

# American Women's Psychological Responses to Illness-Based Horror Films and Death Anxiety

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## ABSTRACT

This study examined how adult American Women describe their psychological responses to horror films in relation to terminal illness-based horror films and death anxiety. While existing research has explored the general reactions to horror, there is limited data on illness based horror and its relationship to death anxiety. Using a qualitative approach, semi-structured interviews were conducted with six participants, however only four participants met the criteria for inclusion in the study. Responses were analyzed using thematic analysis to identify recurring patterns in emotional and cognitive reactions. Three major themes emerged from the data: Realism of illness based horror films Mortality awareness, and Variations in emotional responses. Each of the participants described that illness based horror films were either uncomfortable or disturbing because of its realistic turn it takes. This indicates the feelings of body vulnerability throughout each participant. Additionally, this genre of horror films highlighted responses of reflecting on death and how fragile our lives are. Nonetheless other emotional responses, like anxiety, discomfort, curiosity, and detachment were brought up. The findings suggest that illness based horror films can influence how an individual processes emotions like fear and mortality, but still highlighting personal experiences and perception can also shape emotional responses. Thus, this study demonstrates a deeper understanding of how media can impact an individual's psychological experiences in relation to death anxiety.

## INTRODUCTION

Horror films have long served as a way for tapping into collective societies deepest anxieties, disease, death and human fragility. Genres as in infectious diseases themes have shown in fiction and the media for centuries, starting from ancient texts to modern films. Illness based horror was selected because it differs from supernatural or fantasy horror presenting threats that are grounded in reality. According to Terror Management Theory, awareness of one's own mortality can produce psychological anxiety and influence emotional and cognitive responses (Greenberg et al., 1986). Unlike monsters or paranormal entities, illness represents a realistic and unavoidable aspect of human life. Therefore, examining realism, illness based horror films may encourage viewers to reflect on vulnerability, mortality, and death anxiety in ways that other horror subgenres do not. Responses to terminal illness based horror films demonstrate

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an opportunity to better understand how women psychologically process mortality related fears. Over the past years there has been an increased number of horror films that have shifted their focus from external monsters to internal, human centered fears such as terminal illness, death, and mortality. These themes share a unique space for portraying bodily decline in ways that mirror real world anxieties. These portrayals often inspect how individuals, specifically women approach the certainty of death and anxiety surrounding it. Adult American women were selected as the focus population because women often occupy caregiving roles and may experience illness, grief, and mortality related concerns differently than other demographics. Previous research like Millar and Lee (2021) found that horror films can serve as a space for emotional processing and reflection of difficult experiences such as grief. Because illness based horror centers around themes of vulnerability, loss and death, adult women provide an appropriate population for exploring how these themes influence psychological responses and death anxiety. In adult American women, horror films that are centered around sickness or terminal illness create a unique psychological response influenced by social roles, emotional empathy and personal experiences that intertwine fear and reflection.

The purpose of this study is to explain how American women describe their psychological response to horror films that incorporated terminal sickness in relation to death anxiety through interviews. In this phase of the research the psychological responses to horror films that view terminal sickness will be defined as emotional and cognitive experiences, American women express when looking at films that are centered around fear of sickness and mortality. This matters because it portrays horror as not just entertainment but also as a form of emotional confrontation, a safe space for a supportive network. According to Driscoll (2022) he explained Horror can serve as both a trigger and a coping mechanism for anxiety, allowing viewers to manage intrusive fears through becoming accustomed to frightening events. This study will analyze how adult American women process fear, empathy, and death related anxiety when viewing horror films that utilize themes of disease and death.

Although majority scholarwork explored general audience responses to horror films (Norman, 2017; Martin, 2019) few other studies focused on how women describe their personal psychological experiences, specifically in films that portray sickness as their main role. Asma (2014) and Bantinaki (2012) made a connection that human fascination with both horror and death evolutionary psychology, defined as the cognition and behavior from modern evolutionary perspective and human survival, though gender differences have not been researched in depth (Chatterjee 2026) . This study will focus on addressing the gap by explaining how adult American women express their emotional and cognitive reactions to horror films that center around terminal illness and death.

## **LITERATURE REVIEW**

Horror movies have long used infection and disease as a way of emphasizing how the genre interprets real life fears into narrative tension. Sartin (2019) focuses on that sickness media production can enhance audience emotional responses and connect themes of both fear and mortality. The connection between horror and death share a deep historical bond. Scholar Asma (2014) explains that monsters and disease

within horror films have served as a metaphor for fears and mortality, decay and loss of self control. She uses a common spooky creature “Frankenstein” and connects it with contemporary stories of contagion, illness showing both psychical and moral decay. In parallel Quest (2014) discussed fear as a cross disciplinary concept, noting its existence in psychology, literature, and through art and stories in universal human responses to danger. These articles both reveal that horror enduring appeal lies in the ability to embody impalpable anxieties and emotional experiences.

In Andersen's (2020) discovery he expands on this by highlighting that modern horror films often combine medical imagery with supernatural to cause discomfort through realism. This relationship is often intercountered in illness centered films such as *The Autopsy of Jane Doe* (2016) and *The Taking of Deborah Logan* (2014) illustrates the trend of medical realism to create discomfort. Adult American women audience strongly connect with these depictions, that often associate with physical vulnerability and societal expectations of caregiving roles and empathy.

### **Psychological Purpose of Horror**

Horror genre films have long been studied as both entertainment and emotional regulation. According to Driscoll (2022) explains her own experience using horror films to help manage her health anxiety, she found that confronting fear through imaginary scenarios offered a sense of ease and control. Bantinaki (2012) discusses this phenomenon through the paradox of horror that humans are together driven to and hold off what frightens them. This paradox betrays how horror can function in a safe psychological exercise in potentially managing distress.

Norman (2017) highlights that differences between personality can influence whether an individual finds horror films stimulating or distressing. It's noted that individuals with a higher emotional stability are often experiencing excitement rather than fear. Sartin (2019) similarly discussed that shared fear in the audience builds an emotional bond and provides a way for individuals to reframe personal anxiety. Together all these studies show that horror films allows individuals to experience fear in a controlled setting, and developing coping ways to manage fear and anxiety in real life.

### **Women Life Experiences**

According to recent studies, gender plays a huge role in how individuals respond to horror films. Highlighted by Martin (2019) that women use horror as a way to explore different emotions like grief, anger and helplessness feelings that are often ignored on a daily basis. Also common beliefs often shape how women experience sickness and death. Female actors in horror films are normally placed as the emotional protagonist or victim, often showing both vulnerability and strength. Tremblay (2021) and Sartin (2019) explains that watching horror films in a group creates a strong understanding of horror films that mirror their live experiences of fear and resilience. Though Quest (2014) argues that fear can help people create a sense of uncertainty, especially when sickness and death take control. Essential horror becomes a way for women to balance empathy and self preservation as it allows personal expression.

Andersen (2020) argues that female suffering in center horror films creates a barrier in society of what is expected of a woman. Women that view horror films that are based on death and anxiety, often reminds them of personal, cultural anecdotes circulated around personal health, caregiving, and health anxiety. Quest (2014) notes that the way we experience fear and take it in depends on our personal background and what we've lived through. Collectively, the literature demonstrates that women's responses to horror films are shaped by personal experiences, social experiences, emotional processing and cultural understanding of illness and caregiving. These studies indicate that women may engage with themes of sickness, vulnerability, and death in ways that differ from other populations. Overall, observing the experiences of adult American women offers an opportunity to better understand how illness based horror films may evoke emotional reflection, mortality awareness, and psychological responses connected to death anxiety.

### **Illness, Grief and Film**

Horror films that are illness based represent death anxiety, the basic human fear of not existing drives our human behavior. Anxiety is a foundation of horror (Asma, 2014), though Bantinaki (2012) argues that individuals use storytelling to safely take part in the idea of death. Chambers (2023) adds that an individual's emotional state feels more intense because films based on diseases mix real life facts with made up stories, resulting in fear becoming worse. Driscoll (2022) shares her experience of watching a horror film that helped her confront health fears by keeping her own emotions separate during the film, though Tremblay (2021) highlights that women often use this genre as a way to prepare themselves from real life emotions. Collectively, these studies show that illness based horror films occupy a unique position within the horror genre because they merge fictional narratives with real world fears surrounding disease, vulnerability and mortality. The literature demonstrates that these themes can influence emotional processing, health related fears, and perceptions of death. This body of research provides a foundation for the present study by supporting the investigation of how adult American women interpret and emotionally respond to terminal illness center horror films, in relation to death anxiety and mortality awareness.

### **Research Gap**

Despite the many studies researching horror psychological effects (Norman, 2017; Bantinaki, 2012; Martin, 2019), there is a huge gap in qualitative research that focuses on how adult American women express their psychological response to horror films that revolve around terminal illness and death. Most studies explore the physiological gear or gender stereotypes, but share personal stories of what they watch. This phenomenological study will address this gap by using semi structured interviews to analyze how women describe their emotional reaction and ways they cope when viewing illness center horror films. Being able to analyze and understand these perspectives will provide insight into how modern media uses fear, gender and death.

## **METHODS**

### **Data Collection: Semi-Structured Interviews**

The main method of this study is using Semi- structured interviews of collecting data to help address the ongoing question: *How do Adult American women describe their psychological response to horror movies about terminal sickness in relation to death anxiety?* Semi-structured interviews are interviews in which participants are asked a series of questions, with follow-up questions allowing for a more in depth exploration (DiCicco-Bloom and Crabtree, 2006). The reason for choosing this approach was because of its flexible nature of allowing for individuals to have an active voice in describing their own interpretation of illness based horror films, and providing the researcher with a comprehensive information that aligns with the goal of filling the gap of in depth anecdotes and emotional responses. This research is looking to understand American women's emotions, ways they cope, and self reflection. According to Alhazmi (2022) phenomenology is an appropriate way to explore how individuals explain and explore a particular phenomenon, essentially allowing for the researcher to gather useful information and in-depth narratives. What is being examined in women's psychological and emotional responses to horror films that are around illness and death. Going through with a qualitative approach in this study is needed for this topic of women and their psychological process because it can have a huge impact and be more meaningful when understood than if interpreting it into numerical data. A qualitative approach is the most appropriate way for this type of study as it seeks to understand personal meaning and emotional interpretation rather than to measure variables (Creswell, 2018). The reason for a qualitative approach and semi-structured interviews has been chosen because it will essentially allow participants to explain and explore their own experiences, emotional reactions in detail, which will align with the overall goal of understanding psychological responses to illness based horror films. Continuing with this method would be beneficial in this study as it is a way of going in depth of understanding their responses instead of using an alternative method such as experiments or surveys can not capture. Each of the interviews will approximately last 40 minutes and questions will be divided into three main categories asking either about their reactions to illness based horror films and emotional responses. The first category will be examining basic general feelings towards horror films. This category serves as a slow introduction into the much broader categories, allowing for participants to understand themselves as to why horror films as a whole, or how they would typically feel after watching a film. The second category will look at participants' morality in horror films, questions asking if horror films reflect the real world or if thoughts that may have occurred when watching these films. Ultimately, the third category is a reflection of all of the categories, this category allows for participants to reflect upon their responses and sum up any of their unsure responses. In each category, broader questions will be asked followed up by specific questions about their emotion process. Each participant is going to be asked if they are able to recall any scenes from the films that had impacted on them and ask any personal factors that align with the film, providing a more comprehensive documentation of each individual's emotional responses. The interviews will be conducted on an online communication platform like zoom and in person, as it is more flexible for the participant and or researcher. Interviews will be recorded using digital recording tools and be transcribed manually for data

analysis. Each participant will receive a copy of their own transcription to verify accuracy and make any necessary adjustments.

### **Data Analysis: Thematic Analysis**

A thematic analysis is used to examine patterns across participants' responses. This approach involves organizing qualitative data into major themes based on repeated ideas or themes (Braun and Clarke, 2006). This type of data analysis method is appropriate for studies exploring emotional and psychological responses because it's a way to allow participants to explain and explore their own meaning and experience (Cornea, 2008). The analysis was conducted into two main phases. In the first phase, participants' responses were reviewed and coded into different categories that were repeated throughout each participant. Important statements like realism, emotional reactions, and mortality were identified during this process. Other similar responses were also grouped together to determine major overarching themes across participants' interviews. In the second phase, these patterns were organized into much broader ideas or themes. Major themes that constantly reappeared in the analysis were identified as realism of illness based horror, mortality awareness, and emotional responses. These themes were the most represented across each participant's interview. Ensuring that each of these themes accurately represented that data, the themes were reviewed and refined throughout the analyzing process to ensure that it aligned with each of the themes. This included reviewing that each of the themes were supported by multiple participants and supported the research question. Themes were now defined and labeled in a way that aligns with the overall meaning of the data.

A thematic analysis approach is the most efficient and comprehensive method for analyzing, categorizing themes, and a clear organization of qualitative data. Thematic analysis helped highlight shared experiences across the participants, making this an effective tool for analyzing psychological responses. Additionally, this method allowed for a better comprehension of complex emotional reactions, such as anxiety, reflection, and meaning making, which may not be easily captured or is overlooked in qualitative data. This approach supported the ultimate goal of understanding how Adult American women interpret and emotionally respond to illness-based horror films in relation to death anxiety. Furthermore, thematic analysis is widely used in qualitative studies and it have been applied in similar studies for instance in Scrivener (2021) he used a thematic analysis, observing themes that focused how horror films tend to be psychologically resilient, focusing on the themes like coping strategies and preparing for the worst case scenarios. Ultimately, this method ensured that findings were aligned with individuals' experiences, while still allowing room for meaningful interpretation of the data.

### **Participant Group**

Observing participants of Adult American women ranging from 25 to 47 years old. Looking for individuals that are willing to take part in watching 1-2 horror films that are terminal illness and death anxiety based. Participants will be given 2 movies to observe, before their interview. The choice to include a specific demographic and age range for participants was supported by other research and

conference feedback emphasizing that death and terminal illness related films that mainly affects women during their adulthood (Driscoll, 2022). This specific group was selected because this is the affected group of understanding their personal experiences and identity may influence psychological responses. Approximately a total of 6 participants will be recruited and that follow the required age range mentioned before to ensure there is a diversity of experiences to analyze.

## **Procedures**

The process of this study will begin once each participant that is taking part in this study has read and understood the consent formed and signed it. Starting the interviews will begin with Participants filling out a google form with their preferred method of contact and a time frame that both fits researchers and their schedule. Each participant will have their own 40 minute to 1 hour interviews based on the time frame given in the google form. Before beginning the interview, participants will be asked again if they have briefly reviewed the purpose of the study, and are reminded that they are not obligated to answer any questions and can stop the interview at any time. Throughout the interview the format of it will be participants are able to describe their own interpretation of the questions, thoughts, and emotions. Participants will be notified that each interview will be using an audio recorder to ensure accurate analysis and transcription. Though if individuals declare they do not want their answers to be recorded on an audio recorder, detailed written notes will be taken instead. After each participant taking part in this study will be reminded of the main purpose of the study to remind them of the overall focus and reason of conducting this interview. During each interview brief detailed notes, summarizing answers, and impressions throughout the interview. After each interview, each audio recording will be transcribed and kept protected from identification from reviewing itself.

## **FINDINGS**

To investigate American women's psychological and emotional responses to horror films that are around illness and death, in this study found from participant interviews, five major themes were consistently found across all participants. It is important to note the five different themes and understand each of these themes and its meaning, to show its significance in this study. All themes collected from each participant's interviews and thematic analysis are presented below in Table 1.

**Table 1: Major Themes and Definitions**

| Themes                             | Definition                                                                                                    |
|------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Realism Increases Emotional Impact | Terminal Illness-based horror is perceived as more disturbing due to its connection to real life experiences. |

|                                          |                                                                                                                       |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Mortality Awareness & Human Fragility    | Reflect on death, fragility, and unpredictability of life.                                                            |
| Emotional Response (Coping vs Distress)  | Participants experience a variety of different emotional reactions.<br><br>(Including anxiety, relief, or detachment) |
| Personal Experience Shape Interpretation | Personal history with illness or personal loss shapes emotional and psychological responses.                          |
| Social vs Individual Viewing Experience  | Emotional reactions differ when watching alone versus with others present.                                            |

Each theme was highlighted based on the experience of each participant in their interviews. Experiences were categorized on patterns and discovered through thematic analysis. Presented in Table 2, highlights each participants shared similar reactions in relation to realism, emotional response, and mortality awareness. Also, still showing the variation in each individual's interpretation and responses to illness based horror films.

**Table 2: Participant Experiences and Corresponding Themes**

| Participant | Experiences                                                                                                                                                                                                                                                       | Theme                                     |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| A           | Described she felt “shocked” and emotionally disturbed when watching the film " <i>The Human Centipede</i> ", mainly due to its realism of bodily harm. Connect horror films to personal experiences with trauma and loss, which resulted in a stronger response. | Realism of Illness + Personal Experiences |
|             | Reported thoughts about “ <i>life is short</i> ” and fearing loss of loved ones while watching horror films center around terminal illness.                                                                                                                       | Mortality Awareness                       |

|   |                                                                                                                                                                                                                                                                                                                                                     |                                                  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| B | <hr/> <p>Participants described emotional distress, including sadness, anxiety, and even difficulty sleeping after watching horror films</p> <hr/>                                                                                                                                                                                                  | <hr/> <p>Emotional Response (Distress)</p> <hr/> |
|   | <hr/> <p>Reported that they do tend to watch horror films by themselves, resulting in increased intensity of her own emotional impact and reflection.</p> <hr/>                                                                                                                                                                                     | <hr/> <p>Social Viewing</p> <hr/>                |
|   | <hr/> <p>Participants reported that films based on illness is more disturbing, mainly because of its realistic and could occur real life</p> <hr/>                                                                                                                                                                                                  | <hr/> <p>Realism of Illness Horror</p> <hr/>     |
|   | <hr/> <p>Reported reflecting on human fragility and appreciating health and her body after watching.</p> <hr/>                                                                                                                                                                                                                                      | <hr/> <p>Mortality Awareness</p> <hr/>           |
|   | <hr/> <p>She connected illness based films to her personal experiences with having very sick friends and loss of a grandmother, increasing emotional impact.</p> <hr/>                                                                                                                                                                              | <hr/> <p>Personal Experiences</p> <hr/>          |
|   | <hr/> <p>She emphasized that watching illness based horror films or horror films in general, she will never watch alone as it leaves her uncomfortable, disturbing thoughts. I would rather watch with friends as it reduces fear and makes the whole experience more manageable.</p> <hr/> <p>Explained horror as creating “tension” and</p> <hr/> | <hr/> <p>Social Viewing</p> <hr/>                |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C | <p>suspense followed by a sense of relief. Reported that horror is a safer method to “experience fear” when unlocking hidden psychological responses.</p> <hr/> <p>Participants highlighted watching horror purely for suspense and thrill, with no emotional attachment.</p> <hr/> <p>Participants stated illness and death based horror films do not affect them significantly because they view it as fictional and pure entertainment.</p> <hr/> <p>Participants emphasize that she does not reflect on death, illness, or personal fears while watching horror films. Already has the mindset that these illness/death based horror films are just for the thrill of it and isn't true.</p> <hr/> <p>Participants referenced the film “<i>The Human Centipede</i>” as disturbing, mainly due to the unnatural and extreme nature of death and body morph.</p> | <p>Emotional Response (Coping)</p> <hr/> <p>Emotional Response (Detachment)</p> <hr/> <p><b>Lack</b> of Realism Perception</p> <hr/> <p><b>Lack</b> of Mortality Awareness</p> <hr/> |
| D | <hr/> <p>Participants emphasize that horror films, especially illness based films unlock new fears, such as unusual ways of dying.</p> <hr/> <p>Participants noted lack of personal experiences with illness or loss which limited participation from</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Realism of Illness Horror</p> <hr/> <p>Mortality Awareness</p>                                                                                                                    |

|  |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|  | <p>emotional connection to the films.</p> <hr/> <p>Participants emphasized that she never watches illness based horror films, unless she is influenced by others because of its popularity and along with the presence of others for comfort and reduces fear.</p> <hr/> <p>Reported the feeling of anxiety before and during horror films, often avoiding the genre unless necessary.</p> | <hr/> <p>Personal Experiences</p> <hr/> <p>Social Viewing</p> <hr/> <p>Emotional Response<br/>(Anxiety/Avoidance)</p> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

## RESULTS

Exploring different experiences, how each participant psychologically responds to horror films based on terminal illness and death anxiety, and recurring themes collected from four participants by using semi structured interviews. Each participant's responses were analyzed using thematic analysis, and then coded into categories, in which the common patterns were in emotional, cognitive, and behavioral reactions. While some individuals revealed strong emotional and reflective responses, others demonstrated the opposite, did not show any emotion, was either limited or psychological engagement. Analyzing each response the most significant themes appeared was realism of illness based horror films, mortality awareness, emotional response, personal experiences, influence, and social viewing. This section will examine major themes and participants' experiences while connecting them into existing conclusions from previous literature. Out of the four participants from thematic analysis three major themes kept resurfacing with each of the participants' responses. Those themes were Realism of Illness based horror, Mortality Awareness, Emotional Response.

### **Common Theme 1: Realism of Illness Based Horror**

Among the interviews the most common theme was Realism of illness based horror with three of the four participants spoke about. Participants A, B, and D all emphasized illness based horror fills as disturbing, mainly because of its connection to real life experiences. Described on Table 1, this theme refers to the fact that horror films involving disease, physical decay, and or bodily harm are more psychologically impactful because they could occur in real life. Participants A, B, and D all referred back to the horror film *The Human Centipede*, underlining the disturbing nature of bodily manipulation and the physical suffering of others. Participant A described the feeling of “shocked” by the realism of such films, whereas participant B described that illness horror films are more unsettling because it highlights the fragility of the human body. Furthermore, participant D reports that these films introduced “new fears”, connecting it to unusual or extreme ways of dying. Additionally participant C serves as an outlier, this is because they did not report any emotional reactions to illness based horror. They stated that they view illness based horror films as purely fictional. This shows that the effectiveness of realism can depend on the type of viewer and their perception and willingness to engage with the film as believable material. Overall, the prevalence of this theme reinforces

This theme aligns with Lowenstein (2010), describing that horror films create psychological interaction by showing fear through human interaction and familiar experiences. Since illness center horror films main focus is on the body and real world, it amplifies emotional responses as compared to other genres of horror films. As this was a critical recurring theme s by the participants, it can be concluded that realism is an important factor that influences women's psychological responses in illness based horror films.

### **Common Theme 2: Mortality Awareness**

Similarly to the previous theme, Mortality Awareness was identified by three of the four participants. Participants A, B, and D all shared that horror films prompted thoughts about death, loss, and fragility of life. Highlighted in Table 1, mortality awareness is the increased reflection of death and human vulnerability during and after engagement with horror films. Participant A described when viewing illness based horror films, they think about how “life is short” and showed signs of fear of losing a loved one, mainly due to personal experiences with loss. Similarly participant B described how illness can affect anyone, leading to a healthier mindset of appreciation of self health. Additionally participant D reported that horror films unlock new fears about body decay and death, even when not being exposed to illness or loss. Participant C is an outlier, noting no thoughts related to death or mortality while watching horror films, this strengthens the idea that psychological participation depends on the individual interpretation and emotional connection to the film. Horror films' objective is to create a space for confronting grief and existential fear (Millar, 2021). Themes of illness and death encourage the audience to participate with mortality in a controlled environment, potentially leading up to more awareness of human fragility.

### **Common Theme 3: Emotional Response**

Furthermore, the third major theme identified across each of the participants was Emotional Response to horror films. Highlighted in Table 1, emotional response means the differing ways individuals react to distress, horror, anxiety, emotional release, and detachment. As shown in Figure 2, participant A reported emotional distress, sadness, anxiety, and the difficulty of sleeping after watching a horror film. In comparison participant D also discussed they experienced anxiety and discomfort, and often avoided the horror genre due to its overwhelming nature. While both participants A and D described similar experiences, participant B experienced horror films as a “safe way to experience or unlock new fear” explaining that they provide emotional release and relief after engaging with horror films. However participant C, did not express or was limited on reporting any emotional reaction and viewed illness based horror films as entertainment.

All participants responses can be categorized into three major patterns:

1. Emotional overwhelm and Distress (Participants A and D)
2. Emotional Coping (Participant B)
3. Emotional Detachment (Participant C)

These three patterns highlight the complexity of psychological responses to illness based horror films, showing that individuals do not experience fear and or emotional engagement in the same way. These results are supported by Lowenstein (2010) claim, that horror films create a paradoxical experience that can both draw and repel the audience, resulting in different emotional reactions. Instead of horror films developing a single outcome, horror allows for enormous forms of engagement depending on the viewer's psychological and emotional view.

## **LIMITATIONS, IMPLICATIONS, AND CONCLUSION**

### **Limitations**

Nevertheless, the results should be interpreted with caution due to major limitations. One major limitation is small sample size, although this study focuses on the in depth explanation of American Woman's psychological responses, a sample size of four participants may not fully capture the range of psychological responses. This may have limited the overall representativeness of the findings. Another limitation is the reliance of self-reported data through semi structured interviews. During each interview participants were requested to recall and describe their emotional reactions to terminal illness based horror films. This highlighted possible human error in memory and interpretation. It is possible that participants may have misrepresented their experiences or potentially provided responses influenced by social desirability. Additionally, among all participants it was different outcomes when it came down to familiarity and engagement with horror films may have influenced the results. For instance, participant C described little to none emotional connection to horror films, whereas the other participants described a strong emotional connection to horror films. Another limitation is the lack of control of external factors,

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such as the viewing environment, emotional state at the time of viewing. Even though all participants referenced the same film "*The Human Centipede*" their viewing experiences and other possible films may have influenced their psychological responses.

In the long run a major limitation is research bias. As for the research, I have an existing interest in horror films and their psychological effects. This may have influenced the outcome of the data and how it was interpreted and analyzed.

## **Implications**

Despite the limitations of this study there were positive implications that came from this. In this study the findings suggested that illness based horror films can be influenced on how an individual processes fear and emotional experiences, focusing mainly in relation to death anxiety; compared to traditional horror films. Because the horror films mainly focus on realistic scenarios, individuals were encouraged to confront thoughts about illness, mortality, and body vulnerability. Additionally, the results show that psychological responses can vary based on an individual's perspective, perception, and experience with horror films. This shows that the media effect is not just universal, but it is shaped by a personal identity and emotional sensitivity. The findings also suggest that illness based horror serves for multiple roles, such as acting as a coping mechanism, as some participants discovered that it increased discomfort or it made them reflect upon others. Fundamentally, this study served to highlight that horror media can contribute to emotional processing and awareness of real fears in relation to illness and death anxiety.

## **Conclusions**

This study serves as a source of information to answer the research question: *How do Adult American women describe their psychological response to horror movies about terminal sickness in relation to death anxiety?* By following a qualitative semi-structured interview and thematic analysis method for this study and highlighting the major common themes recurring within each participant. These findings illustrate that psychological reactions to horror are not uniformed, but it depends on how the individuals interpret and emotionally participate with the film.

The perception of realism had a huge role in shaping the participants' responses. Some participants had a point of view of terminal illness horror films as realistic notes stronger emotional reactions that also influence fear, discomfort, and a deep reflection on themselves and the vulnerability of the human body. Whereas, other participants perceived the content as fictional and experienced little to no emotional impact. This demonstrated the importance of an individual's perception on whether or not horror films are psychologically influential.

Furthermore, this study has explored and explained that horror films can in fact prompt increased awareness of mortality and human fragility. As each participant has reported about either death, loss, and the unpredictability of illness, Demonstrates that illness based horror films serve as a space when individuals confront existential fears. This supports the idea that media can also influence an individual's

emotional reactions but also can reveal an individual's deeper cognitive reflection of real life challenges or issues. Though across all participants, emotional responses varied. Whereas one participant noted experiences of anxiety, discomfort, and distress, the others highlighted that they used horror films as a technique to process emotions and or experienced other lock fears and how to better control them. In contrast another participant reported emotional detachment with horror films, this emphasizes that psychological responses to illness films are shaped by personal experiences, sensitivity, and the active engagement with the film.

Moreover, these findings suggest that there is a broader understanding of how illness based horror films function beyond entertainment. This genre appears to show a unique psychological experience by encouraging emotional and reflective response. Suggesting that horror films serve as a scale for how meaningful an individual image is with a topic like illness and or death. Though because of the limitations, primarily sample size, the findings are not generalized because of the lack of highlighting most populations. Future studies should focus on a larger and diverse sample size and look deeper into psychological effects of repeatedly being exposed to illness based horror.

Ultimately, this research has highlighted psychological responses to horror films to emphasize that these responses are not only influenced by nature but also how the individual interprets the film. By looking at how American women viewers engage with topics like terminal illness and dealing, this study shows insights of how media can shape a person's emotional experience and perception on human bodies.

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## **Appendix A: Interview Questions**

### **General Feelings towards Horror Films**

What mainly draws you to watch horror films, if at all?

When watching horror films, how do they typically make you feel ?

Have you ever felt that horror films essentially help you process or release emotions such as sadness, fear, and or anxiety.

Do you watch horror movies for the thrill of it or the adrenaline of it, or for self reflection?

Do you usually watch horror movies alone or with others and does that affect your experience?

How do horror films typically make you feel while watching and afterward?

### **Sickness and Mortality in Horror**

When a horror film is centered around terminal illness or even physical decay how do you react emotionally?

Are you able to recall a specific horror film or even a scene that is centered around sickness or death that affected you strongly?

Are there any thoughts or feelings about death or dying that may have come up for you when you're watching those types of films? If so, what type of thoughts or feelings?

Do you think personally that these horror films reflect any real life experiences or fears you've had with sickness or a loss?

Do you believe horror films have the power to change how people think about death or illness?

Do you feel these themes are more disturbing or more meaningful than other types of horror ( example

monsters or jump scares)

### **Reflection and Coping**

When engaging with a horror film have you ever felt comforted, relieved, or understood after watching it about death or illness?

If at all, how do these films change your own perspective on death, fear, or your personal health? Do you believe in such of happy horror films

Would you say that watching these types of films help you with your feelings about morality or worsen them?

Do you think these horror films change your perspective on life, health or fragility of our bodies?

Has your own experience with illness, loss, or fear influenced how you interpret horror films?

### **Closing Questions**

How would you describe your overall relationship with horror films? (Enjoyment, discomfort, or allows you to reflect)

Is there anything else you would like to share about horror films that affect your emotions or even your thoughts about illness and death?

### **Appendix B: Thematic Coding**

| Theme     | Code          | Description           | Example                         |
|-----------|---------------|-----------------------|---------------------------------|
| Realism   | Feels Real    | Horror feels possible | "It could happen."              |
| Mortality | Fear of Death | Thinking about dying  | "It made me think about death." |
| Emotional | Anxiety       | Feeling scared        | "I felt anxious"                |

| Theme                           | Code                   | Description                                                   | Example (Respondents)                                               |
|---------------------------------|------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|
| Realism of Illness Based Horror | Feels Real             | Participants described horror films as realistic or possible, | "It's scary because it could actually happen." (A)                  |
|                                 | Body Vulnerability     | Mentions fear of human body or disease                        | "It makes me think about how fragile our bodies are" (B)            |
|                                 | Graphic Imagery        | Reaction to physical decay or illness visuals                 | "Some scenes were vividly disturbing because they looked real." (D) |
| Mortality Awareness             | Fear of Death          | Expresses fear                                                | "It made me think about dying more." (A)                            |
|                                 | Reflection on Life     | Reflecting in personal life and health                        | "Made me appreciate my health more." (B)                            |
|                                 | Awareness of Fragility | Recognized how fragile life is and our bodies                 | "Life feels more temporary after watching." (D)                     |
| Emotional Responses             | Anxiety/ Fear          | Expresses feelings of stress, fear, and discomfort            | "I felt anxious watching it." (A)                                   |

|  |                                 |                                                         |                                                                   |
|--|---------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
|  | Discomfort                      | Feeling uneasy                                          | "It made me uncomfortable." (B)                                   |
|  | Curiosity/ Emotional Detachment | Interest despite discomfort/ lack of emotional response | "It was disturbing but I wanted to still engage in watching." (C) |
|  |                                 |                                                         | "I didn't really feel anything because it's fictional." (C)       |