

# Psychology of Death and Dying Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Western religion often associates an afterlife with the concept of:**
  - A. Nirvana**
  - B. Rebirth**
  - C. Moksha**
  - D. Heaven and Hell**
  
- 2. Older adults in our society who are contemplating suicide are which of the following?**
  - A. None of these**
  - B. Commonly seeking attention**
  - C. At high risk of immediate action**
  - D. Always experiencing despair**
  
- 3. Physician Orders for Life-Sustaining Treatment (POLST) are:**
  - A. A medical order signed by a health-care professional**
  - B. A patient-generated form to document preferences**
  - C. A hospital policy for end-of-life care**
  - D. A legal document filed with the court**
  
- 4. According to Lifton's account of symbolic immortality, 'natural immortality' refers to \_\_\_\_\_.**
  - A. the continuation of one's life in the physical world around us**
  - B. eternal life through the soul**
  - C. via memory only**
  - D. divine blessing upon descendants**
  
- 5. Which factor is highlighted as a potential consequence of death in Buddhist thought?**
  - A. it may lead to rebirth into another life of suffering**
  - B. it may lead to immediate enlightenment**
  - C. it may guarantee release from samsara**
  - D. it is irrelevant to moral judgment**

- 6. Which of the following would correctly describe a holographic will?**
- A. A document that is witnessed by two people**
  - B. A document that is typed and signed**
  - C. A document that is handwritten and unwitnessed**
  - D. A document stored electronically**
- 7. Efforts to eliminate or minimize discrimination against older adults in emergency departments and end-of-life care have come from which source?**
- A. Organizations such as AARP**
  - B. Recent developments in geriatric medicine and gerontological specializations in other health care fields**
  - C. Government policy**
  - D. The hospice philosophy**
- 8. Issues for Critical Reflection #17, 'Violent Incidents and Our Security,' in the eighth edition of Death & Dying, Life & Living shows:**
- A. Essential insecurity about our being can lead to overwhelming anxiety**
  - B. Society can do more to protect its members from killings like this**
  - C. Total security from tragedy is an illusion**
  - D. Violent incidents are rare and have no impact on daily life**
- 9. Theorists say suicidal behavior is complex because it involves three central elements. These are:**
- A. Despair, anger, and withdrawal**
  - B. Depression, anxiety, and guilt**
  - C. Helplessness, hopelessness, and haplessness**
  - D. Self-reliance, resilience, and optimism**

**10. According to Elisabeth Kübler-Ross, near-death experiences \_\_\_\_\_.**

- A. Are experiences that occur only in non-terminal patients**
- B. Do not provide conclusive evidence of the existence of an afterlife**
- C. Provide conclusive evidence of the existence of an afterlife**
- D. Are purely physiological phenomena**

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## Answers

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1. D
2. A
3. A
4. A
5. A
6. C
7. D
8. A
9. C
10. C

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## **Explanations**

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**1. Western religion often associates an afterlife with the concept of:**

- A. Nirvana**
- B. Rebirth**
- C. Moksha**
- D. Heaven and Hell**

The main idea here is how Western traditions commonly imagine life after death as a moral verdict that yields two eternal destinations. In many Western beliefs, the afterlife is depicted as Heaven, where one enjoys eternal union with the divine, or Hell, where one faces eternal separation or punishment. This binary reflects how Western faiths have framed moral accountability and divine justice after death, with additional nuances in some branches (like purgatory in Catholicism). Nirvana comes from Buddhist thought and means liberation from suffering and the cycle of desire, not a place of eternal reward. Moksha is liberation from the cycle of rebirth in Hinduism and Jainism, which is a different framework than the Western heaven-hell model. Rebirth or reincarnation denotes ongoing cycles of birth in several Eastern traditions, not a final Western afterlife. So the option that aligns with the Western way of picturing the afterlife is Heaven and Hell.

**2. Older adults in our society who are contemplating suicide are which of the following?**

- A. None of these**
- B. Commonly seeking attention**
- C. At high risk of immediate action**
- D. Always experiencing despair**

The important idea here is that suicidal ideation in older adults cannot be captured by simple labels or stereotypes. There isn't a single pattern that fits all older adults who are contemplating suicide. Saying they are commonly seeking attention misreads the situation. Many individuals express distress and suicidal thoughts as a genuine signal of suffering, not as a manipulative attempt to get noticed. Similarly, claiming they are at high risk of immediate action suggests a uniform immediacy that isn't true for every person; risk varies with factors like mood, plan, means, and support, and must be assessed case by case rather than assumed from age. And describing them as always experiencing despair overlooks the range of emotional states someone might have—survivors can feel ambivalence, numbness, relief, or burden, not just despair. Because none of these statements consistently applies to all older adults who are thinking about suicide, the best answer is that none of the descriptions universally fit. The proper approach is to assess each individual thoroughly, looking at intent, plans, means, and protective factors, and to provide appropriate safety and support.

**3. Physician Orders for Life-Sustaining Treatment (POLST) are:**

- A. A medical order signed by a health-care professional**
- B. A patient-generated form to document preferences**
- C. A hospital policy for end-of-life care**
- D. A legal document filed with the court**

POLST are medical orders that record a patient's treatment preferences for life-sustaining interventions and are signed by a health-care professional after a discussion with the patient or a surrogate. These orders are designed to be portable across settings—hospital, emergency, home, or hospice—so clinicians can immediately follow the patient's wishes even if the patient cannot speak for themselves. It's about turning values into actionable medical instructions, not about a policy a hospital enforces, a form created solely by the patient, or a document filed in court. The patient's input guides the conversation, but the crucial element is the clinician's signature on concrete medical orders that guide care.

**4. According to Lifton's account of symbolic immortality, 'natural immortality' refers to \_\_\_\_\_.**

- A. the continuation of one's life in the physical world around us**
- B. eternal life through the soul**
- C. via memory only**
- D. divine blessing upon descendants**

Natural immortality, in Lifton's framework, is the sense that a person's life continues through the physical world around us—through offspring, the lasting presence of family lines, and the enduring impact one leaves on communities, culture, or the environment. It relies on tangible, worldly continuity rather than a non-physical or purely mental form of survival. This aligns with Lifton's idea that people seek immortality not only in memories or spiritual realms, but also in the ongoing, observable continuity of life in the world they helped shape. The other ideas—eternal life through the soul, immortality via memory alone, or divine blessing upon descendants—represent different pathways to immortality (spiritual or purely memory-based) that aren't what Lifton labels as natural immortality.

**5. Which factor is highlighted as a potential consequence of death in Buddhist thought?**

- A. it may lead to rebirth into another life of suffering**
- B. it may lead to immediate enlightenment**
- C. it may guarantee release from samsara**
- D. it is irrelevant to moral judgment**

In Buddhist thought, death is part of the ongoing cycle of birth, death, and rebirth (samsara), with karma shaping what happens next. Because of this connection between actions and future states, death may lead to rebirth into another life that can be characterized by suffering if one's karma is aligned with that outcome. Liberation from samsara (nirvana) is possible, but it is not an automatic or guaranteed result of dying; it requires profound awakening and realization, typically achieved through practice rather than something death itself ensures. Death is not irrelevant to moral judgment, since the moral quality of one's actions builds the karma that influences future rebirths.

**6. Which of the following would correctly describe a holographic will?**

- A. A document that is witnessed by two people**
- B. A document that is typed and signed**
- C. A document that is handwritten and unwitnessed**
- D. A document stored electronically**

A holographic will is defined by being written entirely in the testator's own handwriting and typically not requiring witnesses. This low-formality, personal creation is what sets it apart from other types. The option describing a document that is handwritten and unwitnessed directly captures this combination, which is why it fits definitionally. In contrast, a document witnessed by two people reflects a more formal attested will, a typed document isn't handwritten, and storing a will electronically doesn't speak to how it was created.

**7. Efforts to eliminate or minimize discrimination against older adults in emergency departments and end-of-life care have come from which source?**

- A. Organizations such as AARP**
- B. Recent developments in geriatric medicine and gerontological specializations in other health care fields**
- C. Government policy**
- D. The hospice philosophy**

The main idea is how care practices at the end of life have been shaped to reduce bias toward older adults in emergency departments and end-of-life decisions. The hospice philosophy centers on the patient's goals, comfort, and dignity, ensuring respect for autonomy and individualized care. This approach directly challenges age-based assumptions by prioritizing meaningful conversations, symptom relief, and appropriate care that aligns with what the patient values—rather than making decisions based on age alone. Because hospice emphasizes what matters to the person and a nonjudgmental stance toward end-of-life needs, it has driven changes in practice and policy that reduce discriminatory views and treatment patterns in acute and end-of-life settings. While advocacy groups, advances in geriatric medicine, and government policies contribute to broader equity, the hospice movement most directly embodies and promotes the principles needed to minimize discrimination in these specific contexts.

**8. Issues for Critical Reflection #17, 'Violent Incidents and Our Security,' in the eighth edition of Death & Dying, Life & Living shows:**

- A. Essential insecurity about our being can lead to overwhelming anxiety**
- B. Society can do more to protect its members from killings like this**
- C. Total security from tragedy is an illusion**
- D. Violent incidents are rare and have no impact on daily life**

Violent incidents shake our sense that life is safe, pushing us to confront our fundamental vulnerability as beings. The main concept here is that this essential insecurity about existence can provoke overwhelming anxiety. When violence reminds us that our lives can be upended in an instant, the anxiety isn't just about specific threats but about the fragility of being itself. That makes this option the best fit because it foregrounds the inner fear tied to our existence, which is what such critical reflections aim to illuminate in the context of death and dying. External steps to protect people matter, but they don't erase the deeper, existential worry the reflection highlights. The idea that total security is an illusion touches on a related truth, but it shifts toward a general conclusion rather than the acute emotional response to existential vulnerability. And claiming that violent incidents are rare and inconsequential contradicts the premise of examining how security and safety affect daily life and psyche.

**9. Theorists say suicidal behavior is complex because it involves three central elements. These are:**

- A. Despair, anger, and withdrawal**
- B. Depression, anxiety, and guilt**
- C. Helplessness, hopelessness, and haplessness**
- D. Self-reliance, resilience, and optimism**

The idea here is that suicidal behavior arises from a sense of being unable to influence one's life and future. Helplessness is the feeling that one's actions won't change painful circumstances. Hopelessness is the belief that the future holds no possibility for relief or improvement. Haplessness adds the sense of being at the mercy of bad luck or fate, reinforcing the perception that one is powerless. When these perceptions dominate, suicide can begin to seem like the only way to escape unbearable suffering. Other options describe symptoms or positive defenses (like resilience and optimism) that don't capture the specific cognitive-emotional landscape associated with considering self-harm.

**10. According to Elisabeth Kübler-Ross, near-death experiences \_\_\_\_.**

**A. Are experiences that occur only in non-terminal patients**

**B. Do not provide conclusive evidence of the existence of an afterlife**

**C. Provide conclusive evidence of the existence of an afterlife**

**D. Are purely physiological phenomena**

Near-death experiences, for Kübler-Ross, are more than unusual brain events; they are vivid, meaningful experiences reported as people approach death that suggest continuity of consciousness beyond physical life. She viewed these experiences as evidence pointing toward the existence of an afterlife, and she emphasized their transformative impact on how people understand death. That perspective is why describing near-death experiences as providing conclusive evidence of an afterlife best captures her stance. The idea that they occur only in non-terminal patients isn't consistent with her view, since NDEs are reported in various contexts of dying or danger, not restricted to those who are not terminal. Saying they are purely physiological ignores the significant spiritual and existential dimensions she highlighted. And arguing they do not provide evidence at all contradicts her emphasis on their meaningful, life-altering implications regarding what death may mean.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://psychdeathdying.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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