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An Investigation on the Relationship Between Religious Coping Styles and Death Anxiety

Hailey Bates

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An Investigation on the Relationship Between Religious Coping Styles and Death
Anxiety

by

Hailey Bates

A Thesis
Submitted to the Honors College of
The University of Southern Mississippi
in Partial Fulfillment
of Honors Requirements

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ABSTRACT

This study evaluated the respective relationships between death anxieties and religious coping, of both the positive and negative variety. Two independent samples were collected included the Multidimensional Orientation Toward Dying and Death Inventory (MODDI-F) and the Religious Coping Scale (R-COPE). This data supported the hypothesis by confirming a positive correlation between negative religious coping and Fear of Death. In other words, more death anxious participants also reported more questioning of their faith and their relationship with God in response to stress. In contrast, positive religious coping shared no significant correlations with any death anxiety variables. Because of the clear relationship between these two variables and the relationship that also exists between death anxiety and well-being, this study could have potential implications for psychologists working to improve psychological well-being.

Keywords: death anxiety, religious coping, well-being, R-COPE, Fear of One's Own Death, religiosity

DEDICATION

Momma and Josh:

Thank you for always being my biggest fans and my best friends. I love you both
endlessly.

ACKNOWLEDGMENTS

I would like to thank my thesis advisor, Dr. Lucas Keefer, for guiding me through this process and making a seemingly insurmountable task a little bit easier. He has shared a wonderful pool of knowledge with me over the last year and a half. He has always believed that I could produce great work and pushed me to be the best writer and researcher possible. I'm endlessly grateful for his patience, kindness, and knowledge.

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Introduction

Religion has found its place in almost every society, from the ancient religions of indigenous people across the world to the modern Abrahamic religions. Religion has withstood the test of time, proving its importance to the human experience. Religion has provided answers to theological and philosophical questions, meaning in life, and even better health, both physically and mentally (Mochon, Norton, & Ariely, 2010).

A relatively recent wave of literature connects religiosity to measures of well-being. In one of these studies, researchers determined that there is a positive correlation between both religious and scientific attitudes and well-being in a predominately Muslim population, with hope and purpose in life serving as mediators to this relationship (Aghababaei et al., 2016). This suggests that religious and scientific attitudes provide people with a source of hope and meaning for their lives that significantly improves their overall well-being. This work suggests that a strong belief system, whether scientific or religious, provides individuals with hope and meaning in life, which can then influence their mental health and well-being.

Research on attachment to God further shows that religion can be a benefit to one's well-being. In one study, researchers predicted that a secure attachment to God, or feeling that God provides consistent security and comfort, would be positively correlated with psychological well-being (Keefer & Brown, 2018). After controlling for interpersonal attachment styles, the researchers found that an insecure attachment to God was associated with markers of low well-being, including a diminished sense of relatedness and meaning in life (Keefer & Brown, 2018). Additionally, individuals with more insecurity about their relationship with God reported higher levels of stress

generally (Study 2). This provides further reason to believe that religion can provide great benefit to one's well-being.

Other research has proposed that religiosity may be associated with lower rates of psychiatric and substance use disorders (Kendler et al., 2003). To test this, researchers measured different dimensions of religiosity and compared these dimensions to the reported rates of psychiatric and substance use disorders in a sample of participants (Kendler et al., 2003). This research found that, out of seven dimensions of religiosity, four were associated with a reduced risk for externalizing disorders, such as alcohol and nicotine dependence and antisocial behavior; one dimension was related to a reduced risk for internalizing disorders, such as depression, anxiety, and phobias; and two dimensions (social religiosity and thankfulness) were correlated with a reduced risk for both types of disorders (Kendler et al., 2003). All seven dimensions were associated with a reduced risk for a psychiatric disorder in some form, suggesting that religiosity does indeed provide individuals the necessary tools to manage stress and trauma in their life, ultimately leading to a lowered risk of psychiatric disorders. The researchers noted that lower rates of depression, in particular, were associated with higher levels of thankfulness, social religiosity, and unvengefulness (Kendler et al., 2003).

If religion is positively correlated with markers of well-being and negatively correlated with disorders like anxiety and depression, it could follow that religion could also be negatively correlated with death anxiety, a form of anxiety about the inevitability of eventually ceasing to exist in the world as one currently knows it.

Religion and Death Anxiety

Higher levels of religiosity may benefit well-being by reducing fears about death, often measured with death anxiety scales. Researchers hypothesize that religion can potentially decrease levels of death anxiety and increase death acceptance (Aghababaei et al., 2016; Harding, Flannelly, Weaver, & Costa, 2005; Gesser et al., 1988) because religion provides individuals with reassurance that death does not mean annihilation and indeed may actually be a transition to a better state (e.g., heaven in the Christian tradition).

One of these studies found that theological religiosity, a subtype of religiosity concerning the study of the philosophical and theological meanings inherently attached to a particular religion, was associated with a high level of death acceptance and low levels of death anxiety (Harding et al., 2005). However, this benefit did not extend to all subtypes of religiosity in this study. This means to benefit from religiosity, according to the study, it is not enough to simply be religious, but one must be religious in a theological way to experience increased death acceptance and decreased death anxiety.

Gesser and colleagues (1988) proposed that death acceptance manifests in three different ways, one of which consists of viewing death as a path to a happy afterlife. Religiosity might influence levels of death anxiety by providing a belief in an afterlife that provides reasons to be more accepting of (and less anxious about) death. Researchers found that older individuals experienced more death acceptance than younger generations, and that this older group reported substantially stronger belief in an afterlife (Gesser, Wong, & Reker, 1988). In short, religion may diminish death anxiety (and

increase death acceptance) by assuring individuals of their continued existence after physical death.

Another study demonstrated the relationships between specific forms of religiosity and death anxiety across Christian groups (Cohen et al., 2005). This research found that for both Catholic and Protestant participants, life satisfaction was negatively correlated with death anxiety (Cohen et al., 2005). This research also found that higher religiosity, whether intrinsic (motivated by personal values) or extrinsic (motivated by external pressure), and belief in an afterlife are both negatively correlated with death anxiety (Cohen et al., 2005). This further supports the idea that religion may lead to a decrease in death anxiety due to providing a belief in the afterlife. Diminished death anxiety, correspondingly, is associated with markers of well-being, such as life satisfaction.

Dispute Over Death Anxiety and Religion

The relationship between death anxiety and religion is highly disputed. One study hypothesized that death anxiety would serve as a mediator for the relationship between religiosity and well-being but failed to find that religion decreased death anxiety in any significant way (Aghababaei et al., 2016). This counters previously mentioned claims that religion does diminish death anxiety (Gesser et al., 1988; Harding et al., 2005; etc.).

Additional studies have even found that death anxiety may be correlated with a higher level of religiosity (Cole, 1979; Ray & Najman, 1974). One of these studies proposed that nonreligious people may experience less death anxiety because they are less preoccupied with death (Cole, 1979). Death and the afterlife are a primary topic in most religions, meaning the followers of those religions may be spending more time

thinking about death than their nonreligious counterparts; this constant preoccupation with the idea of death may bring a sense of awareness to their mortality to a greater degree than nonreligious people, causing them to fear death more (Cole, 1979). The second of these studies presented an entirely different explanation as to why their results showed a positive correlation between death anxiety and religiosity (Ray & Najman, 1974). This study found that death acceptance and death anxiety are not always the inverse of one another, as one would likely assume (Ray & Najman, 1974). This study noted that religious people may experience some death acceptance, through belief in the afterlife or positive coping strategies, but may still also experience anxiety and fear over death, particularly if they fear punishment in the afterlife (Ray & Najman, 1974). Essentially, religion can give people a sense of acceptance about death by providing them with tools to manage their anxieties, but it does so at the cost of introducing additional forms of anxiety about death. Whether religiosity can have any meaningful effect on levels of death anxiety is disputed in the literature and more research is required to learn more about the relationship between these two variables.

To combat the conflicting arguments found in the current literature, Jong and colleagues (2017) completed a meta-analysis of 100 studies. In this meta-analysis, the researchers found that the existing research shows a weak negative correlation between death anxiety and religion (Jong et al., 2017). This supports claims by previous researchers that higher levels of religiosity are correlated with lower levels of death anxiety (Aghababaei et al., 2016; Harding et al., 2005; Gesser et al., 1988).

Well-Being and Death Anxiety

Anxiety in any form can cause negative consequences for the person who experiences it (Schonfeld et al., 1997), and death anxiety is certainly no exception. Recent research proposed that there is a relationship between self-esteem, which is a common marker of well-being, and death anxiety, and that this relationship could be mediated by spiritual well-being (Chung, Cha, & Cho, 2015). The researchers found that self-esteem and death anxiety did indeed show a negative correlation and that self-esteem and spiritual well-being were positively correlated (Chung et al., 2015). This supports the assumption that death anxiety could have negative effects by diminishing both personal and spiritual aspects of well-being. Although only correlational, the study raises questions about potential processes that could explain these relationships. For instance, because spiritual well-being and self-esteem were positively related, religiosity could protect well-being by enhancing self-esteem (and thereby diminishing death anxiety). The researchers note that religion's function in increasing well-being could be due to the meaning in life and positive emotionality that religions often provide their followers, and that the decrease in death anxiety that is shown to be associated with increased well-being is likely due to this same meaning and positive affect (Chung et al., 2015).

Research also shows that death anxiety correlates with greater severity of various forms of psychopathology (Menzies, Sharpe, Dar-Nimrod, 2019). Overall, this study was designed to examine whether people living with mental illnesses display higher rates of death anxiety, and if so, what factors may have an impact on this relationship. This research found that people with mental illnesses experienced higher levels of death anxiety than those without mental illnesses (Menzies et al., 2019). Death anxiety was also

positively correlated with behavioral markers of psychopathology, such as the number of hospitalizations and number of medications prescribed, and with a diagnosis of over twenty different disorders, including generalized anxiety disorder and depression (Menzies et al., 2019). This means individuals with any of the twenty-one tested disorders also felt more anxious about their death, and this relationship was exacerbated when a higher number of psychopathology markers are present. This demonstrates a clear, correlational relationship between death anxiety and well-being. Those who experience lower levels of well-being are also experiencing much higher levels of death anxiety when compared to their mentally healthy peers.

Another study focused on death anxiety and its relationship to well-being, particularly in regard to Post-Traumatic Stress Disorder (PTSD), psychiatric disorders, and different coping strategies (Hoelterhoff & Chung, 2013). The researchers found that psychiatric disorders were positively correlated with death anxiety, but religious coping and self-efficacy were not effective at diminishing this relationship (Hoelterhoff & Chung, 2013). However, these variables were effective at diminishing the negative impacts of PTSD, such as anxiety from nightmares and unwanted memories and depression (Hoelterhoff & Chung, 2013). Those in this study who reported higher levels of death anxiety also reported having more psychiatric disorders than average, or a higher level of psychiatric comorbidity (Hoelterhoff & Chung, 2013). However, this study does not give any reason to assume that self-efficacy or religious coping can dampen the effects that death anxiety may have on one's well-being.

Researchers recently examined the possible relationships between religion, well-being, and death anxiety (Morris & McAdie, 2009). This research found that religious

individuals, both Christian and Islamic, scored higher than non-religious participants on measures of well-being, supporting prior research by indicating a positive relationship between religiosity and well-being (Morris & McAdie, 2009). This study also found that Christian participants experienced less death anxiety, while Muslim participants experienced the most death anxiety (Morris & McAdie, 2009).

This may lead researchers to believe that it is not religion itself that is associated with decreased death anxiety, but the teachings of particular religions. In other words, because not all religious participants in this study experienced a decreased level of death anxiety in association with higher levels of religiosity, it must be concluded that not all religions are equal when it comes to their benefits. As previously mentioned, it has been proposed that death anxiety could be correlated with *higher* levels of religiosity if a religion's teachings cause its followers to become overly preoccupied with the idea of death or punishment (Cole, 1979).

Religious Coping

One candidate explanation for why religions vary in their ability to satisfy death concerns may be that religions differ in the resources they provide for coping. Religious coping research is based on coping theory, or the theory that individuals maintain an active role in interpreting and responding to life's stressors through coping strategies (Lazarus & Folkman, 1984).

Pargament and his colleagues reworked this theory to include a religious dimension, resulting in the R-COPE, a scale used to measure one's religious coping style (Pargament et al., 2011). Religious coping includes two subtypes: positive and negative religious coping. Positive religious coping includes adaptive coping methods such as

seeking proximity to one's deity or engaging in religious rituals such as prayer to handle stress (Pargament et al., 2011). Negative religious coping, or "religious struggle" is maladaptive and involves questioning one's beliefs and wondering why a particular deity would allow suffering (Pargament et al., 2011). Both forms of coping may allow the individual to use their religious beliefs to cope, in the former by providing a sense of emotional support and in the latter by providing a metaphysical framework for understanding the causes of suffering (e.g., by blaming God).

Because of the adaptive and maladaptive natures of the different religious coping styles, it is reasonable to assume that they may be related to emotional well-being. One study used online surveys to measure participant's positive religious coping and their well-being in the midst of the ongoing COVID-19 pandemic (Thomas & Barbato, 2020). This particular study found that those with higher levels of positive religious coping reported less of a history of psychological disorders (Thomas & Barbato, 2020). Just as religiosity itself seems predictive of well-being, individuals who use religiosity as a coping resource specifically derive benefits from doing so. This particular study is interesting because of the context in which it took place. In the midst of a global pandemic, where life has been uprooted and many may be confronting their personal fears of contracting the virus, a greater level of death anxiety may be present in the population. This may lead us to assume that people are turning to religious coping to confront their fear of death, which seems to be providing some psychological benefit.

Research Question

Previous research shows that religious coping and well-being are correlated, and death anxiety and well-being are also correlated, it is reasonable to believe that religious coping and death anxiety may also be related to one another in a similar manner.

I hypothesized that each dimension of religious coping would be associated with death anxiety, however in divergent ways. First, I expected that death anxiety would be positively correlated with negative religious coping methods. To the extent that death anxiety is a marker of poorer psychological well-being and stress, I expect that individuals who use maladaptive religious coping strategies will also be less likely to mitigate anxieties about death. Inversely, it is also hypothesized that death anxiety will share a negative correlation with positive religious coping methods because of religious coping's consistent relationship with well-being.

Study 1

Method

A sample of 250 undergraduates from The University of Southern Mississippi were recruited and received class credit for their participation. These data (and the data in Study 2) were collected as part of a different project assessing metaphoric representations of God, but as part of that study, participants completed surveys measuring levels of death anxiety and their religious coping style (R-COPE). Public data for both studies are available at <https://osf.io/4tde3/>.

Death anxiety. To measure death anxiety, three subscales from Wittkowski's (221) Multidimensional Orientation Toward Dying and Death Inventory (MODDI-F) were used. More specifically, these subscales included the eight-item Fear of One's Own Dying scale (e.g., "I feel fear at the very idea of dying slowly and in agony someday"), the four-item Fear of Corpses scale (e.g., "When I think of how pale a corpse is, I feel panic"), and the six-item measure of Fear of One's Own Death (e.g., "Thinking beyond the threshold of my death makes me feel afraid"). Consistent with Wittkowski's original measure, these subscales were highly reliable, and scores were averaged. Descriptive statistics and reliabilities for all measures are presented in Table 1.

Religious Coping. To measure religious coping, this study used Pargament's R-COPE scale, testing both positive and negative religious coping (Pargament et al., 2011). This particular scale measures participants religious coping through thoughts and attitudes (e.g. "Saw my situation as part of God's plan"), actions (e.g. "Prayed for a miracle"), feelings (e.g. "Sought God's love and care"), and relational action (e.g. "Sought a stronger spiritual connection with other people"; Pargament et al., 2011).

Consistent with the original R-COPE measure, this scale was highly reliable, and once again, scores were averaged (Table 1).

Results

Because of this study's focus on religious coping and death anxiety, the measures of positive and religious coping were correlated with the Fear of One's Own Death scales. Upon analysis (Table 1), we found that Fear of Death shared a positive correlation with the measures of negative religious coping. This means that participants who experienced more death anxiety also engaged in more negative religious coping methods. Additionally, the Fear of Own's Own Death scale showed a very small negative correlation with positive religious coping.

Study 2

Method

A sample of 320 university students were recruited to participate in this study and were awarded with class credit. This study is a repetition of Study 1 and included the same measures. The survey administered was a copy of the survey used in the initial study. Again, the measures were all found to be reliable and their summary statistics are provided in Table 2.

Results

This study also showed a positive correlation between Fear of One's Own Death and negative religious coping, replicating the findings of Study 1. However, the results for positive coping showed a very small positive correlation with death anxiety for this trial, contradicting the findings from Study 1. The descriptive statistics for all variables included in this study can be found in Table 2.

Discussion

In both studies, Fear of One's Own Death showed a consistent positive correlation with negative religious coping. From this information we can infer that those who experience more death anxiety are also engaging in more negative religious coping mechanisms. Therefore, this data does support one hypothesis of this study because the variables were positively correlated as predicted. Additionally, these results fit the general theme that individuals who are lower in religiosity may be more likely to experience death anxiety as they do not have the same existential resiliency.

However, we did not find consistent support for the prediction that positive religious coping was associated with diminished fear of death. This could be the case for several possible reasons, most notably the fact raised earlier that religiosity itself is only weakly (and sometimes negatively) related to death anxiety. In other words, religiosity may provide some resources for managing death concerns, but at the same time, it introduces a host of other potential concerns about the ultimate fate of one's soul and the potential for punishment. This means that individuals who turn to religion as a coping strategy may receive support that allows them to manage death anxiety while, at the same time, adding additional afterlife beliefs that may enhance death anxiety.

Limitations and Future Directions

Because of the correlational design of this study, no inferences about causality can be drawn from this data. There are potentially good reasons to expect both directional relationships. On the one hand, individuals who respond to stress by questioning God's benevolence or acceptance of them (i.e., negative religious coping) may feel that they have lost their assurance that a positive afterlife awaits them after death. As a result, they

may experience increased death anxiety. Conversely, individuals who are more afraid of death may subsequently question their religious worldview more due to the uncertainty caused by death anxiety. To determine whether the relationship between these variables is causal in nature and the direction of any such causal relationship, additional research would need to be completed using a design more suited for determining causality.

Additionally, while this study provided consistent results on the relationship between death anxiety and negative religious coping, the relationship between death anxiety and positive religious coping still remains unclear. Studies 1 and 2 provided conflicting data that causes our refrain from making any assumptions about the nature of this relationship if there is one at all. Additional studies would be required to determine this.

This study was also limited by the demographics of the sample. Because this survey was administered to college students at a large university in the southern United States, this sample was comprised mostly of college aged (18-25 years) participants. Additionally, a majority of the participants identified as Christian, which is typical of the region. These factors may limit this study's generalizability to the overall population. There would be benefit in replicating this study's design in different age groups and in different regions of the world to determine the extent of this data's generalizability.

Conclusion

The data from these studies support the hypothesis that religious coping and death anxiety are positively correlated. The relationships between positive religious coping and death anxiety were inconclusive, but these results merit future investigation to clarify the patterns we observed.

These results potentially have important implications for psychologists who work to promote psychological well-being. Previously mentioned studies have linked greater death anxiety to higher levels of psychopathology and lower levels of overall well-being (Schonfeld et al., 1997; Chung et al., 2015; Menzies et al., 2019). To promote psychological well-being, it may prove necessary for psychologists to implement methods to combat high levels of death anxiety. This methodology could specifically target negative religious coping because of its relationship with death anxiety. It is reasonable to believe that working to decrease negative religious coping and death anxiety in a therapeutic context could provide clients with some improvements in overall well-being based on this study and prior research.

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APPENDIX A: TABLES

Table 1.

Descriptive statistics and observed correlations between variables (*Study 1*).

	Fear of Dying	Fear of Death	Fear of Corpses	Positive Coping	Negative Coping
Fear of Dying	-				
Fear of Death	0.665***	-			
Fear of Corpses	0.555***	0.543***	-		
Positive Coping	-0.012	-0.101	0.176**	-	
Negative Coping	0.225***	0.303***	0.228***	0.034	-
<i>M (SD)</i>	4.56 (1.49)	3.52 (1.80)	3.28 (1.67)	4.99 (1.81)	2.88 (1.15)
<i>α</i>	.87	.92	.86	.95	.76

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.Descriptive statistics and observed correlations between variables (*Study 2*).

	Fear of Dying	Fear of Death	Fear of Corpses	Positive Coping	Negative Coping
Fear of Dying	-				
Fear of Death	0.750***	-			
Fear of Corpses	0.672***	0.677***	-		
Positive Coping	0.070	0.056	0.091	-	
Negative Coping	0.282***	0.281***	0.216***	0.128*	-
<i>M (SD)</i>	4.57 (1.57)	3.75 (1.81)	3.41 (1.78)	4.95 (1.70)	3.04 (1.26)
α	.90	.92	.90	.95	.80

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

APPENDIX B: ORIGINAL IRB APPROVAL LETTER



THE UNIVERSITY OF
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INSTITUTIONAL REVIEW BOARD

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NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 18072706

PROJECT TITLE: Development of a God Imagery Scale

PROJECT TYPE: New Project

RESEARCHER(S): Lucas Keefer, Ph.D.

COLLEGE/DIVISION: College of Education and Human Sciences

SCHOOL: Psychology

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review Approval

PERIOD OF APPROVAL: 9/25/2018 to 9/25/2019

Edward L. Goshorn, Ph.D.
Institutional Review Board