

# **Do Highly Religious People Have No Fear of Death? A Preliminary Study among Malaysian Chinese Adults during the COVID-19 Pandemic**

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## **Abstract**

The inevitability of death has challenged the human instinct to strive for survival. This contradicts the instincts and natural phenomena, creating a sense of anxiety in humans known as death anxiety. Various studies have been carried out to investigate this subject. However studies within the local context remain insufficient. This study is cross-sectional and employed a survey of 212 Chinese adults in the age range of 20 to 40, residing in Selangor state, Malaysia. The result of the Pearson Correlation showed no significant negative relationship between intrinsic religiosity and extrinsic social religiosity on death anxiety. Future studies are recommended to involve a heterogeneous sample in terms of age, ethnicity, religion, and other variables. The current study provides evidence that higher levels of extrinsic personal religiosity reduce anxiety towards death. The results shed light on the development of religion–integrated models for interventions for inflating the optimistic view on life.

**Keywords:** COVID-19 pandemic, death anxiety, religiosity, Malaysian Chinese

## **Introduction**

Death is impulsive and may occur to anyone at any time. Although at present, “death” or the procedures related to it have been well-managed by hospitals or by long-term care facilities with advanced medical technologies, the concept of “death” has remained a taboo in modern society

where it is viewed as a defeat and failure and which is not talked about openly (Zhang, 2022). In some traditional Chinese cultures, the mere contemplation of the word “death” is believed to bring bad luck. This explains why the number “4” is considered inauspicious and avoided on all occasions such as buying assets or deciding on certain dates. The reason is to avoid being reminded of “death” of which the very pronunciation of “4” will inevitably connote. Consequently, in the context of a “death-denying” culture, persons lacking an understanding of the “death and dying” concept may develop a fear of death in a phenomenon commonly referred to as “death anxiety.”

Death anxiety refers to the extent of a person’s fear of death (Menzies et al., 2019). This anxiety may be evoked by situations and things that happen to us which then provoke our consciousness of death and dying. During the Coronavirus disease or COVID-19 pandemic, death anxiety was common among the elderly or those with medical complications. The significant loss of lives that it caused naturally intensified intense anxiety of death among individuals of all ages and wherever the pandemic had broken out (Chatard et al., 2020).

Researchers have been conducting studies attempting to measure variables that contribute to death anxiety. These studies have examined various factors, including age, gender, health conditions, environment, a sense of fulfillment or self-worth, and religious faith (Dadfar et al., 2016; Kim & Kim, 2019). Malaysians and most Asians generally hold a very strong belief in their respective religions, and they believe that a sense of trust in God could give them a form of confidence. A survey conducted by Patricia Martinez (2001) indicated that over 70% of Malaysians prioritise their religious identity over their national and racial identities. However, during the pandemic, with social distancing measures in place to curb the spread of the disease, religious practices in all religious centres were suspended (Jong et al., 2017; Sy et al., 2022). The routine and lifestyle of many were affected by a complete administrative lockdown on all forms of physical movement. It is not possible to gauge the extent to which the public was affected by prohibitions to pray in religious institutions. It is then important to investigate whether the failure to attend regular religious practices had any relation to feelings of death anxiety among the people during the COVID-19 pandemic. The purpose of this study is to examine the association between religiosity and death anxiety among Malaysian Chinese adults.

### **Pandemic, Religiosity, and Death Anxiety**

The first case of COVID-19 was reported in Wuhan, China, at the end of 2019. The outbreak reportedly spread worldwide to become a global health crisis. The mortality rate was high and millions lost their lives. Those who survived suffered various side effects ranging from mild to serious cases with often unknown reactions of varying severity on different individuals (Wang et al., 2020).

Psychologically, COVID-19 had an impact on the people's mental well-being. Various mental health issues were observed, including emotional distress, depression, stress, mood swings, irritability, insomnia, attention deficit hyperactivity disorder, post-traumatic stress, and anger (Huang & Zhao, 2020). These subsequently brought further anxiety toward death among the population, and this anxiety was observed to be higher among healthcare workers and the front liners (Serafini et al., 2020).

In Malaysia, the spread of the virus and its impact on the people's mental well-being occurred rapidly. A Malaysian survey demonstrated that one in every three persons suffered mild-to-severe depression during the nationwide Movement Control Order (Yee et al., 2021). A study in China demonstrated that frequent outbreaks and infections caused the people, especially the vulnerable groups such as the elderly and those with special needs, to experience the fear of death with varying levels of death anxiety (Yao et al., 2020). A high level of concern about other family members or children being infected by COVID-19 were associated with more significant levels of depression, stress, and death anxiety (Abdul Latif et al., 2022).

Religiosity is a multidimensional construct with three components, namely intrinsic religiosity (IR), extrinsic-personal religiosity (EpR), and extrinsic-social religiosity (EsR) (Buzdar et al., 2015). These three components differ in their goals. For instance, IR involves the use of religion as a means for personal spiritual development and fostering a meaningful relationship with God. On the other hand, EsR involves the use of religion for social gain, while EpR involves the use of religion as a means of gaining comfort, security, and protection (Buzdar et al., 2015; Darvyri et al., 2014).

Researchers have long sought answers regarding the influence of religiosity on a person's level of death anxiety, with various conflicting outcomes emerging over the decades. Individuals with IR are often characterised by viewing their religion as a guiding force and a source of life motivation while those with EpR and EsR tend to perceive religion as a tool for fulfilling their basic needs. However, solid evidence regarding the association between religiosity and death anxiety remains unclear. The notion that religious individuals fear only God and nothing else remains a myth without any empirical evidence. Involvement in religious activities can foster optimistic behaviors, contribute to emotional control, and promote mental stability. In other words, engagement with religious activities can help people to develop optimism, hope, and patience while reducing the fear of death (Haghighi, 2013). These phenomena have stimulated my interest in the study of the variables of life satisfaction. The objective of this study is to examine whether religiosity and life satisfaction indeed influence the experience of death anxiety. It is hoped that this study may yield valuable insights into how a person's religious beliefs may affect his or her fear of death.

## Methodology

Purposive sampling with specific criteria was employed to select respondents for the survey which was carried out between October and December 2020. They were chosen among Malaysian Chinese adults residing in Selangor between the ages of 18 and 40, who by definition and according to Erik Erikson's developmental theory were considered persons in young adulthood (Erikson, 1982) but without restrictions on their religious background. Adults in Selangor were emphasised in this study as this state showed the highest death percentage due to the COVID-19 pandemic (Ministry of Health, 2022). An online survey was selected as the primary method of data collection. The survey link was distributed to participants using social network platforms (e.g., Facebook, Instagram, WhatsApp, Telegram). The sample size was determined by using the G\*Power software (Version 3). G\*Power suggested a sample size of 84 for this study with the significance level set to 0.05, indicating that there is a 5% chance for Type 1 error to occur with the statistical power set to 0.80.

This study collected selected socio-demographic data of the respondents on the concept of religiosity and the feeling of "death anxiety" to explore the issue in question (see Table 1).

The respondents' religiosity level was measured by using the Religious Orientation Scale-Revised (ROSR; Gorsuch & McPherson, 1989). ROSR was adapted with a modification by which the word "church" was replaced with "church/temple/mosque/any religious institute" to adapt to Malaysian Chinese context. The scale comprised a total of 14 items categorised into three subscales: intrinsic religiosity (IR), extrinsic-personal religiosity (EpR), and extrinsic-social religiosity (EsR). Examples of the items are: "*I enjoy reading about my religion*" (item for intrinsic religiosity); "*I go to church/temple/mosque because it helps me to make friends*" (item for extrinsic-social); and "*I pray mainly for relief and protection*" (item for extrinsic –personal). The scale demonstrated reliability, with satisfactory Cronbach's alpha values for the intrinsic dimension ( $\alpha = .83$ ), extrinsic-personal dimension ( $\alpha = .65$ ), and extrinsic-social ( $\alpha = .69$ ). Higher score indicates a higher level of religiosity. The ROSR is a versatile instrument suitable for individuals from various religious backgrounds. For instance, it was used in Daryvi et al.'s study (2014) of the Greeks and it was also used in studies conducted in Asian countries such as Pakistan involving Christian, Hindu, and Muslim samples (Buzdar et al., 2015).

Death anxiety of respondents was assessed with 15 items on the Death Anxiety Questionnaire (DAQ; Conte et al., 1982). Examples of items in DAQ are "*Do you worry about dying?*" and "*Do you worry that you may be alone when you are dying?*". DAQ used a three-point Likert scale (0=*not at all*, 1=*somewhat*, 2=*very much*) and has an excellent internal consistency ( $\alpha = .83$ ), and the test-retest reliability was .87. The total score on the DAQ was used to determine the level of death anxiety, with a higher total score indicating a greater degree of anxiety towards death.

The statistical analysis was conducted using Statistical Package for the Social Sciences (SPSS)

version 21. Descriptive analysis was employed to assess the current levels of death anxiety among the participants. Additionally, Pearson correlation was utilised to investigate the relationships between the components of religiosity and death anxiety.

### Findings and Discussion

The study was conducted with 212 Malaysian Chinese adults aged from 20 to 40 ( $M = 32.12$ ). There were 117 male and 95 female participants. Most of the participants were Buddhist (74.5%,  $n = 158$ ), followed by Christians (2.5 %,  $n = 52$ ) and Bahai (0.9%,  $n = 2$ ). The participants had originally came from different states in Peninsular Malaysia (Table 1).

**Table 1**

*Demographic Details of Participants (N=212)*

Variable		N (%)
Gender	Male	117 (55.2)
	Female	95(44.8)
Religion	Buddhism	158 (74.5)
	Christians	52 (24.5)
	Bahai	2 (1.0)
State of origin	Perlis	2 (0.9)
	Kedah / Penang	46 (21.7)
	Perak	43 (20.3)
	Pahang	15 (7.1)
	Selangor	56 (26.4)
	Melaka	9 (4.2)
	Negeri Sembilan	11 (5.2)
	Johor	30 (14.2)

Death anxiety scores were computed by summing the scores from the Death Anxiety Questionnaire (Conte et al., 1982). Table 2 presents the level of death anxiety among the respondents. It is observed that a significant portion of the respondents reported have a high level of anxiety towards death (44.6%) during the COVID-19 pandemic, followed by the medium level (28.8 %), and low level (26.6%). The emergence of the COVID-19 pandemic created a highly stressful environment for the public, leading to numerous losses and heightened emotional exhaustion. Many individuals experienced increased fear, particularly in relation to death or death anxiety (Martinez-Lopez et al., 2021).

**Table 2***Level of Death Anxiety (N=212)*

Variable	Classification	N (%)	SD	Mean
Death anxiety	Low	56 (26.6)	6.14	15.89
	Medium	61 (28.8)		
	High	95 (44.6)		

Table 3 presents the Pearson correlation coefficient used to test whether there is a significant relationship between the understudied variables. The first research question investigated the relationship between intrinsic religiosity (IR) and death anxiety. The result revealed that there was no significant relationship between IR and death anxiety,  $r(210) = -.130$ ,  $p > 0.01$ .

The second research question investigated the potential relationship between extrinsic personal-religiosity (EpR) and death anxiety. The result of the Pearson Correlation showed that there was a significant negative correlation relationship between these two variables,  $r(210) =$ ,  $p < 0.01$ . The last research question examined the association between extrinsic social-religiosity (EsR) and death anxiety. The results of the Pearson Correlation test indicated that there was no statistically significant relationship between these two variables, with a correlation coefficient of  $r(210) = [\text{insert coefficient}]$ ,  $p > 0.01$ .

**Table 3***Correlations Among the Variables (N=212)*

	1	2	3	4
1. Death anxiety				
Sig (2-tailed)	1			
N	212			
2. Intrinsic Religiosity (IR)				
Sig (2-tailed)	-.130	1		
N	212	212		
3. Extrinsic Personal Religiosity (EpR)				
Sig (2-tailed)	-.583**	.546**	1	
N	212	212		
4. Extrinsic Social Religiosity (EsR)				
Sig (2-tailed)	.109	.389**	.376**	1
N	212	212	212	
Mean	15.89	25.56	11.47	7.77
SD	6.14	5.74	2.33	3.08

\*\*Correlation is significant at the level of  $p < .01$  level (2-tailed)

## Conclusion

This study highlights the prevalence of high intrinsic religiosity and moderate extrinsic religiosity among the participants. Furthermore, the findings indicate that there is no significant relationship between intrinsic religiosity (IR) and death anxiety among Malaysian adults,  $r(210) = -.130, p > .01$ . Addressing the second research question, the result reveals a significant negative correlation between extrinsic personal religiosity (EpR) and death anxiety,  $r(210) = .132, p < .01$ . Conversely, the results show that there was no significant positive relationship between extrinsic social religiosity (EsR) and death anxiety,  $r(210) = 0.11, p > .01$ . In summary, it is found that only extrinsic personal religiosity (EpR) exhibits a significant negative correlation with death anxiety. The remaining domains of religiosity do not affect death anxiety.

The present findings align with several earlier studies, affirming that individuals who attend religious services (high extrinsic religiosity) for personal development experience lower death anxiety (Duff & Hong, 1995; Jong, 2021; Saleem & Saleem, 2020). These results are attributed to the nature of religious rites, which strengthen individuals and shield them from negative thoughts by fostering optimistic perspectives. Conversely, a study conducted among adults in Kuwait suggested that extrinsic religiosity has no impact on one's anxiety toward death. In this context, religions are viewed as guiding principles for leading a virtuous life, and they do not significantly affect one's affective component related to death (Abdul-Khalek & Lester, 2009; Saleem & Saleem, 2020).

The study is a rare attempt to explore an issue that many consider to be sensitive and reluctant to express an opinion on. In view of the atmosphere of intense concern and even fear of falling victim to what was then thought as a “killer” disease, it was felt that it would be meaningful to find out and to better understand the thoughts and feelings of society on the issue.

This study contains limitations that might have compromised the significance of the findings. The manner of sample collection through an Internet survey and by means of the “snowball” method would not necessarily ensure that the respondents fully understood the purpose of the research or the questionnaire itself. The absence of physical contact with the respondents had ruled out the possibility of personal exchange. It is the quality and reliability of the responses that could ensure the collection of accurate data for subsequent statistical analysis. A study that is complemented by personal interviews will yield more nuanced and in-depth insights into the subject of study. As the survey was conducted between October and December 2020 at the height of the pandemic, it was not possible to meet the respondents to gain insights on their personal experiences or to clarify matters of uncertainties. Additionally, the study recognises the context of the COVID-19 pandemic, which has induced fear of death and emotional disturbances, including low motivation, sadness, and hopelessness, possibly contributing to death anxiety among adults. This preliminary study does suggest the need to employ psycho-educational programmes of counseling that are tailored to suit

the religious practices of individuals. Creating awareness about coping mechanisms within the framework of religious beliefs could be beneficial to instill a sense of hopefulness and ultimately to enhance an individual's capacity to lead a life with minimal anxieties.

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