense mechanisms?

We label these two possible psychological outcomes of a daily exposure to death the Immunization Hypothesis (IH) and Chronic Defense Hypothesis (CDH), respectively. The IH states that individuals who have high exposure to death (e.g., in the forms of corpses and/or funeral rituals) might be immune to the effects of death reminders as constant exposure may engender habituation to the stimulus (i.e., death reminder), and it thus no longer triggers a response. Or, the threat inherent to the stimulus may prompt the individual to do psychological work, resulting, in this case, in a deeper acceptance of the inevitability of death. Such acceptance is conceptualized here as a sort of enlightened state, clearly different from the usual defense mechanisms classically observed.

The CDH posits that daily exposure to death leads to a chronic use of a cultural worldview defense (e.g., chronic levels of ethnocentrism and religiosity) to deal with the existential anxiety triggered by such an exposure. As such, the CDH is an extension of the classical MS hypothesis and follows TMT premises. That is, human beings are not able to truly accept the inevitability of their death, and thus they need psychological mechanisms to deal with the existential anxiety. Accordingly, encountering dead bodies daily may simply motivate individuals to cling to their cultural worldviews more strongly to have a sense of permanence, meaning, and control. If the sight of

cadavers is constantly reminding you of your fate, and thus threatening your psychological equanimity, a more intense and recurrent use of the coping mechanism may be needed.

To begin addressing the questions outlined above, the present study investigated the effects of MS in a sample of Hindus from Varanasi who varied in their naturally occurring exposure to death in their daily life.

Overview of the study

Although the average level of death exposure in Varanasi is certainly higher than in Western societies, it is possible to identify groups of people who vary in their degree of exposure. We thus conducted our study using two samples of Hindus. The first sample, the high-death-exposure group, was composed of boatmen, funerary workers, and priests who perform death ceremonies. The second sample was composed of Hindus with comparatively low exposure to death reminders, such as farmers living in three different villages of Varanasi (Govardhanpur, Malaia, and Madarawan), approximately 15 miles away from crematory grounds.

The procedure of the present study was based on the TMT classical experimental procedure introduced by Greenberg and colleagues (Greenberg et al., 1990). This consists of a death reminder, followed by a distraction task to allow the thoughts of death to move from the focus of attention to the subconscious level. In fact, it is when thoughts of death are highly accessible, but out of the focus of attention, that typical MS effects emerge. It is at this point that the dependent variables of interest are collected.

The first goal of this study is to test whether the MS effect can be replicated among Hindus. Because Hindus have a very different representation of life and death, it is possible that they may not be (as) sensitive to MS manipulation. The second goal is related to the issue of death exposure. Both the IH and the CDH predict that high-death-exposure individuals will be sensitive to the MS manipulation. The two can be disentangled by comparing the pattern of responses on CW defense obtained with high-death-exposure individuals. In other words, according to the IH, we should expect an overall low level of CW among high-death-exposure individuals, while, according to the CDH, we should expect an overall high level of defense. This stability across conditions should lead to an interaction effect between death exposure and MS, as low-death-exposure individuals are likely to increase their defenses (unless the manipulation is not effective among Hindus, for the reasons stated above).

Method

Participants

The study was conducted on 254 male Indians from Varanasi aged between 18 and 85, with a mean age of 37. Women were excluded from the subject pool because they do not work in crematory grounds in Varanasi. Out of the 254 participants, 14 individuals were excluded because they did not complete all the measures. The total sample consisted of two groups. The firsts group consisted of 120 individuals with high exposure to death reminders who work near or in crematory grounds of Varanasi: 41 (34%) boatmen, 15 (12%) funerary workers, 17 (14%) priests, 41 (34%) shop owners working next to the crematory grounds, and 6 (5%) in other professions.

The second group consisted of 120 farmers from villages of Varanasi living and working far from crematory ground. The two samples showed similar demographic characteristics. For instance, the mean age for the first group is 38.56 years ($SD = 14.81$), and for the second it is 36 ($SD = 13.83$). The vast majority of participants in both subsamples are married (71% of the first group, 86% of the second group). The majority of both groups have a very low financial status of 0 to 5,000 rupees (approximately 0 to 120 American dollars) per month (90% of the first

group, 85% of the second group). Considering education level, only 10% from each group have some college; 40% in the first and 30% in the second group completed only elementary school, and 28% and 50%, respectively, completed high school.

Materials and Procedure

Six Indian students from Banaras Hindu University (BHU) collected the data in the crematory grounds and villages of Varanasi in exchange for research credits. Students worked in pairs, approaching potential participants in their place of work and asking them to participate in a study about interpersonal judgments and aesthetic preference lasting approximately 30 minutes in exchange for 50 rupees (approximately 1.00 American dollar). If they agreed to collaborate, participants completed the measures in a tea shop near their place of work. Participants were asked to complete the measures in the order that they were presented and not to return to previous pages. The questionnaire was initially written in English and then translated to Hindi by two Indian psychology students fluent in English. This translation was further reviewed by the third author of the present research, an experienced Indian cross-cultural researcher who is fluent in English and Hindi.

Half of the participants in each group were randomly assigned to an MS condition and the other half to a control condition. The first part of the questionnaire differed for the MS and control condition. In the MS condition, participants completed a 15-item questionnaire measuring their thoughts and feelings regarding their own death (used in previous studies; for details, see Greenberg et al., 1994; Greenberg, Solomon, & Pyszczynski, 1997). Examples questions are “Do you worry that you may be alone when you are dying?” and “Do you worry that those you care about may not remember you after your death?” Participants indicated whether the statement is true or false. In the control condition, participants completed a 15-item questionnaire (equivalent in structure to the previous) measuring their thoughts and feelings regarding flying a kite, a common practice in Varanasi.

Following the MS or control questionnaire, all participants completed a distraction task that consisted of choosing which picture they prefer among six pairs of pictures. The pictures represent two landscapes, two animals, and two kinds of flowers. According to previous literature on the subject, a distraction task is needed for the MS to have an impact (Greenberg et al., 1994). Next, all participants completed several dependent variables. Previous studies have shown MS manipulations to increase clinging to the in-group (Castano, 2004) and identification with it (Castano, Yzerbyt, Paladino, & Sacchi, 2002). Recent research by Roccas, Klar, and Liviatan (2006) has shown that it is important to distinguish two aspects of identification with a nation, namely, attachment and glorification. We thus used their two scales to measure attachment to India (e.g., “It is important to me to view myself as an Indian”) and glorification of India (e.g., “Compared to other nations, we are a very moral nation”). Each subscale is composed of 8 items. Participants answered all the 16 items on a 1 (*strongly disagree*) to 7 (*strongly agree*) Likert scale. This national identification measure was followed by evaluation of the authors of two anti-India and two pro-India statements. Similar measures have been used in previous MS studies involving longer essays. We decided to include 4 short items instead of an essay to simplify the task as our participants, contrary to the undergraduates routinely used in psychological research, are not used to filling out questionnaires. The anti-India items consisted of a foreigner criticizing the Hindu custom of removing the shoes before entering in a temple (Item 1) and Indian spiritual practices such as meditation (Item 2). To give an example, participants read the following statement (Item 2): “A foreigner is looking at a yogi doing meditation. He says: ‘Meditation is stupid. Indian people should be working instead of loosing their time. Indians can be very hypocritical losing their time doing yoga or meditation while they always trick each other to get some rupees.’” After reading each statement, participants were asked, “How much do you like this

person?” and “How much do you think that this person should be punished?” The pro-India items consisted of a foreigner praising Indian spiritual practices (Item 1) and Indian family values (Item 2). Participants were then asked, “How much do you like this person?” and “How much do you think that this person should be rewarded/praised?” Participants rated the anti- and pro-India items on a 6-point scale rating from 1 (*not at all*) to 6 (*extremely*).

Participants also completed several measures regarding their level of religiosity, exposure to death, and sociodemographic characteristics. A simple six-item questionnaire measuring participants' level of religious faith and practices was created starting from the Religious Background and Behavior Questionnaire (RBB; Connors, Tonigan, & William, 1996) and the Abbreviated Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ; Plante, Vallaeys, Sherman, & Wallston, 2002) (see Appendix A). Examples from this questionnaire include “How often do you attend *puja* (religious ceremony)?” and “How much does your religion provide meaning and purpose in your life?” Participants rated each item using a 6-point Likert scale from 1 (*never*) to 6 (*always*).

To measure participants' exposure to death, we created the Death in Everyday Life scale (DEL). The DEL (see Appendix B) is composed of 10 short sentences in a language accessible to the general adult population in India and focuses on physical exposure to death such as seeing a dead body, a cremation, a funerary procession, or a fatal accident (e.g., “How often do you see a dead body?” or “How often do you pass by a funeral home or crematory place?”). Participants indicated how often they experience what is indicated in each item using an 8-point scale from 1 (*never*) to 8 (*more than once a day*). Finally, several questions about sociodemographic characteristics including age, marital status, level of education, and monthly income were included at the end of the questionnaire.

Results

We first computed an ANOVA using condition (MS vs. control) and death exposure (low vs. high) as between-participant factors on biographical characteristics. This revealed a main effect of death exposure on religion, $F(1, 236) = 4.83, p < .03, \eta_p^2 = .020$, such that high-exposure individuals were less likely to be married; and a main effects of condition on marital status, $F(1, 236) = 3.79, p < .05, \eta_p^2 = .015$, and education, $F(1, 236) = 3.96, p < .05, \eta_p^2 = .016$, such that MS participants were more likely to report being married and reported higher educational levels compared to participants in the control condition. The effects of condition are in line with TMT, as people would exaggerate the importance of their romantic relationship (Mikulincer, Florian, & Hirschberger, 2003, 2004) and want to present themselves as more educated when primed with death. However, as both of these variables can have exact, actual answers, it is also possible that despite random assignment to the two groups these differences are actual differences between the two groups.

Death exposure. To secure that participants working in crematory grounds encounter more death reminders in their everyday life routine than farmers working in the field, we averaged 9 of the 10 items composing the DEL ($\alpha = .84; M = 4.72, SD = 1.07$). Item 6 (“Read or watch news about people dying”) was excluded because of its low item-total correlation. An ANOVA using condition (MS vs. control) and death exposure (low vs. high) as between-participant factors and the DEL score as dependent variable was computed and revealed a main effect of death exposure, $F(1, 236) = 669.95, p < .001, \eta_p^2 = .74$, such that high-exposure participants reported greater exposure to death ($M = 5.61$) than farmers working in the villages ($M = 3.63$).

Religiosity. We averaged the items composing our religiosity scale ($\alpha = .80; M = 3.85, SD = 0.89$) and computed the same ANOVA as above using the composite score as dependent variable. This revealed a main effect of death exposure, $F(1, 236) = 95.30, p < .001, \eta_p^2 = .28$; and of condition, $F(1, 236) = 4.83, p < .02, \eta_p^2 = .02$, but not a significant interaction effect. The high-death-exposure group showed higher level of religiosity ($M = 4.33$) as compared to the low-death-exposure

Table 1. Mean Scores and Standard Deviations on the Dependent Variables Attachment and Glorification Scale as a Function of Death Exposure and Type of Experimental Condition

	Attachment	Glorification	<i>n</i>
High death exposure			
Mortality salient	6.53 _a (0.63)	5.57 _a (0.76)	60
Neutral	6.47 _a (0.32)	5.69 _a (0.58)	60
Low death exposure			
Mortality salient	6.50 _a (0.34)	5.73 _a (0.65)	60
Neutral	6.14 _b (0.68)	5.14 _b (0.78)	60

Means in the same column with different subscripts differ at $p < .05$ or less. Standard deviations are in parentheses.

group ($M = 3.38$). This finding can be simply due to the fact that the high-death-exposure group worked in an environment in which religion was most salient or, more interesting from our theoretical standpoint, to the fact that individuals who are constantly exposed to death may have a greater need to cling to religious beliefs and practices. The other main effect occurred because participants in the MS condition reported higher levels of religiosity ($M = 3.96$) as compared to those in the control condition ($M = 3.75$). This, of course, is in line with TMT, but it could also be due to an unlucky coincidence. We address this point below.

Attachment and glorification. Attachment and glorification scores were computed by averaging the items of the two scales ($\alpha = .76$ and $.60$; $M = 6.41$ and 5.51 , $SD = 0.54$ and 0.73 , respectively) and analyzed separately by means of an ANOVA using condition (MS vs. control) and death exposure (low vs. high) as between-participant factors. With regard to attachment, both main effects were significant, but as the interaction was also significant, we discuss the interaction only, $F(1, 236) = 4.97$, $p < .02$, $\eta_p^2 = .02$. The same pattern of results was found for glorification with a significant interaction, $F(1, 236) = 11.68$, $p < .01$, $\eta_p^2 = .04$. As can be seen in Table 1, whereas in the high-death-exposure group there were no significant differences between MS and control condition (for both attachment to and glorification of India), in the low death exposure group the manipulation had a strong effect. Looking at the means from another perspective, whereas in the control condition high-death-exposure individuals scored higher than low-exposure individuals, once primed with death, the low-death-exposure group scored as high as the high-exposure group in either experimental condition.

Evaluation of the author of anti-India and pro-India statements. Judgments of liking and suggested punishment for anti-India and pro-India cases were analyzed separately. For the anti-India judgments, we first computed a four-way ANOVA with condition (MS vs. control) and death exposure (high exposure vs. low exposure) as between-participant factors and case (Case 1 vs. Case 2) and judgment (liking vs. punishment) as within-participant factor. As the four-way interaction was not significant, but the three-way interaction involving condition, death-exposure, and judgment was, $F(1, 236) = 10.74$, $p < .001$, $\eta_p^2 = .04$, we collapsed the two scenarios and recomputed a three-way ANOVA with these three factors only. The pattern of means was consistent with those found for the previous dependent variables (attachment and glorification). As can be seen in Table 2, whereas in the control condition high-death-exposure individuals dislike more and punish more the authors of anti-India statements than low-exposure individuals, once primed with death, the low-death-exposure group scored showed similar judgments as the high-exposure group in either condition.

For the pro-India judgments, we computed the same four-way ANOVA as for anti-India judgments and found that neither the scenario nor the nature of the question factor (like, reward) moderated the significant interaction between condition and death exposure, $F(1, 236) = 3.98$, $p < .04$, $\eta_p^2 = .03$. Accordingly we collapsed both pro-India scenarios and clustered both judgment questions (“How much do you like this person?” and “How much reward?”) and recomputed

Table 2. Mean Scores and Standard Deviations on the Dependent Variable Evaluation Ratings of a Foreigner Criticizing/Praising India as a Function of Death Exposure and Type of Experimental Condition

	Anti-India liking	Anti-India punishment	Pro-India liking and reward	<i>n</i>
High-death-exposure group				
Mortality salient	1.15 _a (0.34)	4.42 _a (1.42)	7.87 _a (1.44)	60
Neutral	1.12 _a (0.31)	4.64 _a (1.22)	7.82 _a (1.15)	60
Low-death-exposure group				
Mortality salient	1.38 _a (0.49)	4.52 _a (1.24)	7.94 _a (1.04)	60
Neutral	1.84 _b (0.83)	3.91 _b (1.42)	7.17 _b (1.43)	60

Means in the same column with different subscripts differ at $p < .05$ or less. Standard deviations are in parentheses.

an ANOVA, which of course replicated the above-mentioned significant interaction. The pattern of means was again consistent with the results found for the other dependent variables (see Table 2). Whereas in the control condition high-death-exposure individuals scored higher in liking and reward than low-exposure individuals, once primed with death, the low-death-exposure group scored as high as the high-exposure group in either experimental condition.

Overall, the results obtained from all the dependent variables show a similar pattern. Among individuals with high death exposure, a mortality salience manipulation does not increase identification (either attachment or glorification) with India and does not impact their perception of a critic or a supporter of Indian habits. Among low-death-exposure participants, however, there are significant differences between the MS and control group. Whereas in the control condition high-death-exposure individuals scored higher in all the dependent variables (attachment to and glorification of India, stronger negative evaluations of a foreigner criticizing India, and more favorable opinions of a foreigner praising India) than low-death-exposure individuals, once primed with death, the low-death-exposure group scored as high as the high-exposure group in either experimental condition.

To establish whether the effects described above for attachment, glorification, and evaluation of authors of pro-India and anti-India statements were affected by some of the variables discussed above that differed between the high- and low-death-exposure groups and between MS and control condition participants (e.g., education or religiousness), we recomputed the ANOVAs reported above adding these variables as covariates, one at a time. This did not affect the results, suggesting that these variables did not play a role in the emergence of the effects on our dependent variables.

The findings on several variables that we report above yield support for the moderating role of chronic death exposure on the effect of mortality salience. This raises the question of whether the extent of such exposure mediates its moderating effect. We tested this hypothesis following the procedure outlined by Muller, Yzerbyt, and Judd (2005) to test for a mediated moderation. The results of this test, however, were inconclusive. In other words, we did not find evidence in support of the mediational role of self-reported death exposure on the observed effects—we return to this point below.

Discussion

In its 20 years of existence, TMT has elicited an impressive amount of empirical studies and stimulated a lively debate within and beyond the borders of the discipline of psychology. The time is now ripe to explore the boundary conditions of the theory, both in terms of individual differences with respect to death exposure and in terms of the belief systems that humans use to make sense of death and fend off death-related anxiety. To explore the impacts of death exposure,

the present study used two groups of people living in proximity to Varanasi, India, categorized into high and low death exposure on the basis of their profession (funerary workers vs. farmers). The a priori categorization found support in the self-report measure assessing the frequency of death exposure, but because such a quasi-experimental design opens the door for possible confounds, we measured a series of additional variables to ensure that the two groups did not vary significantly on other important dimensions. Despite the fact that the two groups did differ on some variables, our main results held regardless of whether such variables were included as covariates. Of course, we cannot exclude the possibility that other variables that we did not measure could have contributed to the pattern of results observed. Such limitation is inherent to the type of design that is needed to investigate the specific question of death exposure in an ecologically valid manner. Hopefully further evidence will accumulate that will help clarify the role of naturally occurring high death exposure while at the same time eliminating alternative explanations of the findings. Notwithstanding such limitations, we believe that our results provide initial evidence for the impact of death exposure on individuals' management of existential concerns.

Such a role seems consistent with what we called the CDH. Among the group of Hindus with relatively low death exposure, MS induction led to a sharp increase in the levels of cultural worldview defense (CWD). This increase brings the individuals in the sample to the same high level of CWD displayed, independently from the condition, by high-death-exposure individuals, thus suggesting that people with high death exposure may have a chronically high level of CWD.

Although this is only preliminary evidence, one conclusion that can be drawn from these findings is that making death more banal might not be the silver bullet that one may have hoped for. If TMT is correct, and much of the problematic behavior displayed by human beings results from the need of humans to defend against their existential anxiety, it could be argued that chronic exposure to death may lead to habituation of such anxiety—and therefore people would not engage in such problematic behavior. Of course, we do not know how much death exposure would be needed for such a habituation to occur, but given the present findings it seems unlikely that habituation can occur at all. Sadly, it might be that no amount of exposure may be enough to make us stop reacting to what we perceive as the annihilation of our own self. If increased death exposure is not the solution, does a system of beliefs that sees life and death as a continuous (and therefore less final) process do the trick? The answer is a very preliminary no.

As discussed in the introduction, Hinduism is a religious-philosophical system within which death is conceived in a rather different way than it is in the Judeo-Christian tradition. It could be argued that death is much more of a psychological conundrum for individuals in a Judeo-Christian cultural system, in which death is, simply put, the end of life, as compared to those in a Buddhist or Hindu tradition, in which people die and are reborn many times. The findings of the present study suggest that although Hinduism may constitute an anxiety buffer mechanism in and of itself, it does not resolve the question of death at the subconscious level, as indicated by the fact that our death reminders elicit the usual effects among Hindu participants.

The replication of MS among Hindu populations suggests that TMT hypotheses are characteristic of the human condition and not bounded to a specific cultural system. Our study is not the first supporting the generalizability of TMT, as similar findings have been found, for instance, among Australian Aborigines (Halloran & Kashima, 2004) and Japanese populations (Heine, Harihara, & Niiya, 2002; Kashima et al., 2004). But because it shows the effect of MS in the specific context of the Hindu belief system, which, as we pointed out above, has a radically different concept of death and life, it provides further support for the cross-cultural validity of one of the main tenets of TMT.

In conclusion, in the study reported here, TMT found purchase in a population in which death, in its most literal and unmediated form, is more frequently encountered than is customarily the case in Western societies. The results of our study suggest neither high death exposure nor the idiosyncratic Hindu belief system seems to help individuals reach a deeper acceptance of the inevitability

of death—at least to the extent to which we are right in interpreting the lack of effect of MS among high-death-exposure individuals as resulting from chronic levels of operation of the defense system.

The present line of research needs to be extended in several directions. One such direction would be in further investigating the mediating role of chronic exposure in producing the moderation effect of this variable that we report in this article. As mentioned above, we could not find conclusive evidence in this regard, and therefore we are not in the position of advancing claims with respect to the specific processes that might be involved. It should be noted, however, that the statistical techniques to investigate mediated moderation have been devised with a particular context in mind—that is, a situation in which a manipulation affects the outcome variable via a mediating third variable. The context of this study is of course different, for it is not the manipulation that is expected to affect a possible mediating factor but rather a measured variable. In other words, our measure of death exposure is not a manipulation check but simply an assessment of the validity of our *a priori* categorization.

A compelling next step would be to further explore the role of different levels of exposure to death across cultures (e.g., among funerary workers in a Western society) and the impact of different kinds of exposure to death (e.g., physical vs. symbolic) in moderating the effects of MS manipulations. For instance, MS effects could be tested in groups with high mental death exposure such as *Sannyasins* (renouncers) and Buddhist individuals, who focus on accepting death and the idea of nothingness and disengage from worldly attachments including family, nationality, and even personal identity. However, as we mentioned before, we remain skeptical that human beings are able to reach a deeper subconscious acceptance of their death.

Appendix A

Religious Faith and Practice Questionnaire

1. How much does your religion provide meaning and purpose in your life?
 2. How often do you ask for advice to a *Brahman* (priest) or *Saddhu* (holy man) when you have to take an important decision in life?
 3. How often do you think about God?
 4. How often do you pray?
 5. How often do you attend *puja* (religious ceremony)?
 6. How often do you visit temples?
-

Appendix B

Death in Everyday Life Scale

1. See a dead body.
 2. See a cremation or a burial.
 3. Pass by a funeral home or crematory *ghat*.
 4. See a person who will die soon.
 5. Talk about death.
 6. Read or watch news about people dying on TV, Internet, newspaper, or magazines.
 7. See a fatal accident (in which someone was severely injured or died).
 8. Attend the anniversary or remember someone who had died.
 9. See a funerary procession in the street or any other ritual or festival related to death.
 10. How many dead bodies have you seen in your life?
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