

Queer Terror Management: The Effect of Death Attitudes on Gender Stereotypes

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Abstract: The present research aims to facilitate radical, intersectional psychosocial intervention in gender stereotypes. Queer terror management theory provides a theoretical framework for an effect of death attitudes on stereotypes about sex, gender and desire. An initial version of the theory assumed that death acceptance would inhibit the activation of gender stereotypes, depending on the moderating role of mortality salience. A quasi-experiment with Implicit Association Tests and explicit surveys was run to put the theory to an initial test. Results showed that a more positive death valence in wave 1 - not death acceptance or mortality salience - was associated with less implicit sexual identification, gender prejudice and homonegativity. Explicit results were not conclusive. Future research shall replicate the quasi-experiment and broaden its scope to further kinds of social prejudice.

Keywords: Gender stereotypes, Queer theory, Terror management, Death valence, Psychosocial intervention, Intersectionality

1. Introduction

The present research aims to facilitate radical, intersectional psychosocial intervention in gender stereotypes. Gender stereotypes are precursors of gender-based discrimination (Roth et al., 2018) that reflects in global economies, violence and a lack of political participation (Organization for Economic Cooperation and Development [OECD], 2019; World Health Organization, 2018; Worldbank, 2015). Gender-based discrimination often intersects with other kinds of prejudice, but the underlying stereotypes depend on each context.

1.1 Gender-Based Discrimination in the US

The central theories of the present research stem from the US (Butler, 1990; Greenberg, 1986) and are not necessarily applicable to other cultural contexts (Burke et al., 2009; Wendt et al., 2014). To guarantee cultural validity, our research is limited to the US context.

Women in the US earned 18.5% less than men in 2019 (OECD, 2019). Economic discrimination was especially prevalent for trans women in 2011 (Grant et al., 2016). In the US, 25% of cis women (World Health Organization, 2018) and ca. 27% of trans people (Stotzer, 2009) experienced physical and/or sexual violence at least once in their lifetime. Likewise, 20% of the US hate crimes in 2019 were motivated by homo- and transphobia (Federal Bureau of Investigation, 2019), which is especially prevalent for racialised trans women (Gold and Piccoli, 2020; Patil, 2020). Cis women's political participation in the US congress was limited to 19% in 2015 (Worldbank, 2015), while LGBTIQ+ people's accession to high-level political offices remain a reason for breaking news (for example: Hesel, 2019).

1.2 Recent Psychosocial Interventions

Recent US-based interventions in gender discrimination address rational and emotional consciousness about stereotypes in specific contexts. These interventions slightly reduce stereotypes by means of experiential learning, including role-plays and group discussions (Kilmartin et al., 2015; Kollmayer et al., 2018; Zawadzki et al., 2014). If patriarchy exists since more than 5,000 years (Lerner, 1986), a decrease in gender stereotypes requires a more profound psychosocial intervention. Yet, none of the mentioned programs further examined the concept of gender or the precursors of gender stereotypes.

1.3 Objective

The objective of the present research is to propose and test a novel theoretical framework for a more radical, intersectional psychosocial intervention in gender stereotypes. To approach this objective, we will first examine gender stereotypes and their possible precursors.

Social psychology defines gender as a set of fixed ideas about the cultural meanings of female, male and the relations between them (Brannon, 2017; Marecek et al., 2003). In accordance with this view, Butler's version of queer theory (1990) proposes sex, gender and desire as an interacting system of bodily, psychological and

relational trait expectations. We consider that a queer perspective on social psychology would align its gender definition more with its still binarised research practice.

Both - queer theory and social psychology's terror management theory (Greenberg et al., 1986) - assume death attitudes to precede gender stereotypes. If death attitudes precede gender stereotypes and other kinds of social prejudice (Maj and Kossowska, 2016; Wong, 2008), then they promise for a more radical, intersectional approach to psychosocial intervention. However, Butler (1990, 1997) explains the development of gender stereotypes with outdated Freudian psychoanalysis. We contrast these assumptions with the more recent social psychological theories of terror and meaning management (Pyszczynski et al., 2015; Wong, 2008).

Queer terror management theory (Stiller, 2021) integrates queer, terror and meaning management theories. Guided by the question of death attitudes' relation with gender stereotypes, we discuss our results for an initial test of the theory in regards its potential for psychosocial intervention in gender stereotypes.

2. Theory

Social psychology defines the concept of gender as fixed ideas about the cultural meanings of female, male and the relations between them (Brannon, 2017; Marecek et al., 2003). However, in social psychological research practice, trait ascription and self-categorisation often confound sex with gender (Wood and Eagly, 2015), while sexist relational attitudes have only been included as gender stereotypes in ambivalent sexism research (Connor et al., 2017).

We thus apply a queer perspective (Butler, 1990) to the social psychological concept of gender in order to align it more with research practice. To our understanding, Butler (1990) proposes a broader gender construct as a system of interacting, socially shared expectations about bodily traits (sex), psychological traits (gender) and relational traits (desire). Therein, sex is the social interpretation of anatomy, hormones and chromosomes; gender is the trait ascription along with sexed bodies and desire is the socially expected sexual orientation (for interaction details, see Butler, 1990; Stiller, 2021).

To intervene in gender stereotypes, a deeper understanding of gender is as necessary as understanding the possible precursors of stereotypes. Butler (1990, pp. 79-97) draws on Freud to explain how gender emerges from fear of death via oedipal conflict. This reference to an outdated psychoanalysis (Becker, 1973) tackles fear of death as a possible precursor of gender stereotypes, but stagnates without means for intervention.

Terror management theory transfers modern psychoanalysis to testable, social psychological assumptions (Greenberg et al., 1986). The theory posits that humans are aware of their own mortality in the long term. This awareness benefits survival with planned actions to avoid death, but paradoxically implies paralysing death anxiety ("terror") in the short term.

Symbolic immortality serves to buffer death anxiety. Cultural worldviews provide symbolic immortality against death anxiety, since they are shared parts of the self that remain in the others' minds when one's own body dies. Self-esteem derives from how well we fit into those worldviews. In turn, the momentary reminder of our own mortality - mortality salience (MS) - increases the need to buffer death anxiety with cultural worldviews and self-esteem. These cultural worldviews and the resulting self-conceptions include homophobic prejudice (Fairlamb et al., 2022) and gender stereotypes at work (Hoyt et al., 2011), in politics (Hoyt et al., 2009), and in judicial affairs (Rosenblatt et al., 1989).

In terror management theory, death is considered as negative and death denial as the only strategy to cope with it (Pyszczynski et al., 2015). If death denial was per se adaptive, traumatised or terminally ill people would not experience positive consequences in confrontation with their undeniable mortality, such as personal and interpersonal growth (Taku et al., 2021; Samarel, 2018). Avoiding a felt death threat in clinical psychology is associated with persistent post-traumatic stress and anxiety disorders (Blakey et al., 2021; Ehlers and Clark, 2000; Thwaites and Freeston, 2005). By contrast, adaptive coping strategies do not aim to avoid a fictitious death threat (Thwaites and Freeston, 2005). Death denial in social psychology explains gender stereotypes, but it does not hold a major potential for psychosocial intervention in them.

In the terror management extension of meaning management theory, Wong (2008) postulates death acceptance as an alternative coping strategy that increases personal well-being and reduces social prejudice. Wong (2008) explains that negative death valence precedes death denial and positive death valence precedes death acceptance. If death acceptance reduces social prejudice (Maj and Kossowska, 2016; Wong, 2008), for example based on gender, then it could serve as a framework for a more radical and a possibly more intersectional approach to psychosocial intervention.

So far, terror management research on gender stereotypes did not account for death acceptance, nor did it differentiate between sex and gender. Thus, MS describes the cause of an unclear effect. Therefore, terror management requires a queer perspective. Vice versa, Butler's (1990) queer theory does not consider death denial as a precursor of gender stereotypes and thus concludes on intervention only by means of parody. Some queer theorists even deny mortality by unreservedly praising operations and hormones for trans people (Coll-Planas, 2012). Queer theory can use its full subversive potential when it stops denying death. Although queer theory departs from relativism and terror management theory from a post-positivist epistemology, their explanations may complement each other towards the goal of more effective psychosocial interventions in gender stereotypes.

2.1 Hypotheses

In a synthesis of the prior theories, queer terror management theory proposes three main hypotheses: First, sex, gender and desire interact as factors of a queer gender concept. Second, higher death acceptance precedes a lower activation of stereotypes about sex, gender and desire. We assume that the prior levels of death acceptance set the baseline for the MS effect. Third, the association between death acceptance and gender stereotypes is therefore moderated by MS. When people are reminded of their mortality, higher death acceptance is associated with less gender stereotype activation than lower death acceptance.

3. Method

3.1 Participants

An initial test of the hypotheses was carried out in early 2019 with an online quasi-experiment in two waves. The test was restricted to US residents. After dropouts and exclusion for "wild-clicking", 75 of the original 165 participants' data from Amazon's Mechanical Turk (www.mturk.com) were considered valid for analysis (for exclusion procedures, see Carpenter et al., 2017; Greenwald et al., 1998). Participants were aged 19-63 years, 35 of them identified their gender as women, 39 as men and one as non-binary. Fifty-nine participants described their ethnicity as Caucasian, eight as African American, six as Asian and two as Hispanic. Their varying levels of education reached a median of a Bachelor's degree, their levels of income a median of 2,000-4,000 USD per month.

3.2 Procedure

We ensured the quasi-experiment's technical functioning by means of a pilot test with 10 participants. The actual quasi-experiment in two waves was carried out under the guise of a cover story about the influence of community factors on emotional experience. After an informed consent and a positive attention test (calculate $3 + 2$), explicit surveys followed Implicit Association Tests (IAT; Greenwald et al., 1998) in both waves. Wave 1 with the death measures was remunerated with 2,80 USD for 35 minutes. Wave 2 with the experimental manipulation and the gender-related measures was compensated with 3,51 USD for 40 minutes. Finally, participants were debriefed.

3.3 Measures

Despite recent criticism on IAT validity as a measure for stable personality traits (Schimmack, 2021), it remains the most valid measure for intergroup differences in sensitive social attitudes and stereotypes (Vianello and Bar-Anan, 2021; Kurdi et al., 2021).

In wave 1, implicit death attitudes were measured with the Death Attitude IAT, including death anxiety, valence and acceptance (Bassett and Dabbs, 2003; Bassett et al., 2004). On an explicit level, we measured fear of death, rejection of one's own death and death acceptance with the Multidimensional Orientation toward Death and Dying Inventory (MODDI-F; Wittkowski, 2001; validated for the US: MacDougall and Farreras, 2016; $\alpha = .87$).

After one week – in wave 2 – we first measured participants' self esteem (Single-Item Self-Esteem Scale; Robins et al., 2001) and life satisfaction (Satisfaction with Life Scale; Diener et al., 1985; $\alpha = .93$) to account for possible covariates of death attitudes (Pyszczynski et al., 2015; Wong, 2008). In the subsequent experimental manipulation, 37 participants were randomly assigned to the mortality salience (MS) task of writing an essay about two open-ended questions on death-related thoughts and feelings. The 38 remaining participants answered the same questions about dental pain to ensure the death-specificity of the measured fears. In accordance with the standard procedure in terror management research (Burke et al., 2009), these essays

were followed by a distraction task (The Positive and Negative Affective Schedule; Watson and Clark, 1994; $\alpha = .92$).

We then measured implicit sexual identity with IAT associations between self/other-related words (I, me, mine – they, theirs, other) and female/male words (female, woman, girl – male, man, boy; Greenwald et al., 2002). Sexual prejudice was measured with an IAT combining female/male word with good/bad words (joy, happy, smile – agony, stink, filth; Greenwald et al., 2002). We measured implicit gender prejudice by combining female/male words with words for agentic/communal traits (independent, competitive – communal, cooperative; Rudman and Glick, 2001). Implicit gender identity was measured by combining agentic/communal traits with self/other words (Greenwald and Farnham, 2000). Finally, we combined words for hetero/homosexual (gay, lesbian – heterosexual, straight) with good/bad words to measure implicit homonegativity (Banse et al., 2001).

Explicit sex, gender and desire measures comprised the Ambivalent Sexism Inventory towards Women (Glick and Fiske, 1996; $\alpha = .89$), towards Men (Glick and Fiske, 1999; $\alpha = .92$) and the Modern Homonegativity Scale (Morrison and Morrison, 2002; $\alpha = .86$).

4. Results

4.1 Preliminary Analyses

Preliminary analyses showed an overall good internal consistency and construct validity (for details, see Stiller, 2021, p. 91-92). Data for implicit death valence and implicit stereotypes about sex, gender and desire as well as explicit death fear, hostile sexism towards men and positive affect were normally distributed and thus further analysed with Person correlations, t-tests and linear regressions. Data for implicit death anxiety and acceptance, explicit death acceptance and rejection, self-esteem, life satisfaction, negative affect, ambivalent sexism towards women and modern homonegativity were not normally distributed and thus further analysed with Spearman correlations, Mann-Whitney U-tests and linear regressions.

The aspired statistical power of the quasi-experiment could not be reached due to participant exclusion procedures and economic restrictions. With the given sample size, only medium ($1 - \beta = .842$) and large effect sizes were detectable ($1 - \beta = .999$).

In the preliminary analyses, we also accounted for the associations between demographic data with the measures for death attitudes and gender-related stereotypes (for details, see Stiller, 2021, p. 90-91). Ethnicity, education and income were not significantly associated with the experimental measures.

4.2 Central Results

Hypothesis 1 assumed the explicit and implicit measures for sex, gender and desire to be highly correlated as factors of a broader, queer gender construct. Due to the small sample size, a factor analysis was not possible. Correlations were small till medium sized (see Tables 1 and 2), except for the insignificant correlations of the implicit sex and desire measures with gender identity and gender prejudice. The rather small correlations did not suggest a factor construct. This might nonetheless trace back to our small sample and to the outdated implicit measures for stereotypes about gendered traits (Bakan, 1966 in Wood and Eagly, 2015).

Table 1: Pearson Correlations Between IAT's for sex, Gender and Desire

	(1)	(2)	(3)	(4)	(5)
(1) sexual identity		.604**	-.309*	-.120	.172
(2) sexual prejudice			-.328*	-.103	-.119
(3) homonegativity				.056	-.053
(4) gender identity					.013
(5) gender prejudice					

Note. ** $p < .001$, * $p < .050$. 1-5: IAT's as described in the method section for Measures.

Table 2: Spearman Correlations Between Explicit Measures

	(1)	(2)	(3)
(1) ambivalent sexism (women)		.782**	.705**
(1) ambivalent sexism (men)			.552**
(3) modern homonegativity			

Note. ** $p < .001$, * $p < .050$. Ambivalent sexism (w): ambivalent sexism against women

(Glick and Fiske, 1996), ambivalent sexism (m): ambivalent sexism against men (Glick and Fiske, 1999), modern homonegativity (Morrison and Morrison, 2002).

Hypothesis 2 suggested an association between death acceptance in wave 1 with less stereotypes on sex, gender and desire in wave 2. In bootstrapped linear regression analyses, implicit death acceptance was associated with slightly less stereotypes on gendered traits, $\rho(66) = -.207$, $p = .046$, but death acceptance was not associated with implicit stereotypes about gender identity, $\rho(70) = .121$, $p = .156$, sexual identity, $\rho(71) = -.064$, $p = .296$, sexual prejudice, $\rho(71) = -.037$, $p = .379$, or homonegativity, $\rho(71) = .157$, $p = .094$. On an explicit level, death acceptance was associated with slightly more ambivalent sexism towards women, $\rho(74) = .261$, $p = .012$, but not with ambivalent sexism towards men, $\rho(74) = .108$, $p = .178$, or with homonegativity, $\rho(74) = .187$, $p = .054$.

These contradictory findings may imply an initially intensified, explicit search for a scapegoat (women), while implicit death acceptance increases gradually. Furthermore, they might reflect a lack of variability in death acceptance within our sample ($M = 2.53$, $SD = 0.88$ for the MODDI-F). Overall, death acceptance did not show a major potential for intervention in gender-related stereotypes.

By contrast, the covariate of implicit death valence - a precursor of death acceptance versus denial - was associated with all three theoretical aspects of the queer gender concept: A more positive death valence in wave 1 predicted less stereotypes about sexual identity, $r(72) = -.274$, $p = .019$, gendered traits, $r(67) = -.257$, $p = .034$, and homosexuality, $r(72) = .436$, $p < .001$, in wave 2.

In further covariate analyses, higher explicit death acceptance was related to higher self-esteem, $\rho(74) = .407$, $p < .001$, and to more life satisfaction, $\rho(74) = .347$, $p = .002$. Explicit death fears, in turn, were associated with less death acceptance, $\rho(74) = -.694$, $p < .001$, less self-esteem, $\rho(74) = -.337$, $p = .003$, and less life satisfaction, $\rho(74) = -.257$, $p = .026$.

Hypothesis 3 assumed MS as a moderator between death acceptance and stereotypes about sex, gender and desire. No MS effect was found on the implicit or explicit measures for sex, gender and desire (for a summary, see Stiller, 2021, p. 105-107). As an exception, ambivalent sexism towards women was slightly higher in the control group, $U = 479,50$, $p = .018$. Although it explained more variance, this opposite moderation effect, $\beta = -.321$, $t(72) = -2.99$, $p = .004$, may have been a casual finding, as it did not reproduce across the other gender-related measures.

5. Discussion

We hypothesised that sex, gender and desire form part of a queer gender concept, that more death acceptance is associated with less stereotypes about sex, gender and desire and that the association between death acceptance and stereotypes about sex, gender and desire is moderated by mortality salience (MS). Our quasi-experiment was limited to the US context. Despite the quasi-experiment's two waves, we cannot assume causality. With this foreword, we will now discuss the results for each hypothesis.

5.1 A Queer Gender Construct

Results for hypothesis 1 were not conclusive. Implicit and explicit measures for sex, gender and desire showed small till medium-sized correlations, with the exception of stereotypes about gendered traits. Possible explanations might lie in the small sample size, the unavailability of quantitative queer measures or in the outdated approach to gendered traits. The verification of the proposed queer gender concept remains open to future research.

5.2 Death Acceptance

Hypothesis 2 was only partially confirmed. Although death acceptance in wave 1 was associated with a slightly less implicit gender stereotypes, it was also associated with a slight increase of ambivalent sexism towards women on an explicit level. In contrast to our prediction, death acceptance was not associated with other stereotypes about sex, gender and desire. These ambiguous findings might result from scapegoating or from a lack of variance in death acceptance. The subsequent results for hypothesis 3 – especially for the covariate of death valence - will further clarify the results.

5.3 Mortality Salience

Hypothesis 3 suggested a moderating effect of MS between death acceptance in wave 1 and gender-related stereotypes in wave 2. We did not find implicit or explicit MS effects. The lack of a MS effects might be due to an anxiety buffering function of the previous measures for self-esteem and life satisfaction. Furthermore, participants' MS might still be affected by the death-related measures in wave 1. However, there is no evidence for MS effects to last longer than one week (Kashdan et al., 2014). We rather assume that our results reflect an overestimation of the MS effect due to a publication bias over the past 30 years (Rodríguez-Ferreiro et al., 2019).

5.4 Death Valence

In terror management theory, death is presumed as negative: MS automatically results in death denial (Greenberg et al., 1986). Death denial is the opposite of death acceptance (Bassett and colleagues, 2004). Wong (2008) assumes that death acceptance grounds on positive death valence and that positive death valence decreases social prejudice. We found small, but consistent associations between a more positive death valence and less implicit stereotypes about sexual identity, gendered traits and homosexuality supporting Wong's (2008) assumption. As a result, we hypothesise that the MS effect might be confounded with death valence and suggest to review the terror management process. The results of our quasi-experiment further imply a revision of queer terror management theory (Stiller, 2021). In lign with our results, death valence rather than death acceptance or MS seem to precede stereotypes about sex, gender and desire.

6. Future Research

Death valence is assumed to precede other kinds of social prejudice (Maj and Kossowska, 2016; Wong, 2008), such as racism or ableism. In the future, we seek to better understand the conditions of a more positive death valence and to check whether death valence can be manipulated for intervention purposes. Future research might then compare the effects of death valence and MS to refine the terror management process. In addition, we would like to retest the associations between death valence and gender stereotypes - and broaden the research scope to other kinds of social prejudice. If future findings confirm an association between positive death valence (pre) and gender stereotypes (post), we could start to create more radical interventions in gender stereotypes. If death valence also affects other kinds of prejudice, a change of our death attitudes even holds the potential for a more intersectional intervention frame.

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