What are the features of Australian newspaper articles in the context of death and dying from 2015 to 2020? A Qualitative Content Analysis

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Table of Contents

List of Figures

List of Tables

Abstract

Although death is an inevitable process, thinking or talking about death and dying can be uncomfortable, daunting and confronting for people. There are very few studies that have investigated the circumstances of how the newspaper media portrays when and how death is discussed. The newspaper media both reflect and influence what and how topics are talked about between individuals. A qualitative content analysis was conducted to determine how the Australian newspaper media portray conversations about death and dying. Newspaper articles regarding conversations about death, dying, and the end of life, from the years 2015 to 2020 were analysed in three largely circulated Australian newspapers (*The Age, The Australian* and the *Herald Sun*). These dates were chosen as 2017 was the year that the Assisted Dying Act first passed through Victorian parliament. This allowed for talk of death to be analysed before, during, and after that event. The theoretical lens of "Terror Management Theory" and Endler and Parker's theory of coping (1994) informed the analysis to better understand the ways in which people discuss death and the prospect of their own and others' mortality. Seventeen categories were found from the data which were generated from sixty-nine subcodes. This research contributes to our understanding about who, where and how death and dying are portrayed, and what psychological mechanisms might be advertently and inadvertently encouraged and discouraged, through death's portrayal in the media.

Declaration Statement

This thesis contains no material which has been accepted for the award of any other degree of diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

Name: Date: 24/09/2021

Contribution Statement

In writing this thesis, my two supervisors and I worked in collaboration to generate an appropriate research question and design the methodology for this research project. I conducted the literature search, completed the ethics form, and manually collected all data that was contained in the final data corpus. Librarians from the Barr Smith Library and the State Library of South Australia assisted with the generation of search terms to yield the data. My primary supervisor read all the data corpus and assisted in checking the coding for trustworthiness and rigour. I was responsible for coding the entire data corpus, generating subcodes, forming categories, and implicating the relevance of this research. I wrote up all components of the thesis.

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To the Honours girls also under the supervision of Anna, thank you for being an amazing group of women who I am so grateful to have met and shared this challenging yet wonderful experience with. Knowing that we all had each other's backs and could turn to one another for support when needed was extremely comforting – we did it!

Finally, a huge thank you to those closest to me, you have all been an incredible support to me throughout this year. I treasure you all immensely.

1.1 Talking about Death and Dying

Despite its inevitability, death and dying are concepts that are often avoided in secular countries, such as Australia, and very few people are willing to become aware of, and accept their mortality, and those closest to them (Seymour et al., 2010). This attitude toward death however is not recent. The philosopher Blaise Pascal (1662), once said "Despite these miseries, man wishes to be happy … To be happy he would have to make himself immortal; but, not being able to do so, it has occurred to him to prevent himself from thinking of death" (Pascal, 1662/2011, p.61).

The media frequently report deaths that are sudden, violent, and unexpected in nature (Seymour et al., 2010) reinforcing a notion that death is not commonplace, but something dramatic and out of the ordinary. Reduction in premature mortality and advances in medicine controlling for communicable disease have significantly increased human life expectancy in a large portion of the world's population (Carrasco et al., 2019). Thus, people are living longer, and consequently dying longer too, with an increased risk and prevalence of developing terminal, chronic, and neurodegenerative diseases (Carrasco et al., 2019). Western culture's denial of death and unrealistic optimism (Zimmerman & Roddin, 2004) has resulted in avoiding the reality of death, and an obsession with the hope and reassurance that medical advances will eventually provide immortality (Seymour et al., 2010). Consequently, establishing plans for death is an action that very few people take (Phillips, 2013). It is true that people might make funeral arrangements and seek financial and legal support relating to the matter of death, such as arranging a last Will and Testament. However, very few people consider and express their wishes around their preferred place of death, if they wish to donate organs after death, and when they would like healthcare professionals to provide, or cease life sustaining treatment when deemed necessary (Seymour et al, 2010). It has been stated that an atmosphere of denial is created to mask the reality of mortality, even though medical

professionals, family and friends, and those who are dying are aware that death will occur at some point (Zimmerman & Roddin, 2004). The need to address more open and honest ways to talk about difficult topics such as death and dying, have been prompted for reasons including distressed families, and family conflict after deaths of relatives who did not recognise the effect that their unplanned departure would leave behind (Lichtenthal & Kissane, 2008).

1.2 Discussing Impending Death with Those Who are Dying

Having open conversations about dying wishes with family and healthcare professionals have been found to be beneficial to facilitate preserving dignity and quality of life for patients and their families (Keeley, 2017). Expressing end of life wishes reduces the amount of anxiety experienced for both parties (Keeley, 2017), and increases the likelihood that dying wishes related to treatment, and after-death desires will be met (Groebe et al, 2019), contributing to the concept of a "good death" (Cottrell & Duggleby, 2016). However, the challenges associated with talking about death within families such as fear, views toward death being a taboo topic, and cultural norms, reduce the likelihood of these conversations taking place (Keeley, 2017). Health practitioners in palliative care services have found that the reluctance of family participation in these conversations is a major barrier to discussing impending death with patients, resulting in poorer care and pain relief for the patient (Givler et al., 2021). It is also noteworthy that medical practitioners may also avoid directly talking about death, as death of patients can be construed as medical failure (McKellar, Ng & Chur-Hansen, 2016).

Most end-of-life discussions take place once someone is dying or after death, when mortality can no longer be denied (Paul & Defranco, 2017). For some healthcare professionals, the sensitivity of the topic is daunting, with fears surrounding prognostic uncertainty, causing distress to patients and families, preparing patients for death, and a lack

of training to broach the topic (Berkey et al., 2018; Brighton & Bristowe, 2016; Granek et al, 2013; Hancock et al., 2007). Healthcare professionals are often educated to fight illness, and prolong life at all costs, but not as well educated to discuss death with their patients and patients' families (Dos-Santos et al., 2021). The benefits of discussing end-of-life wishes include better outcomes and reported satisfaction for patient-centred care, and the influence over subsequent treatment decisions (Brighton & Bristowe, 2016). A study conducted by Leung et al. (2012), to determine the occurrence and quality of communication surrounding end of life care, found that of the sample N=376, only fifty-five (14.6%) terminally ill patients reported having conversations about the end-of-life with their physicians, while two-hundred and twenty (66.7%) reported a desire to have these conversations, but felt inhibited from doing so. Further, a palliative care study conducted by Detering et al. (2010), found that palliative care patients who were included in the intervention group (received usual care plus advanced care planning), who died within six months of the trial, had a greater chance of their end-of-life wishes being known N = 25/26 (86%), compared to patients in the control group who received usual palliative care N = 8/27 (30%). Significantly lower levels of stress, anxiety and depression after family member death were also reported by families in the intervention (Detering et al, 2010).

Family members are faced with multiple challenges at the end of a loved one's life. Numerous studies have investigated the perspectives and experiences of family members facing the loss of a loved one in end-of-life care settings (Hajradinovic et al., 2018; Keeley et al., 2017; Hebert et al., 2009; Jo et al., 2007; Perreault et al., 2004; Proot et al., 2003). The progression of illness has been found to induce feelings of helplessness for family members (Perreault et al., 2004), and create difficulties relating to the acceptance of impending mortality (Andershed, 2006). A study conducted by Kehl et al. (2009) found that even when terminally ill patients had been sick and dying for a long time, families still struggled to

accept the reality that their loved one was dying. However, families frequently express the need for effective multidimensional communication in end-of-life care between patients, healthcare professionals, and families, to relieve anxiety for the patient and family, to ensure that end of life wishes will be granted out of respect for the patient, and so that family members can be present at their loved one's death, which is a desire held by many (Andershed, 2006; Aoun et al., 2005; Perreault et al., 2004; Rogers et al., 2000).

1.3 The Use of Media to Distribute Health Information

The media has been positioned as the most important source of health information, having a significant impact on the interactions and communication between the general public (Zhao & Zang, 2017). Several forms of media such as the internet, newspapers, radio, and television, have contributed to increasing communication relating to death, dying, and illness (Lehto & Stein, 2009; Kis-Rigo et al., 2021), and many members of society say that the media acts as an informative source surrounding the end of life (Collins et al., 2019). Due to the media's tendency to publish sensational items that attract attention, the media is often criticised on its delivery of news regarding serious topics (Lehto & Stein, 2009). Despite this, the media have the potential to be a highly beneficial education tool for topics that society is less commonly literate on, such as death, dying, illness, and end of life care (Lehto & Stein, 2009). Leading causes of death throughout the nation such as cancer, receive large amounts of coverage from the news media (Fishman et al., 2011). Further, deaths that are a result of individual or group conflict, as well as human intervention (e.g., assisted suicide), are also featured throughout the media (Lauffer et al., 2020). Disturbing deaths are commonly described in palliative care and assisted dying contexts by the media, with the implied message that they could have been prevented (Florea & Rabatel, 2011). Writers and journalists acquire skills to influence the way people perceive and integrate information regarding death and dying into their existing schemata (Lauffer et al., 2020). This influence is important to understand, as the perception of

this information affects how society is socially constructed, which is largely influenced by culture (Lauffer et al., 2020). Public acceptability of public health interventions such as prompting conversations about death and dying, are affected by the media, and shape how the public perceives messages through the emphasis and de-emphasis of information (Institute of Medicine, 2002). Particularly relative to assisted dying and topics involving death where political influence is involved, such as when proposing and debating changes to laws, the media acts as an informative connection between policy makers, politicians and the general public (Lauffer et al., 2020).

Slater (2007) argues that individuals view news articles and media which reflect their existing opinion, therefore, reinforcing and confirming their pre-existing ideas. Florea and Rabatel (2011) suggests that consistent with traditional media and the taboo of death in Western society, one's own mortality is no longer accepted through accepting and experiencing the death of people close to us. Rather, death is portrayed as being in the 'third' person, and the media acts as a barrier between the individual and death itself, providing viewers with the opportunity to think "I will not die like that, therefore I will not die at all" (Florea & Rabatel, 2011 p.7).

1.4 Terror Management Theory

The uncertainty of death and not knowing how and when it will occur, makes people experience feelings of anxiety (Greenberg et al., 1994). Many people do not tolerate uncertainty well, and there is a positive relationship between death anxiety and uncertainty tolerance (Lowe & Harris, 2019). Uncertainty tolerance is reflected by excessive rumination over negative and perceived unacceptable events. According to Greenberg, Soloman, and Pyszczynski (1986), Terror Management Theory explains that humans are driven by the propensity of self-preservation and continuation of life at all costs to increase the chance of survival for the individual, while being aware of their impending death (Greenberg et al., 1997). Awareness of

death has the potential for an individual to experience extreme anxiety, and negatively affect one's psychological wellbeing (Cicirelli, 2002). Consequently, it also affects a person's thoughts, emotions, motivations and behaviours toward their mortality (Cicirelli, 2002). Terror Management Theory has been proposed to be a dual model of processing, where both proximal and distal efforts are used to avoid mortality salience. When initial death-related thoughts are induced, proximal defences are used where the thought of death can be suppressed by engaging in activities which are not death-related (Huang et al., 2021), or denied and justified as being a faraway future event (Arndt et al., 2001).

According to the theory, due to the unconscious nature of terror, there comes a time where proximal defences such as suppression and denial are not sufficient to reduce feelings of existential terror (Huang et al., 2021). These feelings occur when mortality salience is present in the unconscious mind, so to further avoid the potential extreme anxiety and 'terror' experienced by becoming aware of death, three psychological buffers are used which are: *cultural world views, self-esteem, and close interpersonal relationships* (Pyszczynski et al., 2021).

Cultural Worldviews are shared beliefs that contribute to our sense of self in the world. Questions about life, standards of valued behaviour, and the promise of immortality either literally or symbolically can be answered through our cultural worldviews (Cicirelli, 2002). Behaving in ways that correspond with others with the same cultural worldview, validates our beliefs, and provides positive feedback to reinforce cultural worldviews, increasing the effectiveness of the psychological buffer (Bashir, 2007). When our cultural worldviews are challenged, validation is diminished, and confidence held in the psychological buffer is weakened, compromising the ability for a person to protect themselves from existential terror, leaving the individual vulnerable to experience death anxiety (Bashir, 2007).

Self-esteem works alongside cultural worldviews to protect us from death anxiety (Greenberg et al., 1997). In individualist cultures such as Australia, our capacity to express and validate our beliefs contribute to self-esteem (Du et al., 2013). Prior research suggests that self-esteem serves a useful purpose in buffering against death anxiety (Zhang et al., 2019). Low levels of self-esteem have been found to be associated with a greater likelihood of experiencing severe feelings of death anxiety (Hiyoshi et al., 2017). When a person's self-esteem is threatened, the risk of experiencing death anxiety increases, and defence of self-esteem relative to cultural worldviews is likely to defend against death anxiety (Abeyta and Routledge., 2014; Hiyoshi et al., 2017). The interaction between cultural worldview and self-esteem allows people to have a sense of meaning in the world, and a sense of entitlement that the self is something greater and more infinite than human existence itself (Dechesne et al., 2003).

Interpersonal Relationships

Having close relationships with others has been found to be a significant buffer against death anxiety (Florian et al., 2002; Mikulincer & Florian, 2000). Close relationships reduce the potential of experiencing death anxiety by creating an illusion of symbolic immortality by biological procreation and allowing a sense of connectedness with the world by being associated with other people and communities (Plusnin et al., 2018), and to experience passionate connectedness with others facilitating in feeling and being fully alive (Maslow, 1968). Close relationships overlap with the other two psychological buffers to reduce the potential for experiencing death anxiety. Having close relationships with others such as being part of a family, validates cultural worldviews and enhances self-esteem. Pyszczynski et al. (1997) state that socialisation agents who act as attachment figures for children such as parents, generally tend to transcend their standards, values, and morals onto their offspring, validating caregivers' cultural worldviews, and shaping their children's. Social curiosity is linked to interpersonal relationships, as Trudewind (2000) and Litman & Pezzo (2007) have found that

in the face of anxiety, people tend to engage in seeking social information, to regain control over their environment and combat death anxiety.

1.5 Endler & Parker's Theory of Coping (1994)

Fears surrounding death and dying have been found to have adverse effects on the psychological wellbeing of individuals (Iverach, 2014). While some people can generate forms of adaptive coping mechanisms to combat such fears, many people engage in inadequate styles of coping such as avoidance styles, which attempt to avoid reminders of mortality (Yalom, 2008). Coping strategies contribute to a person's capacity to deal with stressful life events and can influence both mental and physical outcomes resulting from the stressor (Endler & Parker 1994). According to Endler and Parker (1994), there are three coping styles that individuals use when faced with perceived stressful situations. These three coping styles are *problem-focused coping, emotion-focused coping, and avoidance-focused coping.* The third dimension of avoidance-style coping was identified after many theorists supported two-dimensional theories of coping which include problem-focused and emotion-focused coping strategies to deal with perceived stressful events (Billings & Moos, 1984; Carver et al, 1989, Endler & Parker, 1990b; Endler & Parker, 1994).

The literature surrounding coping with impending mortality is generally focused on Terror Management Theory, and there is very little literature on how people use different coping styles to deal with impending mortality.

Problem-focused coping relates to participating in task-oriented activities that reduce and create alternative solutions towards the stressful situation (Endler & Parker, 1992). Engaging in problem-focused coping styles relates to actively making personal effort to reduce the severity of the stressful situation (Schoenmakers, 2015). Problem focused styles of coping have been found to be associated with less anxiety, stress and depressive symptoms (Julal, 2013).

Task-oriented activities that reduce the severity of perceived stressful situations include problem solving, putting things into perspective, seeking social support and expressing fears with colleagues and loved ones (Timmerman et al., 2009).

Problem-focused coping has been found to be positively associated with grief outcomes for bereaved mothers who have suffered the loss of a child and are more beneficial than emotion-focused coping styles which have been inconsistently associated with positive grief outcomes (Anderson et al., 2005)

Emotion-focused coping attempts to reduce the emotional outcomes of the stressful situation and is person-oriented (Lavoie, 2013). The literature surrounding emotion-focused styles of coping is mixed, as there are various ways people can use emotion-focused coping styles (Dubey & Agarwal, 2007). Behaviours that are used when implementing emotion-focused coping styles to deal with stressful situations include: seeking emotional support, cognitive distraction, selective attention, emotional regulation and expression, cognitive restructuring, humour, writing stories and reading (Satterfield, 2008). Satterfield (2008) has developed a guideline for therapists to involve into their practice with patients who are at the end of their life, and states that emotion-focused coping should be used when problem-focused coping no longer acts as an effective coping mechanism to reduce stress.

Avoidance coping relates to responses to stressful situations that can be task-oriented or person-oriented, with an intention for a person to distance themselves from the stressful situation (Lavoie, 2013). Avoidance has been perceived as an important coping mechanism to deal with stressful situations (Endler & Parker, 2002). Avoidance serves as a function to delay the potential for a person to have to confront a stressful situation by forms such as wishful thinking and efforts to escape or avoid the problem (Folkman et al.,1986). other forms of

avoidance involve distraction, and social diversion which are person-oriented coping mechanisms (Endler & Parker, 1992).

Avoidant coping styles associated with grief and bereavement, have been found to be more likely to be associated with greater levels of stress, anxiety, and depressive-like symptoms, as well as a greater likelihood of experiencing complicated grief symptoms (Garg et al., 2018; Sauber, 2019).

1.6 The Current Research Project

Much of the literature surrounding the context of death and dying in the Australian newspaper media in Australia is based on sensationalism, death statistics, prevalence of disease, and end of life care (Kis-Rigo, 2021, Fishman et al., 2011; Rowbotham, 2020). There are no studies in the literature that have explored how death and dying are broadly highlighted in Australian newspapers. This study explored the research question regarding how journalists within the broader Australian newspaper media portrayed death and dying, in the context of the Victorian Assisted Dying Act (2017), from the years 2015 to 2020.

Chapter 2: Method

2.1 Online Newspaper Article Selection

A previous study which focused on the portrayal of mental health in Australian newspaper media (Kenez et al., 2015) was the basis for this study's method. Consistent with Kenez et al., data were collected from three Australian newspapers circulated in different states of the country based on their scope and readership popularity: *The Australian*, *The Age*, The *Herald Sun*, and their weekend counterparts: The *Weekend Australian*, The *Sunday Age*, and The *Sunday Herald Sun*. The *Herald Sun* is a tabloid publication which is composed of a compact page size and contains condensed information. In comparison, *The Age* and *The Australian* are 'quality broadsheets' which have a larger page size with more in-depth

information, and appear to attract a middle-class, well-educated readership which covers much of the nation's political influence (McInerney, 2006). In searching for relevant articles within the target newspapers, a librarian from the South Australian state library was consulted to explore different online e-resources. *Newsbank* was identified as an online database including thousands of recent and archived newspaper titles (Newsbank, 2021). *Newsbank* was the chosen source of data collection due to the consistency, amount of results yielded, and ease of working the database.

2.2 Data Collection

The University of Adelaide School of Psychology Human Research Ethics Committee approved the study (HREC approval number 21/30). Using keywords "death" and "dying", a search yielded 76, 604 newspaper articles. On screening a sample of these, the search terms needed to be further refined to suit the research question so that newspaper articles relating to death in the context of murder, suicide, and animal death were excluded.

To refine the search further, a University of Adelaide Barr Smith Library librarian was consulted, and a list of search terms were generated to assist with data collection (refer to Table 1). The list of search terms developed captured terms which related to death and dying, and more specifically, talking about death and dying: "talking about death" OR "talking about dying" OR "conversations about death" OR "conversations about dying" OR "talk about death" or "death talk" OR "talk about dying" OR "death and dying".

Table 1

Search Terms Relating to Death and Dying
Talking about death
Talking about dying
Conversations about death
Conversations about dying
Talk about death
Death talk
Talk about dying
Death and dying

This search resulted in 101 newspaper articles. To determine whether newspaper articles should be included in the final data corpus, each one was screened by the author and her primary supervisor. Initial agreement was that N=68 (67.3%) of the articles should be included. Where there was disagreement for the remaining 33 (32.7%) of articles, discussion to consensus resulted in a further 12 being included.

Upon concern that data had been missed with the original search string, further individual searches were run for each combination of "death" and "talk*" words included in a logic grid (refer to Table 2). A search function of *Newsbank* that allows you to search for words at a set proximity to other words, was used to reduce the number of potentially irrelevant newspaper articles. The set word proximity was 2 words (e.g. death NEAR2 talk* meant that death had to be within a 2-word proximity of talk/s/ed/ing).

Table 2

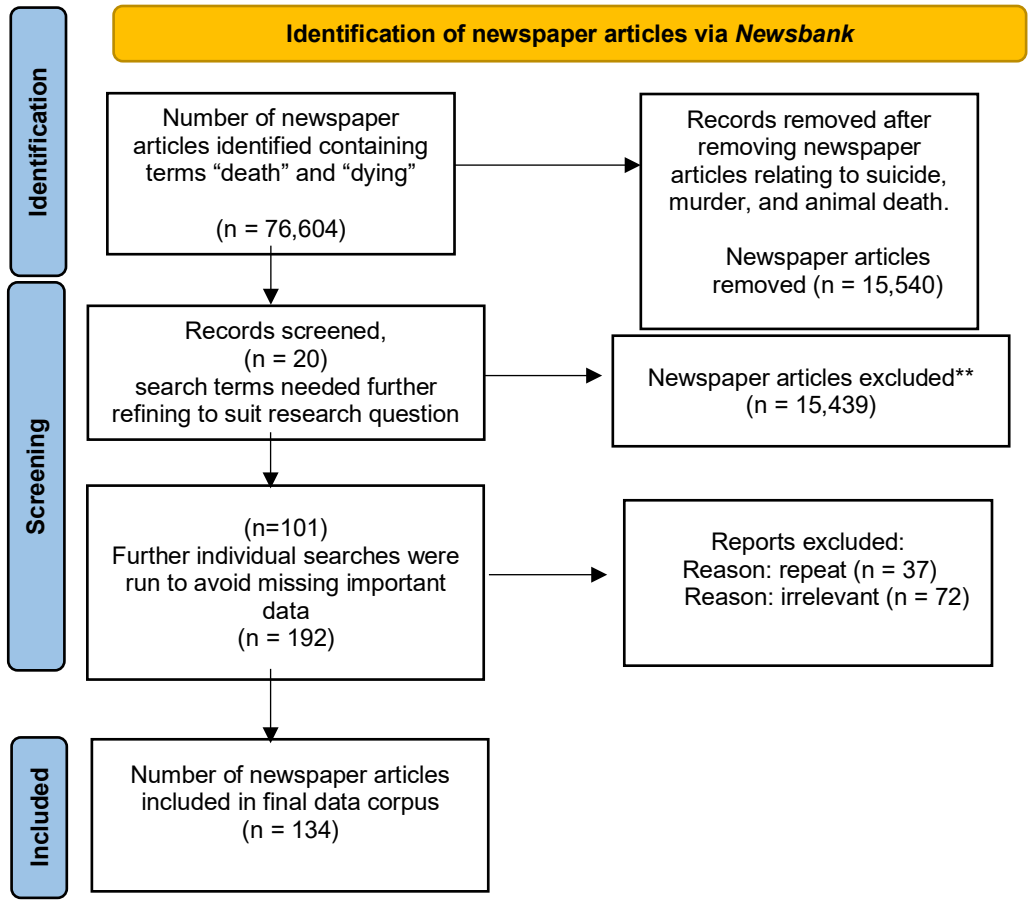
Logic Grid Showing all Death Related and Talk Related Search Terms

Key Concepts	**Death**	**AND**	**Talk***
Synonyms	OR Dying OR "End of life"		OR Conversation* OR Talk* OR Discuss*

A total number of 192 newspaper articles were identified. The two researchers agreed that 49 (25.52%) of the articles were to be included in the final data corpus, with discussion to consensus for the remaining 143 (74.48%) which resulted in a further 5 being included. Overall, seventy-two (29.63%) newspaper articles were deemed irrelevant to the research question, and 37 repeat newspaper articles were excluded, leaving a final data corpus of 134 newspaper articles. A flow diagram was created to demonstrate the data collection process (refer to Figure 1).

The title and full text of the newspaper articles were analysed to extract information. The time period chosen for data 1st of January 2015 until the 31st of December 2020 was based on changes in legislation within the Australian government during this time relating to assisted dying and the 'Voluntary Assisted Dying Act (2017)'. Analysing data during this time period allowed the Australian newspaper media's portrayal of talking about death and dying to be explored several years before and after this legislation was passed by Government. Determination of these dates for data was made with the awareness that this change in legislation relating to assisted dying would most likely influence the number of newspaper articles talking about death and dying during this time.

Figure 1: *Data Collection Process of Newspaper Articles*



2.3 Data Analysis

Data were analysed using qualitative content analysis (CQA). CQA involves the analysis of any written, verbal or visual form of communication and has a long history (Elo & Kyngäs, 2008). Qualitative content analysis allows for codes and subcodes to be identified (Hsieh & Shannon, 2005) and transformed into quantitative data, by sorting and counting the themes to produce frequencies. Due to the fragmentation of the data, an inductive approach to analysis was used. An inductive approach to qualitative data analysis, transforms specific data to general data, where observed larger generalisable statements can be derived from specific instances (Elo & Kyngäs, 2008). Consistent with Elo & Kyngäs (2008), three main phases were used to inductively analysis the data. These phases are described by: preparing

the data, organising the data, and abstracting the data where each category is named relative to content, and subcategories with similar events are able to be grouped together.

Features in the data were also observed to determine the frequency of articles published by their respective publishers each year (refer to Table 3), frequency of death or dying mentioned in the title of the newspaper article, and whether there was variation between the frequency of content-related categories talking about death and dying presented in the Australian newspaper media. Microsoft Word, and Microsoft Excel were the software used.

For the enhancement of trustworthiness and rigour, the researcher's primary supervisor examined and compared 10% of the codes to the raw data. Additionally, consistent with Tracy (2010), and the acknowledgement of self-reflexivity being a vital attribute for researcher transparency, an audit trail was kept, assisting with the data collection process, and the refining of the research question.

Chapter 3: Results

3.1 Frequency of Newspaper Articles Published 2015-2020

The Age and its respective weekend counterpart, *The Sunday Age*, had the greatest frequency of newspaper articles published talking about death and dying during the selected time period N=69, (51.5%) (Refer to Table 3).

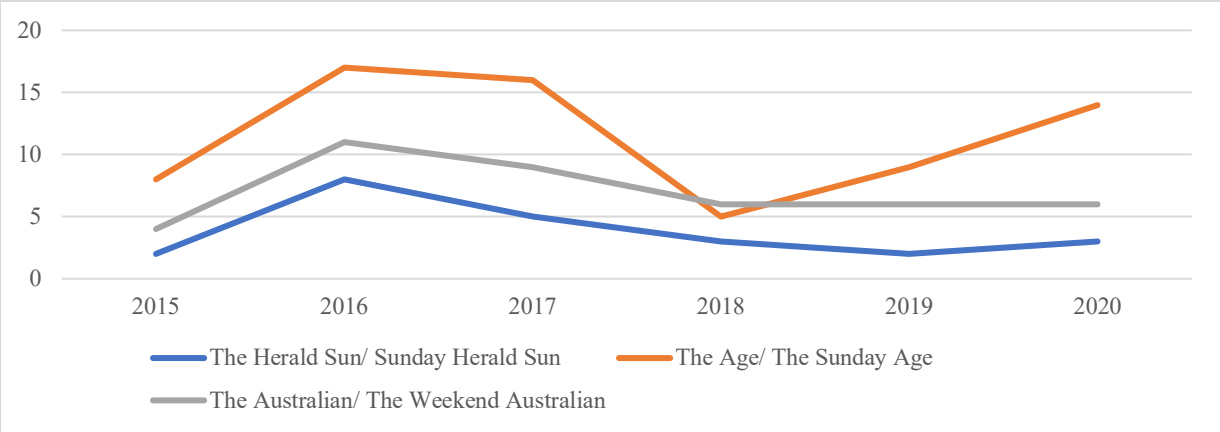
Table 3

Frequency of Newspaper Articles Published from 2015-2020 Talking about Death and Dying by Publisher

	2015	*2016*	*2017*	*2018*	*2019*	*2020*	***n***	*%*
Herald Sun/ Sunday Herald Sun	8	17	16	5	9	14	**69**	**51.5**
The Age/ Sunday Age	2	8	5	3	2	3	**23**	**17.2**
The Australian/ The Weekend Australian	4	11	9	6	6	6	**42**	**31.3**
Total	14	36	30	14	17	23	**134**	**100**

The year 2016 produced the greatest number of newspaper articles N=36, (26.9%) relating to talking about death and dying across all six publications as shown in Figure 2.

Figure 2: *Frequency of newspaper articles published 2015-2020*



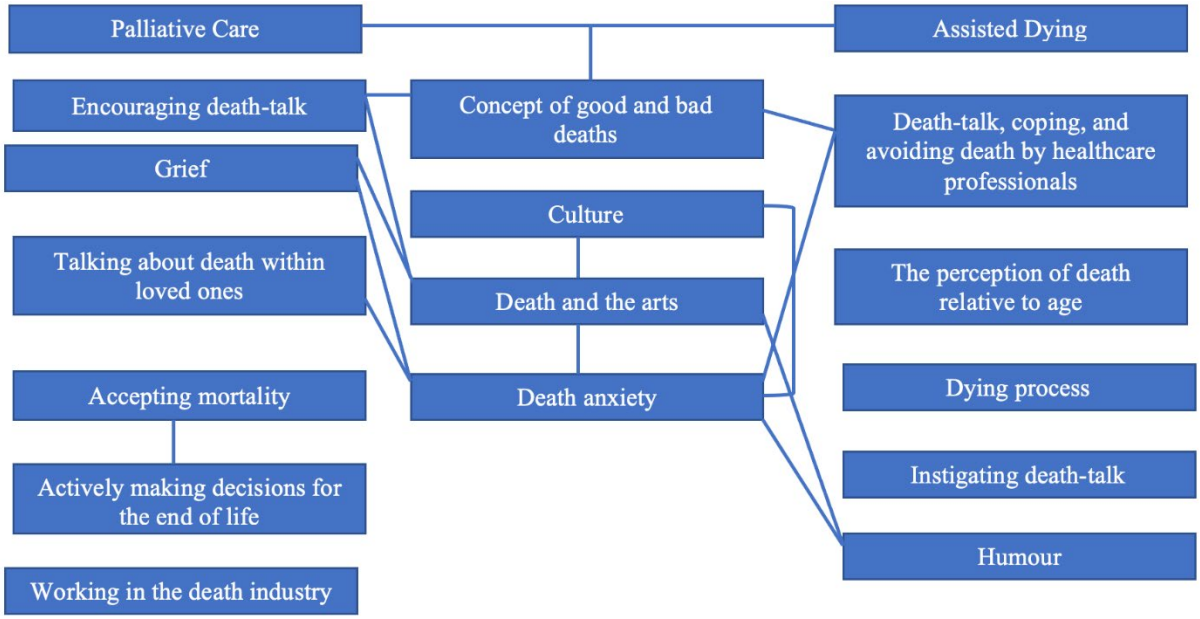
Thirty-three newspaper articles (24.62%) did not contain the words “death” or “dying” in the article’s headline, whilst 101 newspaper articles (75.37%) did contain the words “death” or “dying” in the article’s headline.

3.1 Categories and Subcodes

Of 134 newspaper articles talking about death and dying in the Australian newspaper media, the data contained seventeen individual categories. Within the categories, there were sixty-nine subcodes. Figure 3 illustrates the seventeen categories and demonstrates where the categories overlapped.

Figure 3

Map representing the seventeen categories, and overlap between categories



The seventeen categories, subcodes within the respective category, subcode count, and illustrative quote from relative newspaper articles, in order of frequency are described in detail below. Please refer to Table 4.

Table 4

Categories, Subcodes, Subcode Count and Illustrative Quotation

Category	Subcode	Subcode Count	Illustrative Quote
Encouraging talk of death		**137**	
	Encouraging end of life conversations to express end of life wishes	43	*"We have the opportunity to die well …. To do this, we need to reflect on what is important to us at this time of life … We need to talk with our family and our friends" (The Age, 22 January 2016).*
	Encouraging end of life conversation to reduce stress on families	38	*"It would help people enormously if they knew the wishes of those that are dying but there needs to be a conversation to problem solve." (The Age, 10 August 2016).*
	Encouraging end of life conversations to accept death's inevitability	19	*"If we can frame our lives with the reality that we aren't here forever, then I think each day becomes more precious," (Herald Sun, 9 July 2016).*
	Encouraging end of life conversations through death cafés	16	*"She discovered there are death cafes around the world, where people go to talk about death." (9 July 2016).*
	Encouraging conversations about death through online initiatives	8	*"The website dyingtotalk.org.au encourages us all to discuss dying, no matter our age or health" (Herald Sun, 30 July 2017).*
	Encouraging conversations about death through arts and entertainment	6	*"In recent years a number of writers have sought to encourage franker conversations about dying" (The Australian, 14 April 2018).*
	Palliative care organisations encouraging end of life conversations	3	*"The Centre for Palliative Care is hosting a free public forum to help start the conversation. "Death happens, so let's talk about how we die" (The Age, 22 January 2016).*
	Encouraging talk with the goal of prolonging life	2	*"She is dedicated to promoting being sun smart … melanoma is the No 1 cancer killer of Australians under 30 and claims a life every six hours" (The Australian, 11 March 2017).*
	Encouraging end of life conversations through radio media	2	*"An earnest, young advocate urged listeners to tackle these difficult issues before it was too late" (The Australian, 17 August 2015).*
Death anxiety		**81**	
	Avoiding death talk	38	*"Starting the conversation with her parents about how the final years of their lives could best be lived was no less difficult for Kittson than it is for anyone. She found her mother's hearing loss seemed to worsen and her father became very hard to pin down" (The Australian 14 March 2020).*
	Fear of death	17	*"Ever since I can remember I have harboured a profound fear of death". (The Australian, 21 May 2016).*
	Death anxiety due to lack of control	12	*"We all know we're going to die; we just don't know how and when and that's what really bothers people. They don't have control" (Herald Sun, 30 July 2017).*

Category	Subcode	Subcode Count	Illustrative Quote
	Chasing immortality	5	*"A lot of our lives are spent chasing immortality - passing our names on to our children, buying houses for our kids" (The Age, 12 September 2015).*
	Using euphemisms to talk about death	3	*"Euphemisms like "passed" or "lost'' have replaced "died" and "dead". Illness has become a "battle", and sick people, treatments and outcomes are described in metaphors of warfare" (The Australian, 14 April 2018).*
	Media's role in death anxiety	3	*"Death is portrayed by an ill-informed media as inherently painful, undignified and traumatic" (The Age, 27 August 2017).*
	Inability to accept a loved one's mortality	3	*"Richard's state of mind as his disease progresses is not helped by the hearty refusal of his brothers to accept the inevitability of his fate" (The Australian, 14 April 2018).*
Death and the arts		**72**	
	Talking about, and expressing death through the arts	39	*"The Sydney Festival of Death and Dying … talks on different aspects of death and dying … and explore philosophical and artistic attitudes to life and death" (The Australian, 10 November 2016).*
	Using the arts to come to terms with death, dying, illness, and grief	33	*"Several years ago, I decided to journey into the belly of the beast and explore this fear of death that I carry … I hoped that writing about it would help me find some inner peace" (The Australian, 21 May 2016).*
Assisted Dying		**61**	
	The right and choice to die on own terms	22	*"She believes that terminally ill patients should have the choice at the end to preserve their dignity and be spared suffering" (The Australian, 11 March 2017).*
	Debating assisted dying	13	*"Victoria's euthanasia scheme could become law … at the end of a tense and emotional debate" (The Australian, 4 November 2017).*
	Relieving suffering for the dying	5	*"Our parliament has an opportunity to demonstrate compassion for people enduring unendurable suffering" (The Age, 3 November 2017).*
	Risk of assisted dying exposing the vulnerable	4	*"Increased risk to the vulnerable and the potential damage to doctor-patient relationship have been clearly refuted in close and impartial studies where assisted dying is legal" (The Age, 22 September 2017).*
	Portrayal of deaths in assisted dying	4	*"One of the main reasons behind the argument for assisted suicide/euthanasia is people will have a controlled, peaceful and pain-free death" (The Australian, 4 November 2017).*
	Evoking emotion through distressing deaths	4	*"… brought the chamber to tears as she described caring for her brother Patrick as his body was racked with pain by aggressive prostate cancer" (The Australian, 4 November 2017).*
	Explaining the assisted dying process	2	*"A request to die peacefully requires approval from two doctors, and medicines would only be administered — after three separate requests over*

Category	Subcode	Subcode Count	Illustrative Quote
			10 days — to people of sound mind" (Herald Sun, 20 November 2018).
	Expresses that assisted dying is unnecessary as palliative care services are efficient	2	*"There is no need for the passage of the Voluntary Assisted Dying Bill … Australia has high-quality palliative services and high-quality palliative-care doctors" (Herald Sun, 17 October 2017).*
	Palliative care and assisted dying should co-exist	2	*"To me they are complementary, they can and should co-exist" (The Age, 3 November 2017).*
	Encounters of people dying in distress because assisted dying laws not available	2	*"… eventually died in distress, only recently, because he grew too ill to ingest his banned substance and, importantly, no other option exists in this country for people who want a way out of their anguish and despair" (The Age, 31 October 2015).*
	The use of language to make assisted dying more acceptable	1	*"If it were a train, this debate would have set off from Euthanasia Central, stopped at Voluntary Euthanasia and Assisted Suicide, moved on to Medically Assisted Death and Assisted Dying, before arriving at Voluntary Assisted Dying" (The Age, 13 October 2017).*
Palliative Care		**61**	
	The depiction of care provided in palliative care services	13	*"Many thinks palliative care is just pain relief but it's much more … It includes psychological care and spiritual care. It focuses on the individual's needs and those of their family" (Herald Sun, 31 July 2017).*
	The service of palliative care guiding families and patients through the stages of dying and relieving stress	12	*"With a calm quiet reassurance that so many palliative care nurses possess, honed by years spent easing the sick from this world, she transformed our truly distressing situation into an almost comforting farewell" (The Australian, 1 September 2017).*
	Preferred place of death for people at the end of life	11	*"About 70 per cent of us would like to die at home, but that's not usually what happens" (The Age, 7 October 2017).*
	The inadequacy and lack of access to palliative care services	9	*"In my own border community of almost 200,000, there are no palliative-care specialist doctors in the public sector" (The Age, 2 November 2016).*
	Unable to relieve suffering for the dying	6	*"Unfortunately, despite excellent palliative care, not all suffering can be relieved" (The Age, 22 September 2017).*
	Need for improved palliative care to avoid assisted dying	5	*"How to make quality palliative care truly accessible to all, before reaching for the convenient alternative of an assisted exit" (The Australian, 26 November 2017).*
	Providing in-home palliative care services	3	*"Nursing her husband at home would have been impossible without the in-home palliative care service" (The Australian, 1 September 2017).*
	Palliative care stigma	2	*"The term still carries a strong association with the old-fashioned hospice: a place a patient enters late and never leaves" (The Age, 7 October 2017).*

Category	Subcode	Subcode Count	Illustrative Quote
Death-talk, coping, and avoiding death with healthcare professionals		**59**	
	Talking about death in healthcare settings: patients to doctors and doctors to patients	39	*"... was left amazed that it was possible to be this honest with patients, revising her "ill-conceived beliefs ... beliefs that could have prevented her from having the courage to tell the truth" (The Australian, 14 April 2018).*
	Need for healthcare specialist training to deliver bad news	9	*"There's very little training still to deal with death and we are talking three decades on from when I was struggling with it as a medical student" (Herald Sun, 9 July 2016).*
	Invasive treatments administered by healthcare specialists to avoid death	6	*"Many catheters were inserted into the veins of her ... and drainage tubes were pushed through the skin and wasted muscle of her chest wall to drain the fluid collecting around her lungs" (The Australian, 27 Jan 2018).*
	Mechanisms used by doctors to cope with death, dying, and illness	5	*"For a doctor, it is possible to focus so much on the sickness you are trying to treat that you forget the sick - you're oblivious to the human being beyond the diagnosis" (The Australian, 21 May 2016).*
Humour		**50**	
	Incorporating humour into death talk	27	*"A doctor fearing death is a bit like a pizza chef fearing dough" (Herald Sun, 9 July 2016).*
	Using humour to cope with mortality	21	*"Humour helped Taylor cope after she was told a mole on the back of her right knee was stage-four melanoma" (Herald Sun, 9 July 2016).*
	Using humour to cope with grief	2	*"Grief makes cameo appearances at regular intervals throughout the book, somehow blending seamlessly with childhood fart jokes and the story of Sami's starring role in Saddam" (The Australian, 25 July 2015).*
Talking about death with loved ones		**49**	
	Talking about death and illness with loved ones	36	*"I filed the information away in the back of my mind, with some of the other details we'd talked about do not resuscitate; no exceptional measures; burial, not cremation" (The Age, 22 November 2015).*
	Denial of death talk within families	6	*"One of the hardest things is when friends say to her, "You'll win this battle, you won't die, you will fight it." (The Age, 12 July 2015).*
	Talking about death with children	5	*"When a parent is diagnosed with cancer, the first question they typically grapple with is: how will I tell my children?" (Herald Sun, September 19, 2017).*
	Death described as being unfair	2	*"Emma Betts is dying of cancer ... there are times she wants to scream at the monstrous unfairness of the situation." (The Australian, 11 March 2017).*

Category	Subcode	Subcode Count	Illustrative Quote
Instigating death talk		**46**	
	Talking about death and dying when someone is dead or dying	46	*"After the 27-year-old's death from cancer" (Herald Sun, 19 October 2018).*
Dying process		**34**	
	Being at the death of a loved one	13	*"I've been with others at the end many times. I've journeyed the path to the last breath with my dad, my mother-in-law and a dear friend" (Herald Sun, 31 July 2017).*
	The depiction of the individual before illness	11	*The tall, athletic figure, a former Masters squash champion, changed as a cocktail of cancer drugs and assorted illnesses took a hold on his body (The Australian, 3 June 2017).*
	Description of bodily changes throughout illness and dying process	10	*"Appetite, thirst, alertness, breathing and skin pallor will change as the body slowly shuts down (The Australian, 1 September 2017).*
Culture		**24**	
	Expressing Western cultural attitude towards death and dying	12	*"However, in Niemeyer's experience, Western - society's major preoccupation with death remains fear" (The Australian, 17 October 2016).*
	Expressing death across cultures	12	*"As the Buddhists, among others, recognise keenly, life does involve impermanence. All things and all people will rise up and fall away in our life, suffering is inevitable and it's nobody's fault. It's just the way the things are" (The Australian, 17 October 2016).*
The perception of death relative to age		**21**	
	Death is for the elderly	11	*"Most of us will die in old age, after a long period of declining health" (The Australian, 14 April 2018).*
	Notion of an ageing population	6	*"We're all living longer but we're actually dying longer too" (The Australian, 3 June 2017).*
	The prospect of death occurring out of order	2	*"I wondered how it would be explained, not only to him, but to every other child who loses an adult of any kind — God forbid a parent, but in most cases, it's a grandparent or it's a beloved neighbour" (Herald Sun, 23 November 2019).*
	Too young to encounter death	1	*"What do you say to a 25-year-old woman who is planning her own funeral?" (The Australian, 11 March 2017).*
	Sandwich generation	1	*"As we get older, we feel we've worked hard all our lives and brought up kids, and there is finally a light at the end of the tunnel. When our parents start getting seriously sick, and needy, we can feel overwhelmed" (The Australian, 15 Feb 2016).*
Grief		**17**	

Category	Subcode	Subcode Count	Illustrative Quote
	Processing grief after loss	7	*"Our work is all about understanding grieving as a process of trying to reconstruct a world of meaning that has been challenged by loss" (The Australian, 17 October 2016).*
	Coping with grief	4	*"Common grief responses can include … can be withdrawing, lashing out, blaming, manic organising, being in denial, crying. Some people even laugh or make jokes in times of loss" (The Australian, 15 February 2016).*
	Fear of experiencing grief	3	*"Death and dying are frightening concepts. Watching someone you love die is packed with grief. They look different. They're not the person you remember and so desperately want them to be again" (Herald Sun, 31 July 2016).*
	Stages of grief	2	*"The five stages of grief were identified by psychiatrist Elisabeth Kubler-Ross in 1969 …. Grief, once suffered, becomes part of our history and changes who we become" (The Australian, 28 March 2020).*
	Types of Grief	1	*"Individual grief … Collective grief … Cumulative grief … Anticipatory grief is dread; we anticipate and comprehend a loss or losses yet to come" (The Australian, 28 March 2020).*
Accepting mortality		**13**	
	Accepting death as an inevitable process	10	*"It's understanding that that's the deal; you are born, and you have to die, that's just part of the equation. And you do come to terms with that at some point" (Herald Sun, 9 July 2016).*
	Individuals openly discussing their attitude toward death	3	*"Eric was not afraid dying. He talked about it openly and in a realistic and pragmatic manner" (The Age, 13 December 2016).*
Concept of good and bad deaths		**7**	
	Constitution of a good death	5	*"To know when death is coming; to have dignity, privacy and control; to have the people you want around you; to have access to hospice care; to issue advance directions" (Herald Sun, 30 July 2017).*
	Constitution of a bad death	2	*"… featured needless suffering … and largely useless, invasive attempts to prolong life. These were patients who had no plan for their final days, leaving doctors no choice but to continue trying to save life" (The Australian, 27 January 2018).*
End of life decision making		**4**	
	Actively seeking advanced care directives	4	*"She had gone to see NSW Trustee & Guardian (government executors) about her advance care plan" (The Australian, 8 July 2016).*
Working in death industry		**3**	

Category	Subcode	Subcode Count	Illustrative Quote
	Jobs in death industry such as grave digger, death doula and funeral director	3	*"He has spent much of his life digging graves in cemeteries" (Herald Sun, 29 April 2017).*
Total		**739**	

3.1.2 Encouraging Talk of Death

Encouraging talk of death was the most frequent category across the data. The nine subcodes that forming this category reflected active encouragement by journalists to talk about death and dying. Articles focused on planning for a "good death" by voicing dying wishes. A prompting to accept death's inevitability and its accompaniments of illness and ageing, was framed in the context of being beneficial not only for the person facing death, but also for those closest to them. Psychological wellbeing, finances, and relationships were identified stressors that contributed to strain on families after death if no plan had been established which highlighted the adverse effects placed on family members:

> *"While her late husband had been seriously ill for some time, he never drafted a will, feeling it would be an admission of defeat, mentally weakening his fight against disease, but he failed to take into account the impact this would have on his family" (The Age, 2015).*

Descriptions of feelings that were experienced by family members after the death of a loved one such as "uncertainty" (The Age, 2015), when left to make decisions on their behalf were expressed throughout articles.

As well as encouraging death talk for individuals and family members, journalists also promoted less traditional forms of instigating death talk. These forms of conversation engagement included articles about death cafes, palliative care services, online forums, the

radio, and the arts (such as through writing). Appearing the least often in the data were the topics of talking about death with the intent for health promotion.

3.1.3 Death Anxiety

Death anxiety was the second most frequent category across the data, composed of seven subcodes. Journalists placed emphasis on how conversations around death are often avoided and individuals distract themselves from conversations about death and dying.

Fear of death, the lack of certainty, and lack of control experienced around the thought of death, contributed to the death anxiety that was present in the media. Articles noted that individuals chase immortality (such as symbolic immortality, where names and assets are passed onto offspring to prolong existence), indicating a form of death denial. Articles portrayed cases of family and friends struggling to accept the mortality of their loved ones, highlighting the fear associated with loss of loved ones.

Journalists drew attention to the use of euphemisms to demonstrate how language changes the meaning of death and dying. Less commonly demonstrated, was the media's contribution to death anxiety, where disturbing accounts of death through illness, such as cancer, were portrayed through the media about the process and end point of death.

3.1.4 Death and the Arts

The expression of death through the arts was the third most frequently found category across the data, with two subcodes which commonly focused on talking about and expressing attitudes towards life and death through use of the arts (such as novels, festivals, and theatre).

From as early as the 1950's, Kris (1953), has demonstrated the arts as a form of sublimation, which in psychoanalytic terms, is used as a mature defence mechanism to neutralise what can be perceived as potentially dangerous information that is delivered to the conscious mind.

Journalists used the arts as a way for readers to engage with death and dying, and further portrayed the arts as a resource for individuals to come to terms with death and its associates (illness, the end-of-life journey, and grief).

3.1.5 Assisted Dying

A total of eleven subcodes formed the category of assisted dying, the fourth most frequently found category across the data. A person's right and choice to die on their own terms was frequently highlighted by journalists in the context of assisted dying. Assisted dying was framed as a navigator in relation to terminally ill people experiencing "good" or "bad" deaths. Journalists reported "good deaths" as being peaceful and pain-free, whilst "bad deaths" were descriptively written about in a manner that intentionally evoked emotion for the reader. As illustrated by Figure 3, 'Assisted dying', 'Palliative Care', and the 'Concept of good and bad deaths' were categories associated with one another.

Palliative care and assisted dying were portrayed by the newspaper articles as co-existing entities. Assisted dying was framed as a service that provided the relief of suffering to terminally ill people, while palliative care was framed as incapable of providing the same service. It was evident that these articles were promoting support for the assisted dying debate.

Assisted dying was portrayed differently by journalists, relative to their position on the debate. Palliative care services were portrayed as more efficient, and terminally ill, fragile, and elderly people were framed as being vulnerable and at risk under the Assisted Dying Act, in articles where assisted dying was not supported. As well as describing the process of assisted dying, Journalists also highlighted the transformation in language over time to talk about assisted dying, explaining that the procedure had originally been negatively framed as "euthanasia" and has evolved into the term "assisted dying".

3.1.6 Palliative Care

A total of eight subcodes came under the category of palliative care, which was the fifth most frequently occurring category found across the data.

Articles framing palliative care in a positive way, frequently described the environment surrounding a terminally ill person in their final days of life which included the involvement of family, and the presence of skilful and competent palliative care nurses who provided patients and their families with guidance throughout the final stages of life. Dying at home was portrayed by the media as people's most preferred place of death, which was supported by statistics reported in articles:

> *"Over 70% of Australian's would choose to die at home" (The Australian, 2017).*

Articles highlighted in-home palliative care services to allow patients to receive care at home, but journalists also wrote about barriers for people to die at home, if that was their wish, and highlighted end-of-life communication.

Palliative care services were framed negatively by the newspaper media in articles where palliative care services were described as unequally accessible to all people, and the service of care provided was described as inadequate for all people at the end stages of life:

> *"We need to properly resource palliative care so that people, whether they're in our big cities or rural areas, can access 24-hour quality care that includes the ability to move home from hospital and offers real and practical support for families" (The Age, 2017).*

Journalists argued for the improvement of palliative care to override the need for assisted dying and less commonly, journalists highlighted the stigma associated with accessing end of life care.

3.1.7 Humour

Three subcodes formed the category of humour which was the sixth most prominent category across the data. Humour was portrayed through the newspaper articles as an important way to talk about death. Journalists frequently used humour to talk about death and dying, blending the reality and unpalatable facts of mortality, with the intent of evoking emotion (laughter) for readers. As illustrated in Figure 3, the category of 'Death anxiety' was associated with humour.

Humour was framed by the media as a coping mechanism which was used by terminally ill people, people experiencing grief, and people at the end stages of life:

> *"Some people even laugh or make jokes in times of loss. Biologically this is normal as there are feel-good hormones in tears and laughter and we release opiates during laughter. Emotions are nature's way of helping us cope" (The Australian, 2016).*

3.1.8 Talking about Death Within Families

Talking about death within families was the seventh most frequent category in the data, comprised of four subcodes. Death and illness were portrayed by the media as topics that were discussed between family. Journalists highlighted the importance of exchanging dying wishes between loved ones, so that they can be remembered and granted as needed.

Denial of the mortality of family members was framed by the media as a barrier toward end-of-life communication. Consequently, discussing death and dying between family members was commonly framed as a difficult conversation. Less commonly in articles, death

and the uncontrollable implications it places on families experiencing loss, was portrayed as unfair:

> *"... dying of cancer ... It is so cruel to the family in Queensland and to her husband, Serge, that there are times she wants to scream at the monstrous unfairness of the situation" (The Australian, 2017)*

3.1.9 Instigating Death Talk

Instigating death talk was the eight most frequently identified category across the data. The subcode under this category reflected how death-related articles were frequently published once someone had died or was dying. People who were dying or had died due to terminal illness, were commonly written about, or interviewed by journalists throughout articles. The perspective of a person who was dying, or the perspective of a dying or dead person according to journalists, utilised the death, or impending death of a person to be a colloquy. The deaths of people who were well-known, or of high status in Australia were also written about in the newspaper media to instigate death-related conversations:

> *"Robert Holmes was one of Australia's most respected and feared businessman ... when he died suddenly aged 53, the world was stunned to find he had not left a valid will" (The Age, 2015).*

3.1.10 Death-talk, coping, delivering bad news and avoiding death with healthcare professionals

Healthcare professionals' ability to have conversations about death and dying with patients were framed negatively throughout articles. Journalists portrayed healthcare professionals to be fearful to engage in death-related discussions with patients and their

families, while patients who were dying were portrayed as willing to engage in death-related conversations more than healthcare professionals were portrayed to believe. These belief systems described by journalists encompassed false perceptions surrounding patients' capacity to handle "bad" news:

> *"Her chance of survival would go up or down depending on how her body responded to chemotherapy ... One thing was clear, she wanted to have the conversation that her doctors were avoiding" (The Age, 2018)*

Journalists commonly reported healthcare specialists' call for the need for training to deliver bad news. 'Bad news' referred to the detection of cancer, deadly disease, genetic disorders that are incurable, the return of a disease, spreading of a disease, unsuccessful treatment outcomes, and referring patients to end of life care (Kachewar & Sankaye, 2012).

Journalists highlighted healthcare professionals' views that inadequate training to deliver bad news is an issue that has persisted over time, and described detachment and self-medication to be ways that healthcare professionals cope with delivering bad news:

> *"I once met a man fatally scarred by that job: he drank a bottle of spirits every night to dull the pain, anaesthetising a brilliant mind that could no longer cope with delivering terrible news" Herald Sun (2016).*

Attention was focused on healthcare professionals avoiding death, through journalists highlighting that healthcare professionals are trained to prolong life and avoid mortality. "Prolonging life at all costs" (The Age, 2017) was portrayed by articles to be the "default

treatment" (The Australian, 2018) received by people who were dying, and was argued to be especially relevant when no end-of-life wishes had been established by the dying person.

Family members who refused to accept their beloved's mortality were framed by journalists to contribute towards life-prolonging treatments administered by healthcare professionals. In this way, the media encouraged an acceptance of death, once quality of life was deemed to be lost:

> *"… she couldn't communicate, but her husband thought she should be given a chance to recover. So, when Judy stopped breathing, she was resuscitated. Surgeons then cut a hole in her neck and inserted a tube so she could breathe through it. Another tube was threaded through her nose and into her stomach so she could be fed" (The Australian, 2018).*

3.1.11 Dying Process

Death was commonly framed as a process rather than a discrete event throughout articles, demonstrating the description of a person's physical and personality features before illness, changes to and loss of these features to treatment and illness, and lastly the description of the person at the endpoint of life:

> *"I struggled to remember him as the intelligent, quick-witted, blunt, big-hearted force of nature that he was for so much of my life. Instead … His half-closed eyes took in nothing, his dark complexion had acquired a yellow-grey tinge, and his skin was slack from the rapid loss of weight … Unable to swallow and struggling to breathe, he was a shadow of the man I loved" (The Australian, 2017).*

Journalists commonly described the endpoint of a person's death to be surrounded by family, highlighting the importance of family involvement at the final stages of the dying process.

3.1.12 Culture

The category of culture, which was the eleventh most prominent category across the data, composed of two subcodes, and reflected the media's portrayal of death attitudes in Australian culture (which was sometimes referred to in a broader context as "western culture) and other cultures. Journalists highlighted the presence of death anxiety in articles relative to talking about death in the context of Australian culture compared to other cultures.

> *"As a culture, we've been forced to look death in the eye recently in the way the western world hasn't done before … In other cultures, they're often better at facing death, talking about it, and it being a part of life" (Herald Sun, 2020).*

In articles including other cultures' perceptions of death, journalists highlighted attitudes towards death to be more accepting and celebratory:

> *"Australians generally shy away from the subject of death, and in Amsterdam I felt at sea in the ritual of farewell" (The Australian, 2017).*

3.1.13 The Perception of Age in Relevance to Death

The media demonstrated how people are portrayed as eligible to die, respective of their age. Journalists frequently portrayed death to be an act that occurs to elderly people and promoted this portrayal by highlighting the fact of an ageing population, with increased life expectancy, increased chronic illness, and increased occurrence of death.

Death was framed more negatively and to be unacceptable when it occurred to people who were young, or when death occurred out of order (children dying before their parents), which was described by an account in the Australian as “shocking” (The Australian, 17 August 2015).

3.1.14 Grief

Five subcodes were allocated under the category of grief, which was the thirteenth most prominent category across the data. All five subcodes reflected journalists’ and other people’s portrayal of grief.

Grief was commonly framed a process which reflected common responses people employed to deal with loss. These responses were portrayed to involve emotions such as withdrawing, denial, anger, bargaining, depression, and acceptance (The Australian, 2020), and were described as differing stages of grief. Journalists reported these responses on an evidence-based level, by citing psychiatrist Elisabeth Kubler-Ross (1969) as shown in Table 4.

Journalists also reported on the types of grief that can occur in anticipation of, or after the death of someone close. Anticipatory grief, which is the worry of a future loss before it has occurred, was described by journalists throughout the data, supporting people’s fear of losing loved ones

3.1.15 Accepting Mortality

Accepting Mortality was the fourteenth most frequently identified category across the data. Two subcodes fell under the category and reflected how individuals who have accepting attitudes towards their mortality, are more open and realistic about their death. Journalists described death, and the lead up to death to be “part of the deal” (Herald Sun 2016), inferring that death is an event that should be accepted from birth. Although scarcely present throughout the data, this view was supported by some people who expressed open attitudes

towards death and expressed by the description peoples open attitudes towards mortality by journalists. Acceptance of death was sometimes described as a rejection of fighting a battle that cannot be won:

> *"If someone puts in my obituary that I have lost my battle with cancer, I will spew … it doesn't matter how hard I fight this, it's going to get me" (The Australian, 2017).*

3.1.16 Concept of Good and Bad Deaths

The concept of "good and "bad" deaths was the fifteenth most prominent category throughout the data and had two subcodes which reflected how journalists portrayed a death to be either "good" or "bad" depending on its characteristics.

A good death according to the newspaper media, involves planning, preparedness, control, dignity and privacy, and to be surrounded by loved ones with access to end of life care. The "Grattan Institute" (Herald Sun, 2017) was referenced by journalists to support the factors of a good death. Other features of good deaths described throughout articles involved a person's morals, values, and sense of self-worth, as well as being pain-free, unhurried, and in a place of choice:

> *"People who die well tend to hold certain values and attributes that inform and enrich their whole lives. Compassion, empathy, forgiveness, self-worth, equanimity, acceptance and resilience are all important" (The Age, 2019).*

The inclusion of family at the end point of death was frequently highlighted to be a crucial component of a good death. Alternatively, "bad deaths" were described by journalists, who often reported doctors' perspectives, to involve features of needless suffering,

unnecessary attempts to prolong life, and no established plans for the end of life. Death "mired in family conflict" (The Australian, 2018) and involving invasive treatments were described as factors contributing to bad deaths.

3.1.17 Actively Making Decisions for the End of Life

This category was the sixteenth most frequently occurring category across the data which consisted of one subcode reflecting journalists' reports of occasions where people actively sought advanced care directives.

There were very few articles throughout the data that displayed accounts where people had actively put plans in place for their inevitable mortality. A previous study conducted in Australia reported that very few people (14%) had actively completed an advanced care plan (White et al., 2014).

Advanced care planning was highlighted by journalists to be a primary resource in planning for the end of life, and demonstrated how advanced care plans outline a person's end of life wishes for others when the uncontrollable end point of life occurs:

> *"... even something as mundane as getting hit by a car on the way to pick up the pizza, we have outlined in writing for our loved ones and medical carers the sorts of decisions we want honoured" (The Australian, 2016).*

3.1.18 Working in the Death Industry

The least frequent category across the data was the category of working in the death industry. This category reflected the portrayal of job descriptions in the context of the death industry, such as grave diggers, and occupations within the funeral industry.

The job occupation of a grave digger was framed by journalists to be “legendary” (Herald Sun, 2017), while the after-death industry was framed as a “big business” (The Australian, 2018).

Chapter 4: Discussion

4.1 Overview

The main objective of this study was to explore how three largely circulated Australian newspapers highlighted features of death and dying from the years 2015-2020 in the context of the Victorian Assisted Dying Act (2017). ‘Encouraging End of Life Conversations’ was found to be prominent in the media analysed for this research, demonstrating how the Australian newspaper media encourages having end of life conversations.

Consistent with prior literature, it was evident throughout newspaper articles that people were reluctant to talk about and think about death on an individual level as well as with loved ones. One of the most consistent factors contributing towards death denial as a culture appears to be advances in medical technology which are compensating for the evident ageing population (Lunenfeld & Stratton, 2013). Healthcare professionals were also found to be reluctant to deliver ‘bad news’ to patients who were facing death. consequently, the category of ‘Death Anxiety’ was highly present throughout articles and heavily supported the theoretical lens of Terror Management Theory. To reduce death anxiety, mortality salience and its accompaniments such as grief, people engaged in sources of humour, and other resources such as the arts to buffer against existential anxiety.

The newspaper media’s portrayal of categories involving end of life care such as ‘Palliative Care’ and ‘Assisted dying’, encompassed features of political motivation, and the

framing of messages to influence public opinion which has been addressed in prior literature (Kis-Rigo et al., 2020; Crumley et al., 2019). Further, some findings were interesting relative to their de-emphasis in the newspaper media such as lack of accompaniments to end of life planning relating to the after-death industry and funeral planning, and the importance of healthcare specialist training to cope with the deliverance of bad news and death of patients.

4.2 Talking about Death and Dying

Journalists are cautious of the language used to talk about death. The sensitivity of talking about death and dying was reflected in this study using euphemisms in articles to talk about death, and the inconsistent use of "death" and "dying" in the headline of articles from 2015-2020. Consistent with prior literature, euphemisms have been found to be implemented by journalists to address frightening connotations such as death and dying, to reduce adverse reactions to taboo words such as "death" (Ryabova, 2013).

This study demonstrated the emphasis that the newspaper media contributed towards end-of-life communication by not only framing the negative consequences that are associated with not planning for the end of life such as the stress placed on families which has been explored previously (Pivodic et al., 2014) but also by promoting community initiatives such as death café's which are currently being utilised world-wide to increase people's death literacy (Miles & Corr, 2017). 'Death literacy' has newly evolved in Australia due to an obvious cultural attachment toward medical technologies, and a cultural detachment from knowledge and engagement with death (Horsfall et al., 2013; Vivekananda et al., 2020), which was also prevalent throughout this study and was reflected by Australia's cultural attitudes towards death.

According to the Grattan Institute, people in Australia are reluctant to establish plans for the end of life (Swerissen & Duckett, 2014), which contributes to the prevalence of 'bad

deaths' involving invasive treatments, needless suffering, and undesirable patient-centred care (Detering et al., 2010; Asano et al., 2019), which was also supported by this study and journalists' concept of a 'bad death'. Barriers surrounding end of life communication, and patients' belief that is the healthcare professional's responsibility to start these conversations contributes to this issue (Almack et al., 2012). However, as was found in this study and other studies, health care professionals struggle to engage in conversations about dying with their patients (Anderson et al., 2019), withholding misinterpretations of patients' ability to cope with disappointing but realistic information (Berkey et al., 2018) and a lack of training to deliver bad news (Monden et al., 2016; Collini et al., 2021).

4.3 Media's Influence on the Distribution of Death-Related Information

The mass media invests energy into broaching difficult topics such as death and dying, and can touch, inspire, and give meaningful affect to confronting experiences (Oliver et al., 2012).

Previous literature surrounding death and dying communication in Australian newspaper media, is limited. A recent study by Kris-Krigo et al (2021) investigated the Australian newspaper media's negative portrayal of palliative care services, while other studies have investigated the effectiveness of mass media campaigns aiming to detect early chronic illness and prolong life (Worthington et al., 2020). Less recently, the Australian media's portrayal of assisted dying has been explored in the literature (Kirkman & Johnstone, 2014; McInerney, 2007; McInerney, 2006).

The background and political ideology of journalists has been explored to determine the observe the effects had on decisions surrounding story publishing and the unconscious or conscious bias that are exerted through stories (Wihbey, 2017). It is a professional requirement for journalists to remain neutral when writing stories to the general public, even

if it is controversial to the individual's view which is particularly important on the rise of political movements in Western societies (Ojala, 2021). In this study, stories that were published with a political motive expressed potential bias to influence public opinion on issues surrounding palliative care and news coverage during the lead up to the Assisted Dying Act (2017). The transference of the media's portrayal of information to a person, shapes their perception of reality, and consequently the way people react to controversies like assisted dying, varies disparately (Somerville, 2014). Journalists reflect a traditional value of objectivity, and the controversy of the case for assisted dying influences the quantity of coverage and choice of reporting related to the matter (Somerfield, 2014). Interestingly, this study found that the greatest volume of articles relating to death and dying was in the year 2016, one year before the Assisted Dying Act passed through Victorian Parliament, and then the volume of death-related articles decreased. Therefore, it could be assumed that the number of articles published relating to death and dying in the lead up to the debate, could have been strategically implemented to influence readers' political opinion. Further, the *Herald Sun* is a Murdoch paper owned by News Corp and published the greatest number of articles relating to death and dying during the years of 2015 to 2020. In comparison, *The Age* is owned by Fairfax media and published the least number of articles from 2015 to 2020 having implications on the reporting of death and dying in Australian newspapers, based on ownership. Rupert Murdoch is renowned for strategically projecting personal views on political movements to the public, by using his power in the media, and newspaper ownership to do so (Hobbs, 2014).

Consistent with prior literature, where there was evidence for support of assisted dying in this study, palliative care was portrayed as inadequate to provide sufficient pain relief, while assisted dying was portrayed to provide sufficient pain relief for the suffering

and maintain the right and choice for a person to die with dignity (Kris-Rigo et al., 2021; Inbadas et al., 2019), which is a prominent feature of secular principles (Inbadas et al., 2019).

Artciles addressing the assisted dying debate commonly used assisted dying and palliative care interchangeably to support their position on the debate which has also been addressed by a previous study (Carrasco et al., 2019). Articles relating to palliative care and assisted dying often encompassed features of dramatic and unpleasant deaths. Whilst is it not suggested the portrayal of these deaths were fake, the overdramatization of the deaths may have had the intent to influence political support by evoking fear. Consistent with Terror Management Theory, it has been found that fake news induces mortality salience, and influences people to seek close relationships by news-sharing with others, and seeking engagement with people who have similar worldviews on particular issues (Lim et al., 2021).

4.4 Terror Management Theory

Evidence supporting Terror Management Theory and the psychological buffers used by people to combat existential terror was supported by this study. Features of death anxiety were demonstrated by journalists and articles by the fear of one's own death, the fear of loved one's dying and experiencing grief, and in the context of healthcare professionals, fear of exchanging information about death with patients which have all been explored in prior literature (Bath, 2010; Sinoff, 2017; Toyama & Honda, 2016; Draper et al., 2019).

During the time period chosen within the three largely circulated Australian newspapers, journalists frequently highlighted peoples' need to avoid mortality. Consistent with Terror Management Theory, articles highlighted features of symbolic immortality, engagement in activities such as the arts to cope with existential terror, and the buffering effects of humour to cope with mortality salience.

The arts were frequently utilised by the newspaper media to engage readers on topics relating to death and dying and were framed by journalists as a coping mechanism to combat death anxiety. The arts and entertainment have been demonstrated to bolster cultural belief systems, giving people a sense of purpose, and evoking an uplifting perception that the world has meaning (Rieger et al., 2015), which consequently alleviates the severity of existential terror (Landau et al., 2010). Although the use of arts throughout articles were associated with increasing one's mortality salience, Terror Management Theory posits that to reduce existential terror, meaningful activities must be engaged in, and it has been found that consciously thinking about death is associated with greater levels of self-awareness (Vail et alet., 2012).

Further, the use of humour to adapt to death and dying information was expressed throughout articles and demonstrates features of Terror Management Theory. Studies in prior literature have found that humour is commonly used by people in the face of death (Demjen, 2016; Linge-Dahl et al., 2018), ageing and illness (Richman, 2006), and reduces death anxiety (Morgan et al., 2019; Hackney, 2011; Elgee, 2004). A study by Morgan et al (2019)., found that trait-coping humour buffers against anxiety inducing feelings that are related to mortality salience. Humour is a culture-bound phenomenon, which reinforces a person's sense of self-preservation (Long, 2013). Consistent with Terror Management Theory, a study conducted by Long (2013) found that subliminal prompts of mortality such as humour, are likely to increase a person's awareness of death and encourage the activation of symbolic meaning.

4.5 Endler and Parker's Theory of Coping

Prior literature surrounding coping with death and dying using the three coping styles that Endler and Parker propose is very limited. In fact, there is no current literature

addressing this theory to understand how people cope with mortality salience and impending mortality. Consistent with findings from Man et al., (2012) which found that individuals with comorbid depression displayed higher levels of emotion-focused coping than problem focused coping. This study found that components of an emotion-focused coping style such as humour, were used far more than problem-focused coping styles which aim to actively reduce anxiety surrounding a stressful situation. In the context of death, this could involve actively seeking advance care directives to plan for the end of life, which was rarely mentioned throughout articles.

At this point in time, in the three newspapers that were selected for analysis, journalists, people's stories reported by journalists, and the media at large prompted the implementation of problem-focused coping styles to deal with mortality, involving actively planning for the end of life which is reflected by the largest category 'Encouraging end of life conversations. A study conducted by Niihata et al. (2017), exploring the coping styles used by haemodialysis patients to cope with mortality, problem-focused coping styles were associated with greater lengths of survival, better quality of life, and less mental health problems, encouraging problem-focused engagement for patients with a life-limiting illness to increase longevity and quality of life in the face of mortality. Avoidance-focused coping styles were observed throughout articles in this study, reflecting the avoidance for people, family members, and healthcare specialists to accept and face mortality. Avoidance-focused coping styles have been found to be associated with greater levels of grief and risk of complicated grief where loss and mortality are avoided, and emotional angst is prolonged (Shear, 2012).

4.6 New Findings

Newspaper articles frequently encouraged readers to plan for the end of life which was reflected by the most prominent category of 'Encouraging End of Life Conversations'. There are currently no studies in the literature that have addressed how the Australian newspaper media encourage end of life conversations. It has been informed that completing advanced care directives results in positive changes towards death attitudes and amount of perceived control a person has over their death (Chiu wu et al., 2020). Therefore, the importance to educate the public on end of life planning has been raised (Parrish, 2018; Bravo et al., 2016; Hader et al., 2005)

Findings relating to how the Australian newspaper media encourage having end of life conversations provide an insight as to how the media acts as a beneficial education tool for issues relating to death, dying and grief, and can have further implications on how the media and journalists might distribute death-related information in the future. This demonstrates that not only are the media aware that many Australians are scared to accept their mortality and find end of life conversations difficult to address, but also demonstrates the importance of developing society's knowledge on death, dying, and end of life care.

Further, implications towards how people cope with their impending mortality were addressed in this study. Much of the literature has focused on Terror Management Theory to explain how people deal with the awareness of their mortality, but little attention has been placed on other forms of coping with impending death. Endler and Parker's (1994) theory of coping with stressful events was consistent with people's reactions to death-related talk and death-related thoughts. Problem focused styles of coping with mortality salience was demonstrated in articles where people actively sought information to plan for the end of life. It could be argued that the Australian newspaper media is attempting to change public attitudes surrounding death and dying, by encouraging the active involvement to plan for the

end of life. Emotion-focused styles of coping that were present in this study were unable to contribute to new findings, as the way people cope with their own and others mortality emotionally such as with humour (Gray-Renfew, 2020; Morgan et al., 2019) has been addressed in prior literature. Avoidance-focused coping with mortality was highly present in this study, having implications towards Endler & Parker's theory of coping and the tendency for people to cope with death by avoiding death-talk and death-thoughts towards their own mortality, the mortality of family and friends, and for healthcare professionals, the mortality of patients.

4.7 Limitations

A significant limitation to this study was that data were only analysed from three Australian newspapers, although all three newspapers have a large readership in Australia, and covered topics of death and dying nationally.

Despite best efforts and multiple searches to yield all articles relating to death and dying in the specified inclusion criteria, there is the potential for some articles to have been missed in the *Newsbank* database.

This study did also not explore the perception of readers; therefore, it is impossible to know how the messages presented within articles may have been subjectively interpreted by the audience. Implications for future research could be to potentially broaden data analysis to other forms of mass media, such as social media to explore the media's portrayal of death and dying more comprehensively (Wright, 2014; Taubert et al., 2014).

It could also be of interest for future research to explore print newspaper media to determine the differences in written communication, and physical characteristics of print newspapers featuring of death and dying in quality broadsheet versus tabloid publications. As

this study analysed online articles where the used format by journalists across newspapers is very similar, making it hard for implications regarding published format to be made.

4.8 Strengths

Using qualitative content analysis allowed for not only the frequency of content within articles to be found, but also provided an in-depth description of the death and dying content which was present in articles. This study provides an understanding of how the newspaper media, and journalists behind the stories that were published, can influence the public's perception about death and dying by placing attention on, and the framing of information. An audit trail was also maintained to reduce the potential bias and subjective interpretation of information throughout the duration of the research.

4.9 Conclusions

In conclusion, people of Australia are largely reluctant to accept their mortality and engage in end-of-life conversations themselves, with loved ones, and with patients. Maladaptive forms of coping such as avoidance, are commonly used by people to cope with impending mortality and grief associated with loss. Further, the media serves as a beneficial tool to inform people of end-of-life care services and encourages problem-focused ways to deal with the mortality of oneself and loved ones by actively planning for the end of life. However, when there is a political motive, journalists and the media at large influence public opinion by the framing of messages regarding care and individual rights in end-of-life services such as palliative care and assisted suicide. Terror Management Theory and Endler and Parker's theory of coping were supported by this study and provide a deeper insight as to how people apply psychological mechanisms to buffer against mortality salience such as the arts and humour. This research project has provided an understanding of how the Australian

newspaper media serve as a colloquy surrounding death and dying, and how the emphasis and de-emphasis of information exerted by journalists affects readers and influences perspectives towards death and dying in Australia between 2015 and 2020, in the context of the Assisted Dying Act (2017).

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