

**Haigazian University
Libraries**



0 0 0 0 4 0 8 2 8



TRUTH



FREEDOM



SERVICE

EX LIBRIS HAIGAZIAN UNIVERSITY

BARSUMIAN LIBRARY

T
0076

HAIGAZIAN UNIVERSITY

THE ROLE OF RELIGIOUS FAITH AND PSYCHOLOGICAL
WELL-BEING ON FEAR OF DEATH

FATEN M. RIFAI

A Thesis submitted to the Faculty of Social & Behavioral Sciences in partial
fulfillment of the requirements for the Master of Arts degree in Education –

Emphasis Counseling at Haigazian University

Beirut - Lebanon

March 18, 2011

Thesis release form

I, Faten Rifai

☒ Authorize Haigazian University to supply copies of my thesis to libraries or individuals upon request.

☐ Do not authorize Haigazian University to supply copies of my thesis to libraries or individuals for a period of two years starting with the date of the thesis defense.


Signature

March 18, 2011

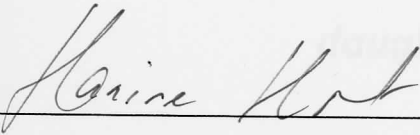
Date

HAIGAZIAN UNIVERSITY

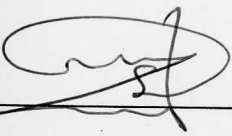
THE ROLE OF RELIGIOUS FAITH AND PSYCHOLOGICAL
WELL-BEING ON FEAR OF DEATH

Faten M. Rifai

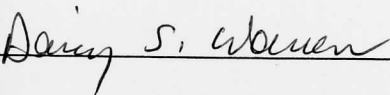
Approved by:



Dr. Hanine Hout, Ed. D., Advisor



Dr. Daoud Tawil, Ph. D., Member of the Committee



Dr. Daisy Warren, Ed. D., Member of the Committee

ACKNOWLEDGEMENTS

DEDICATION

***To my precious parents, brothers (Mohammad and
Tarek), husband Mohammad M., and to my beloved
daughter, Arwa...***

ACKNOWLEDGEMENTS

Special thanks to my advisor and professor, Dr. Hanine Hout, for her care, support, help, and encouragement to make my dream come true.

I would like to thank Dr. Daoud Tawil for his help and guidance.

I appreciate with gratefulness Dr. Marwan Gharzeddine for his help, positive attitude, spirit, and thoughts.

I am grateful to Dr. Daisy Warren for her reading my study and advising me positively.

A special thanks to my parents, and my brothers for their support, patience, and prayers.

I would like to dedicate my thesis to my parents, brothers, and my treasure in life, my beloved daughter, **Arwa**.

A thank to God, with great gratitude, for all the blessings He is giving me.

TABLE OF CONTENTS

	Page
Abstract	vii
I. Chapter I	1
1. Introduction and Background of the Study	1
2. Statement of the Problem and Hypotheses	5
3. Professional Significance of the Study	6
4. Overview of Methodology	6
5. Delimitations	7
6. Definition of Terms	8
II. Chapter II	9
1. Review of Literature	9
2. Death Awareness History	9
3. Psychology of Death	11
a. Infancy and Childhood	12
b. Adolescence and Adulthood	13
4. Fear of Death	15
5. Gender Differences in Fear of Death	19
6. Religiosity and Fear of Death Among Different Cultures Groups	23
7. Religion and Psychological Well-Being	29

8. Gender Differences in Religion	34
9. The Relationship Between Psychological Well-Being and Anxiety	37
III. Chapter III	41
1. Method	41
2. Participants	41
3. Measures	42
4. Materials	42
5. Procedure	47
IV. Chapter IV	48
1. Results	48
V. Chapter V	54
1. Discussion	54
2. Conclusion and Future Studies	61
VI. References	63
VII. Appendices	70

ABSTRACT

The present study examined the role of faith and psychological well-being on fear of death among a Lebanese sample from various religious affiliations ($N = 150$). It tested the effect of gender on the strength of religious faith and fear of death. The participants filled in demographic variables and three questionnaires: The Santa Clara Strength of Religious Faith Questionnaire, Ryff's Psychological Well-being Scale, and Revised Collett-Lester Fear of Death Scale. Results were computed using analysis of correlations and regressions. The results of the current study showed that religious faith has no correlation with fear of death; however, the psychological well-being showed a significant positive correlation with faith ($r = .166$), but no correlation with fear of death. Finally, as predicted females scored higher on faith and fear of death scales than males.

Introduction

Background of the Study

Religion, in general, urges humanity to believe, trust, and have good faith in God. Billy Graham said: "Whether or not we sense and feel the presence of the Holy Spirit or one of the holy angels, by faith we are certain God will never leave us or forsake us" (cited by Hess, 1998, p.81). In Islam, Allah, in the Quran (7:35), encourages believers by giving hope of a better ending: a pious man is free of sorrow, fear and danger. "Those who are righteous and mend [their lives] on them shall be no fear nor shall they grieve" (cited by Vadakkangara, Man in the Quran).

Although religions promise believers heaven as a result of their good faith and good behavior, many people fear death and life after death. During the second half of the 20th century, many studies and books were written on the structure, meaning, nature, correlates, measurement and applications of fear of death (e.g. Feifel, 1990; Kastenbaum, 1992; Kastenbaum & Costa, 1977; Lester, 1967; Lester & Templer, 1992-1993; Lonetto & Templer, 1986; Neimeyer, 1994; Neimeyer & Van Brunt, 1995; Schulz, 1979; Wass & Neimeyer, 1995 as cited by Abdel-Khalek, 2002); however, the same question still persists "Why do we fear death?" (Abdel-Khalek, 2002). Raphael (1984) described fear of death as "the fear of pain, of destruction, or of mutilation. It is a fear of the unknown, of annihilation of self, of the process of dying with loss of function, dependence on others, incapacity to tolerate the pain involved, a fear of being alone, and the fear of loss of beloved ones." (Raphael, 1984, p.21 as cited by Abdel-Khalek, 2002). Whereas, Hoelter (1979) defined fear of death as "an emotional reaction

involving subjective feelings of unpleasantness and concern based on contemplation or anticipation of any of several facets related to death.” (Hoelter, 1979, p.47 as cited by Hegedus, Zana, & Szabo, 2008). According to the aforementioned definitions by Raphael and Hoelter, we can conclude that death is an emotional and subjective experience that contains fear, pain, and loneliness, all of which contradict the religious point of view that considers death as a spiritual and tearless experience. To clarify this contradiction, few studies attempted to shed light on the specific relationship between religion and anxiety. For instance, the “functional” perspective of religion emphasizes on the role of beliefs, practices, feelings, emotions, and experiences in a person’s life in helping him/her deal with essential problems of existence including death and suffering (Bruce, 1996; Pargament, 1997 as cited by Zinnbauer, Pargament, & Scott, 1999).

Moreover, there are some studies that view religion as a coping mechanism when dealing with health-related stressors (Pargament, 1997 as cited by Lavric & Flere, 2008); whereas other studies consider religion as an elevator and not a reliever of anxiety (Ellis, 1988; Watters, 1992 as cited by Larvic & Flere, 2008). In addition, Donahue (1985) in his studies on fear of death noted that some aspects of religiosity were positively associated with fear of death and death anxiety, whereas some were negatively associated, and yet others were not correlated at all. In other studies, dimensions of religiosity were also found to be positively correlated with fear of death (Donahue, 1985; Florain & Kravez, 1983; Hoelter, 1979b as cited by Roff, Butkeviciene & Klemmack, 2002), while other researchers found dimensions of religiosity to reduce death anxiety (Donahue, 1985; Hoelter, 1979b; Long & Elghanemi, 1987; Powell & Thorson, 1991; Rigdon & Epting, 1985; Thorson & Powell, 1990 as cited by Roff *et al.*,

2002). Finally, more studies confirmed that dimensions of religiosity showed no relationship with fear of death (Donahue, 1985; Florian & Kravetz, 1983; Hoelter, 1979b; Thorson & Powell, 1990 as cited by Roff, *et al.*, 2002). In summary, different contradictory conclusions were reached by various researchers regarding the role of religious faith in either increasing or decreasing fear of death among individuals.

At the same time, the relationship between religion and psychology has long existed because both deal with the purpose of life and the principles of human behavior. There was an effort for integrating religion and psychology since the beginning of psychology as an independent discipline in the mid-nineteenth century. In this context, psychologists investigated the relationship between religious beliefs and practices on one side, and the psychological well-being or mental health on the other (Paloutzian, 1996 as cited by Rashid, 2004). This relationship was investigated by many researchers (Rashid, 2004; Fleischer & Davis 2004; Fiorito & Ryan, 2007; Joshi, Kumari & Jain, 2008) who all demonstrated a positive relationship between religiosity and psychological well-being. It was found that religious behaviors such as praying, reading religious scripture, attending religious gatherings and intrinsic orientation dimensions (when religion is considered as an end in itself and not as a means to achieve certain ends which is extrinsic orientation) formed an essential element and played positively a significant role in the psychological well-being and self-esteem (Rashid, 2004; Fleischer & Davis 2004; Fiorito & Ryan, 2007; Joshi, Kumari & Jain, 2008).

However, in other studies cultural demographic variables seemed to have an impact on the individual's religiosity and psychological well-being. For example, it was found by Lavric and Flere (2008) that religiosity positively correlated with psychological well-being in the Bosnian

and the American groups, whereas it negatively correlated in the Serbian group, and showed no correlation in the Slovenian and Japanese groups. As a conclusion, the relationship between the psychological well-being and religiosity was considerably moderated by culture (Lavric & Flere, 2008).

As far as the relationship between psychological well-being and fear of death is concerned, the researcher has not found studies that clearly associate both variables. Instead, most studies focused on finding a negative relationship between psychological well-being on the one hand and anxiety and depression on the other (Liu, Shono, & Kitamura, 2009; Cooke, Bewick, Barkham, Bradley & Audin, 2006; Ruini & Fava, 2009).

Moreover, a significant amount of research has been conducted in order to investigate the correlates of fear of death such as age, gender, religiosity, level of education, socio-economic status, and culture (Hegedus *et al.*, 2008; Hamama-Raz, Solomon, & Ohry, 2000; Abdel-Khalek, 2004; Kirchberg, Neimeyer & James, 1998; Maltby, Lewis & Day, 1999). Abdel-Khalek (2004), reported that females in general had higher fear of death mean scores than their male counterparts in the same country (e.g. Syria, Kuwait and Egypt). However, Kuwaiti males and females scored higher on the Arabic scale of Death Anxiety (ASDA) in comparison with their Egyptian and Syrian peers' whereas Syrian females had the lowest total scores on (ASDA) in comparison with other females (Abdel-Khalek, 2004) . In addition, Hegedus *et al.*, (2008) stated that fear of death was lower in males than females, and older persons had lower fear of death than younger persons in Budapest. It was also concluded by Roff *et al.*, (2002) that religious people expressed less fear of the unknown in the Multidimensional Fear of Death Scale (MFODS) than non religious people among the Lithuanians, while women were being

significantly more religious than men among an English sample (Beit- Hallahmi & Argyle, 1997; Francis & Wilcox, 1996; Wulff, 1997 as cited by Maltby *et.al*, 1999).

Statement of the Problem

In light of the above discussion and taking into consideration the religious and cultural make-up of the Lebanese society, the researcher decided to focus on the following hypotheses:

1. There will be a negative correlation between scores on the religious faith scale and those on the fear of death scale.
2. There will be a positive correlation between scores on the religious faith scale and those on the psychological well-being.

Since there are no studies in the literature on the relationship between psychological well-being and fear of death but instead on the psychological well-being and anxiety and depression, the researcher had to consider fear of death as a form of anxiety and base her third hypothesis on that:

3. There will be a negative correlation between scores on the psychological well-being scale and scores on fear of death scale.

In light with previous research, hypotheses 4 and 5 were formulated:

4. It is expected that females will score higher on the religious faith questionnaire than males.
5. It is expected that females will score higher on the fear of death scale than males.

Professional Significance of the Study

This is the first research conducted on the Lebanese population which will provide a clearer picture regarding the role of the psychological well-being and religiosity towards death in a community of various religious backgrounds. Another more practical issue of significance relates to the psychologists, educators, and social practitioners who will have a closer look at the interrelation among faith, psychological well-being, and fear of death and how each factor may affect the individual's behavior, thinking, and performance. Finally, "The Santa Clara Strength of Religious Faith Questionnaire" has never been used in Arab Muslim communities, or Arab communities of religious diversity such as Lebanon. It was administered only in western communities such as Caucasian, Asian-American, African-American, Latin-American, and Irish Christians from different age groups: high school, college, and university students (Lewis, Shevlin, McGuckin, & Navratil, 2001; Freiheit, Sonstegard, Schmitt, & Vye, 2006; Plante & Boccaccini, 1997b as cited by Freiheit *et al.*, 2006). Thus, using this scale is a valuable tool that should help to explore faith in a new different population.

Overview of Methodology

In the current study, the quantitative method was employed. Research relied on self-report measures targeting a Lebanese sample from different religious backgrounds. The participants filled in the three questionnaires in one setting:

1. The Revised Collett-Lester Fear of Death Scale (C-L FODS) measures participant's fear of own and other's death.

2. The Santa Clara Strength of Religious Faith Questionnaire (SCSORF) rates the strength of participant's religious faith.
3. The Ryff's Scale of Psychological Well-Being measures participant's feeling towards oneself in general.

Correlational analyses were used to examine faith in relation to fear of death, psychological well-being to fear of death, and religious faith to psychological well-being.

A test of comparison of means was used to compare differences between females and males regarding religious faith and fear of death on one hand and psychological well-being and fear of death on the other hand.

Delimitations

There were some limitations to this study:

First, we could not generalize our results to other communities such as the suburbs and villages, where Lebanese residents are more devoted to their religions and traditions.

Second, our sample consisted of people between the ages of 18 and 45. Hence, we could not generalize our results to other age groups, especially whose attitudes towards death are naturally different.

Third, in a country that has suffered and is still suffering from many internal and external wars, the participants' temporarily attitudes and feelings might have affected their answers on the Fear of Death scale.

Definition of Terms

Psychological Well-being: refers to the person's subjective and global psychological well-being, and is the extent of "happiness or satisfaction with life-as-a-whole or in life in general" (Kim, 1998).

Faith: "is the belief and trust in and loyalty to God, belief in the traditional doctrines of a religion, firm belief in something for which there is no proof, and complete trust in something that is believed especially with strong conviction; especially : a system of religious beliefs" (Merriam-Webster's online dictionary).

Fear: is to have a reverential awe of, for example < I fear God>, or to be afraid of: expect with alarm, for example <I fear the worst>, and to be afraid or apprehensive, for example < They feared for their lives> (Merriam-Webster's online dictionary).

Death: is a permanent cessation of all vital functions: the end of life (Merriam-Webster's online dictionary).

CHAPTER 2

Review of Literature

Many studies have inspected the role of religious faith on human behavior and attitude toward different aspects of human life, one of which is fear of death. Researchers have also studied the influence of additional variables such as gender, age, level of education, and culture.

Accordingly, the following part presented the various aspects investigated by researchers to demonstrate the diversity of effects that shape personal's fear of death.

Death Awareness History

Death awareness has had a long history extending all the way back to the old Greeks. For instance, The Epic of Gilgamesh presented the strong need to triumph over death and the use of magic, slyness and power to reach this purpose (Heibel, 1970 as cited by Kastenbaum & Costa, 1977). In addition, life prolongation and rejuvenation were main issues throughout the old Egyptian culture (Zandee, 1960 as cited by Kastenbaum & Costa, 1977). The reflections on death, discussions on mortality, and awareness of the complications of phenomenological life dominated the Greek era such as the soul that-which-departs, sometimes to return (as in dreams) and sometimes not (Kastenbaum & Costa, 1977). After that, Romans believed in afterlife but could not recognize the proposition that the dead would be recreated (Choron, 1963 as cited by Kastenbaum & Costa, 1977).

For centuries thereafter, the topic of death has appeared in a wide collection of books, films, scientific articles, and adventurous epics such as Ponce de Leon's search for the fountain of youth as a reason to overcome aging and not to achieve death. In 1901, Ilya Illyich Mechnikov won a biomedical Nobel Prize for his research about "Thanatology" (the study of death) that was first presented by him (as cited by Kastenbaum & Costa, 1977). Later, William James (1910) wrote on immortality and G. Stanley Hall (1915) empirically studied "Thanatophobia" (Phobia of dead bodies) (as cited by Kastenbaum & Costa, 1977). Thomas D. Eliot (1930) was concerned to study bereavement and family structure; whereas Frazer's concern (1933) was to observe death-related practices in pre-technological societies around the world. His anthropological studies included funeral practices, rituals of mourning and other death-related cultural actions (as cited by Kastenbaum & Costa, 1977). In the mid-1950s psychology and other fields started to see death as a relevant problem precisely as a result of the vast disasters of war during that period. Consequently, Feifel (1959) edited a book "The Meaning of Death" to present philosophy and art history of death which included contributions from Jung and Murphy (as cited by Kastenbaum & Costa, 1977). Finally, Kastenbaum (1972) in his book "Psychology of Death" presented the developmental meaning of death for humankind starting from the child's construction of death to the adult deathbed scenes at the end of the life span (Maiden, 2005).

Mudd (1990) stated that expressions like 'It won't kill you', 'Do or die', 'Dead serious', 'Scared to death', 'A matter of life or death' and many other statements refer indirectly in a way or another to our masked awareness of the omnipresence, the strength and the eventual nature of death. Our everyday anxiety concerning failure, any kind of risk, need or restriction,

all of which dwell in our inner self and can be traced eventually to the ego's most fearful fantasy: its own death. We can think of these expressions, which raid our daily chats and conversations, as just to how great an influence death applies on our everyday lives, yet our awareness of this unavoidable reality of the human condition is anxiously obscured by the fantasies that are present at the self-preservational drive and motive, what Freud accurately called the 'ego instincts' (Mudd, 1990). Despite the ego's fear in the face of its own transience, death has great psychological value. It is, in fact, the first means for individuation and gives us the chance to enter our own fortune by passing through the ego's illusions into the indescribable core of human life (Mudd, 1990).

Psychology of Death

Kastenbaum demonstrated in his book "Psychology of Death" the evolution of the construct of death and its impact upon one's attitudes, values, manner, moral codes, and eventually upon one's purpose and meaning in life (Maiden, 2005). He believed that one's concept of death is completely subjective, tremendously personal and individualistic (Maiden, 2005). Most of us ask the same question "When do children really understand about death?" especially when most parents in various cultures try to exclude children from funerals and the circle of mourners as well as avoid death-related discussions assuming that children's world should not be invaded by harsh and harmful realities. Thus, the general meaning is to reduce the importance of death as a power in the child's mind, personality, and social development (Kastenbaum, 1974 as cited by Kastenbaum & Costa, 1977). For this reason, researchers studied the developmental path the person passes throughout his/her life to build up the death concept.

Infancy and Childhood

Maria Nagy (1948) conducted a study among Hungarian children ranging in age from 3 to 10 to analyze their words and drawings of death. She concluded that there are three stages needed for a child to develop the death concept. Stage 1 (birth until age 5), lacks admiration of death as a final and a complete end. The dead are 'less alive' and the state might be inverted. *Separation* is the theme most clearly understood by the youngest children. Stage 2 (from age 6 to age 9) children think of death as ultimate. Still, there persists to be a belief that death might be avoided. A strong tendency to *personify* was noted at this stage. Stage 3 (beginning at age 9 or 10) is marked by understanding of death as both final and unavoidable and to be expected. The idea of personal mortality seems to be accepted (Nagy, 1948 as cited by Kastenbaum & Costa, 1977). The results of her studies were consistent with other studies conducted by Hall (1915) who found that the youngest had realistic ideas and concrete perceptions about death. Moreover, he realized that there is plenty of perceptual details on death in memories starting earlier in childhood (as cited by Kastenbaum & Costa, 1977).

Interestingly, Sylvia Anthony (1972) attested that normal as well as disturbed children often thought of death as separation and sorrow (as cited by Kastenbaum & Costa, 1977). Not only this, but also Maure (1961) proposed that a 6-month-old baby's attraction for "peek-a-boo" and consequent appearance-disappearance games engages the try to master the mysteries of separation and reunion, being and nonbeing, darkness and light which are seen as part of the development that leads to completely comprehend death cognitions (as cited by Kastenbaum & Costa, 1977). Nevertheless, Safier (1964), Gartley and Bernasconi (1967), Tallmer and his colleagues (1974) confirmed the impact of television on children's orientations

to death. Kids are more acquainted with the idea of animate/inanimate and death and are less shielded from death than previous generations (as cited by Kastenbaum & Costa, 1977).

Briefly, it appears that the child's developmental cognition of death is closely related to its total structure or appreciation of the world, rather than standing outside the core developmental stream as a minor process. In fact, children seem interested in disappearances, inconstancies, and disequilibrium. This possibly is another way of saying that loss, endings, and death are center concern from childhood onward (Kastenbaum & Costa, 1977).

Adolescence and Adulthood

The mature cognitive modality becomes established in adolescence and continues significantly unaffected afterward (Kastenbaum & Costa, 1977). Most of the studies center on the attitude towards death rather than the outlined cognitions of death. On the other hand, there are a cluster of studies which stress key relationships between future and worry of death in adolescence and early adulthood e.g. (Kastenbaum, 1959; Dickstein 1966; and Hooper & Spilka, 1970 as cited by Kastenbaum & Costa, 1977). It seems that how young individuals conceptualize futurity shows to offer essential hints to their death orientations, for example, the tendency of young people with relatively high obvious death anxiety tend to have more restricted future projection (Wohlford, 1966 as cited by Kastenbaum & Costa, 1977). In other words, those who fear their own death obviously do not visualize their own future.

Furthermore, it is important to recognize individual differences (Lowry, 1966; Weisman & Kastenbaum, 1968 as cited by Kastenbaum & Costa, 1977) and the likelihood that orientations are complicated with different levels, and subject to situational impact within the

same individual (Feifel & Branscomb, 1973; Kastenbaum & Aisenberg, 1972 as cited by Kastenbaum & Costa, 1977). Accordingly, an important question may arise here "How do adults orient themselves to death?" In fact, research approved that in midlife one starts to think of his/her age more in terms of distance from death than from birth (Lieberman & Caplan, 1970 as cited by Kastenbaum & Cosat, 1977). In the same perspective, the disengagement theory of aging suggests a transfer in life-style with advancing adult age. The person becomes more conscious of the shortness of remaining time and the probability of death, leading to both intra and interpersonal changes (Cumming & Henry, 1961 as cited by Kastenbaum & Costa, 1977).

In short, most studies of attitudes towards death in old age show the capability of people to accommodate themselves to finitude (Munnichs, 1966 as cited by Kastenbaum, 1977). The agony at the death scene has usually been related to general agitation or to environmental stress or lack and deprivation (Weisman & Kastenbaum, 1968 as cited by Kastenbaum & Costa, 1977). There are suggestions that the individual's life-style is just as important in old age as at other developmental periods for determining the orientation towards death. It is valuable to differentiate also between healthy, independently functioning old men and women and those who are not (Jeffers, Nicholas & Esidorfer, 1961; Jeffers & Verwoerdt, 1969; Marshall, 1973; Swenson, 1961 as cited by Kastenbaum & Costa, 1977).

In general, the concept of death and the attitude towards it are established through a developmental process throughout childhood and continue thereafter with a significant shift in adolescence and adulthood as a result of life circumstances and experiences.

Fear of Death

“Fear” and “anxiety” are among the expressions most commonly used to describe orientations towards death throughout the lifespan of a person (Kastenbaum & Costa, 1977). It is widely accepted by researchers that fear of death is universal (Neiymmer, Wittkowski, & Mose, 2004 as cited by Power & Smith, 2008). However, there is a difference between fear and anxiety. The psychoanalytic difference between free-floating anxiety and fear of an object that is present to conscious awareness is imperative here (Kastenbaum & Aisenberg, 1972 as cited by Kastenbaum & Costa, 1977). Investigators classically suppose that death universally creates anxiety. Where obvious fear is not present, defensive denial often is deduced (Goldings, Atwood, & Goodman, 1966; Jeffers *et al.*, 1961; Rhudick & Dibner, 1961 as cited by Kastenbaum & Costa, 1977). Conscious fear of death is believed to happen only when there is serious collapse of the person’s defenses, as an acute psychopathology. While perhaps true, this suggestion is very hard to explain into operational measures, and the proof is equally weak. Studies have presented that different fear of death scales are associated with measures of trait or general anxiety (Dickstein, 1976; Durlack, 1972; Handal & Rychlak; Livingston, & Zimet, 1965 as cited by Kastenbaum & Costa, 1977).

In the same context, Hoelter & Hoelter (1978) investigated this above mentioned correlation among American undergraduate females and males ranging in age from 17 to 37. Participants completed two questionnaires: (a) “A Multidimensional Fear of Death Scale” developed by Hoelter (1978) and (b) “State-Trait Anxiety Inventory” developed by Spielberger group (1970). They examined eight types of fear of death: fear of the dying process, fear of the premature death, fear for significant others, phobic fear of death, fear of being destroyed, fear

for body after death, fear of the unknown, and fear of the dead with two types of anxiety: state anxiety and trait anxiety. Results demonstrated that all of the fear of death subscales, with the exception of fear of being destroyed, have significant positive correlations with both measures of anxiety. Specifically, regression analysis presented fear of premature death and fear of the dead to be the most essential death-related fears related with anxiety (Hoelter & Hoelter, 1978).

Schulz (1979) added other components to the fear of death. He found out that the interruption of life goals and the negative impact on survivors elicit fear of death among a sample of Indians from Islamic background (as cited by Abdel-Khalek, 2002). Later, Beg and Zalli (1982) found out that death anxiety could be related to the process of dying, the fact of death, and the consequences of death (as cited by Abdel-Khalek, 2002). In addition, Thorson and Powell (1988) studied components of death anxiety and meanings of death empirically. They found that older participants showed a concern over the existence of an afterlife and over loss of personal control; women stated more fear of pain and bodily disintegration (as cited by Abdel-Khalek, 2002). While Hegedus and his colleagues (2008) found fear for significant others, fear of the dying process and fear of the unknown as the most critical elements of fear of death among medical students in Budapest (Hegedus *et al.*, (2008).

Another important component of fear of death is the early loss of a primary source of attachment. According to Bowlby's (1980) theory, the loss of a main source of attachment, protection or security, and caring during the sensitive period of infancy and childhood has powerful and deep inference for the attachment system. It may hamper the establishment of a "secure base" disturb the progress of secure working forms of others and self, and create long-

term complexities in the construction and continuation of inter-personal relationships (as cited by Florian & Mikulincer, 1997). Mikulincer and his colleagues (1990) confirmed that this attachment insecurity may become a main life motif that may generalize over a broad range of situations, leading people to experience fear of death for the same reasons that they were distressed in the original attachment situation. He found that worriedly attached people showed stronger fear of death at both conscious and below-conscious levels of awareness than more securely attached people. Also, they were more likely to trait this fear to the loss of their social identity in death (Mikulincer, Florian, & Tolmacz, 1990 as cited by Florian & Mikulincer, 1997). In another research, Meshot and Leitner (1994) discovered that adults who had lost one of the parents during adolescence presented an apprehensive interpersonal mode traced by strong reliance and fear of refusal and rejection (as cited by Florian & Mikulincer, 1997).

Florian and Mikulincer (1997) were interested to explore the relationship between the loss of significant others and fear of personal death in adulthood. The sample consisted of 86 adults who had experienced a significant loss in childhood or adolescence and a matched group of 86 adults who had not experienced any early loss. The results showed that early parental loss had a stronger impact than other early losses on the person's interpersonal component of fear of death. It is represented by the fear of losing one's own social identity and relations with members and friends. However, the age at which the loss of maternal or paternal death occurred is crucial to the person. Those who had lately experienced parental death reported more fear of death than those who had experienced death of other relatives (Florian & Mikulincer, 1997).

Power and Smith (2008) investigated for the predictors of fear of death and self-mortality. They conducted their study among Canadian undergraduate students ($N=144$) ranging in age from 18 to 57, with a mean of age of 23.6 ($SD=7.4$ years). The participants filled in the 42-item Multidimensional Fear of Death Scale (MFODS) developed by Hoelter (1979) that consists of eight subscales: Fear of the Dying Process, Fear of the Dead, Fear of Being Destroyed, Fear for Significant Others, Fear of the Unknown, Fear of Conscious Death, Fear for the Body After Death, and Fear of Premature Death (as cited by Power and Smith, 2008). In addition, participants completed the Do-It-Yourself-Death-Certificate (DIYDC) that estimates of time left to live (person's age subtracted from their predicted age at death), including the predicted cause, marital status, location, and age at time of death. Results showed a significant interaction between gender and time left to live. The individual regressions analysis showed that for males more time-left-to-live predicted more death fear ($t = 2.15, p < .05$); while this was not the case for females ($t = 1.39, p < .17$). At the same time, females were more fearful for significant others than were males; whereas males showed a greater fear of premature death with a longer-time-to-live ($t = 1.78, p = .09$) than females ($t = 1.50, p = .14$), fear of conscious death ($t = -2.65, p = .01$) but not for females ($t = 1.43, p = .16$), and fear of the unknown ($t = -2.36, p = .03$) where this was not the case for women ($t = 0.49, p = .62$) (Power & Smith, 2008).

In summary, we realized that fear of death has many components; and studies have showed differences among people in dealing with the various death components.

The coming part compared and contrasted fear of death, religious faith and psychological well-being among females and males of different socioeconomic status, different age-groups, and among various cultures.

Gender Differences in Fear of Death

Fear of death or death anxiety (Thanatophobia) is identified as “an abnormally great fear of death, with feelings of dread or apprehension arising when one thinks about the process of dying or what happens after death” (Webster’s, 1980 as cited by Rice, 2009). It has been reported in many studies that women possess greater fear of death than their male counterparts (Buzzanga, Miller, & Perne, 1989 as cited by Rice, 2009; Neimeyer & Moore, 1994 as cited by Hegedus *et al.*, 2008; Strack, Stephen, Feifel, & Herman, 2002). Lester (1972) proposed that females have greater fear of death in certain specific areas rather than a general fear of death (as cited by Power & Smith, 2008). Neimeyer and Moore (1994) discovered that females had greater fears on most subscales of the Multidimensional Fear of Death Scale (MFODS) but they were less fearful of the unknown than were males (as cited by Power & Smith, 2008). This is because men tend not to express their emotions such as fear as much as women (Buzzanga *et al.*, 1989 as cited by Rice, 2009). Researchers analyzed women’s fear of death by explaining their tendency to have a general anxiety attitude more than men. Bekes (2003) mentioned that females have more fear of death than males. They are, by nature, characterized by higher level of anxiety; more accurately, “by the close relationship of personality characteristics of femininity with anxiety and thus fear of death” (as cited by Hegedus *et al.*, 2008).

Stillion (1985) has hypothesized that differences between genders in emotional self-expression may account for such discrepancies in scores because females tend to regard death in more emotional terms, whereas males tend to look upon death in more cognitive terms (as cited by Yang & Chen, 2009). He also suggested that women have greater tendency to acknowledge troubling feelings more readily than men (as cited by Suhail & Akram, 2002). At the same time, Kastenbaum (1986) attested that women tend to be more open in expressing a variety of feelings (as cited by Suhail & Akram, 2002). He reported later (2000) that women are also more willing to acknowledge negative feelings and report fears in some cases (as cited by Power & Smith, 2008). Whereas, Da Silva and Schork (1984-1985) suggested that "what appears to be higher anxiety on the part of women might be better understood as a greater sense of comfort in thinking about death" (as cited by Suhail & Akram, 2002).

Although almost all studies revealed that women fear death more than men, Conte and his colleagues (1982) and Viney (1984) reported no differences between males and females in death anxiety (as cited by Suhail & Akram, 2002). In addition, other studies showed that results vary according to the instruments used. For example, Neimeyer (1986) reported that studies applying Death Anxiety Scale (DAS) or similar 'feeling-oriented' scales have discovered gender differences (as cited by Suhail & Akram, 2002), while such discrepancies were not stated when more indirect or cognitive instruments were applied, e.g. the Threat Index (TI) (Neimeyer, Epting, & Rigdon, 1984, as cited by Suhail & Akram, 2002). Later, it has been discovered by Dattel and Neimeyer (1990) that when using both instruments with the same subjects, females displayed greater death fear than males on the DAS but not on the TI (as cited by Suhail & Akram, 2002). Conversely, whenever a difference exists, it is in higher scores for females

(Dickinson, Lancaster, Winfield, Reece, & Colthorpe, 1997; Lester & Castromayor, 1992; & Pollak, 1980, as cited by Suhail & Akram, 2002).

Finally, greater concern of Eastern women is consistent with prior studies from the Western countries proposing that women's greater fear of death is fairly global. Schumaker, Barraclough, and Vagg (1988) claimed that in most cultures, males more than females practice the role of heroism and achievement that promote the illusion of immortality (as cited by Suhail & Akram, 2002), which according to Beker (1973) people depend on to defeat the anxiety related with the awareness of death (as cited by Suhail & Akram, 2002).

Yang and Chen (2009) conducted a study among Taiwanese adolescents to discover the personal constructs of death and fear of death. They administered the Multidimensional Fear of Death Scale (MFODS) and a coding manual to conduct content analysis of death constructs in written paragraphs about death by the participants. The sample consisted of 329 adolescents in junior and senior high school grade level 7 to 12. The results of that study demonstrated that thoughts and fears about death varied significantly according to gender, age, death related experiences, and other variables included in the research. The means and standard deviations for fear of death, as measured by the MFODS present that females scored higher on all subscales. At the same time, females who experienced a life-death experience have registered higher scores than their male counterparts on all MFODS subscales (Yang & Chen, 2009).

Suhail and Akram (2002) conducted a study among Pakistani participants to determine the effect of gender, age, and other variables on death anxiety. They used Templer Death

Anxiety Scale and Collett-Lester Fear of Death Scale (CLS). It was predicted that women will score higher on death anxiety than men. Accordingly, gender effect was more evident, however, on the CLS. Women revealed to experience more anxiety than males about different dimensions of death, for example, the shortness of life, total isolation of death, fear of not being, and disintegration of body after dying. The results of that study presented that old men and women were not different in their scores on both DAS or CLS, the mean being ($M= 9.54$, $SD=2.12$) for women and ($M= 9.72$, $SD=2.35$) for men; while ($M=27.18$, $SD=11.16$) for women and ($M=26.00$, $SD=13.66$) for men on DAS and CLS, respectively. On the other hand, younger participants scored differently. Younger women had higher death anxiety scores compared with younger men on both scales. The mean being ($M= 8.15$, $SD=1.94$) for females, and ($M=6.30$, $SD=3.27$) for males; whereas ($M= 22.82$, $SD=11.47$) for females, and ($M = 12.53$, $SD=12.57$) for males on DAS and CLS, respectively (Suhail & Akram, 2002).

Power and Smith (2008) conducted a study among Canadian students ($N=144$) to survey gender differences, religiosity, perceived time-left-to-live, and the interactions among these and other variables as predictors of fear of death using the Multidimensional Fear of Death Scale (MFODS). Results of that research exhibited significant gender effects on two MFODS subscales; women scored higher than men on the Fear for significant others and Fear of the dead subscales which support previous research findings (e.g., Suhail & Akram, 2002). Finally, males with more time-left-to-live were more fearful of death ($t=2.94$, $p < .05$) than those with less time-left-to-live ($t = .67$, $p = .51$), while the opposite was the case for females (Power & Smith, 2008).

Briefly, almost all empirical studies have found out that females, in general, experience more fear of death than males. In this study, the comparison between female and male genders concerning fear of death was investigated and, it was predicted that females would have greater fear of death than males.

Religiosity and Fear of Death Among Different Cultures Groups

Islam believes in the resurrection of the dead persons and God's judgment on each one according to their deeds (Suhail & Akram, 2002). It induces fear by presenting the concept of punishment in life henceforth and later tells how to decrease that fear by religious dedication; everlasting blessings in heaven have been assured for the 'good ones'. But it is not only with Muslims. Research conducted with Christians and other religious groups have also reported *similar findings*. Malinowski (1948) proposed that hope for a life after death is the only thing that makes the fear of death controllable by offering hope of endless life (as cited by Suhail & Akram, 2002), a finding replicated and reported in recent years by Lundh and Radon (1998) (as cited by Suhail & Akram, 2002). Leming (1979) cited several studies revealing that religious aspects such as religious commitments, beliefs, practice, and devotion are notably related to the decrease of fear of death (as cited by Suhail & Akram, 2002). For example, the results of Suhail and Akram's study (2002) showed that more religious Pakistani group registered less death anxiety. For this reason, it has been suggested that religious dedication can be used for building a tentative mastery over fear of death (Suhail & Akram, 2002). Knight and Elfenbein (1993) previously found that more religious people were likely to demonstrate decreased death anxiety as measured by Death Anxiety Questionnaire (DAQ). It would appear that persons whose belief systems may comprise a *raison d'être* and explanation for the role of

death tend to be less inclined to have an anxiety reaction to death related material. This finding proposes that the meaning of death may be reasonable by pre-existing religious beliefs (Knight & Elfenbein, 1993).

In the line with this, Abdel-Khalek (2004) conducted a study comparing death anxiety among three Arab countries: Egypt, Kuwait, and Syria using the Arabic Scale of Death Anxiety (ASDA), The Death Anxiety Scale, The Depression Scale, The Death Obsession Scale, The Reasons for Death Fear Scale, The trait subscale of the State-Trait Anxiety Inventory, The Kuwait University Anxiety Scale, The Arabic Obsessive Compulsive Scale, The Depression subscale of the Hopkins Symptom Checklist, The Neuroticism (N) and Psychoticism (P) subscales of the Eysenck Personality Questionnaire, and the Self-rating scale of religiosity. He realized that a large portion of death rituals in modern Egypt is a continuation of similar rituals of ancient Egypt that existed before. This is just as a result of the strong ancient Egyptian beliefs about resurrection, immortality, and the afterlife which directly affected the Egyptian's attitude toward death. It is believed that the Egyptian culture with its majority of 91% Muslims, 8% Christians, and 1% Jews and other religious affiliations has been described as a culture that is preoccupied with mourning, bereavement, and exaggerated celebration of death. As for the Kuwaiti people, who in general enjoy a total Islamic good life circumstances, have drastically changed their attitude toward death mainly after the Iraqi invasion regardless of their religious commitment. As for the Syrians, their culture is more complicated than the Egyptian and the Kuwaiti since it is composed of multi-religious backgrounds of 72% Sunnites, 11% Shiites, 2% Druze, 3% Greek Orthodox, 2% Armenian Orthodox, 2% Roman Catholics, smaller Christian sects, and few Jews. Although they differ in religiosity, national income, and recent political

and military history, they share strong similarities such as language, inheritance, culture, and geo-political conditions. The results of that study showed that all females from the same country (females in Syria, females in Egypt, and females in Kuwait) had higher scores on the ASDA than their male counterparts from the same country on the ASDA which have been consistent with previous Western studies (e.g. Dattel & Neimeyer, 1990; Lonetto & Templer, 1986; Neimeyer & Van Brunt, 1995 as cited by Abdel-Khalek, 2004) as well as Arab sample (e.g. Abdel-Khalek 2003; Templer, 1991 as cited by Abdel-Khalek, 2004).

In general, Kuwaiti men and women showed more death anxiety in comparison with the Egyptian and Syrian subjects, while Syrian women had the lowest ASDA mean total score in comparison with other females. In addition, "I fear the torture of the grave" item had the highest mean score item among female and male subjects in the three Arab countries, followed by "loss of a loved one". The items that provoked fear of death among the Egyptian males was cancer and what will happen after death, while the in Egyptian female-group it was observing the burial procedure. Among the Kuwaiti males it was "getting a serious disease", whereas among the Kuwaiti females it was "sight of a dying person" (Abdel-Khalek, 2004). Finally, in both the Syrian males and females it was the loss of a loved one and the sight of a dying person. The ASDA showed higher correlations with Death depression ($r = .645$), with Death obsession ($r = .636$), and with Reasons for death fear ($r = .320$); than the correlations of ASDA with Trait anxiety ($r = .366$), with Kuwait University anxiety ($r = .346$), with Obsession compulsion ($r = .482$), with depression ($r = .333$), with Neuroticism ($r = .246$), but does not show any significant correlation with religiosity ($r = .033$) and with psychoticism ($r = .013$) (Abdel-Khalek, 2004). In other words, fear of death has a positive relationship with the negative

aspects of personality such as anxiety and depression; on the contrary, fear of death has a negative relationship with religion, the more religious the person is the less he/she fears death.

Roff *et al.*, (2002) conducted a study among Lithuanian Christian (mainly Catholic) participants to investigate the relationship between fear of Death Scale and religion by using the Multidimensional Fear of Death Scale (MFODS) and the religion scale DUREL. The results revealed that the “Fear of the Dying Process” and “Fear for Significant Others” subscales had the highest scores; whereas, Lithuanians expressed the lowest level of anxiety on the “Fear for the body after Death” subscale. The ranking of the means from lowest to highest was quite similar between the Lithuanian sample and a previous U.S. sample ($r = .80$) (Neimeyer & Moore, 1994 as cited by Roff *et al.*, 2002). Surprisingly, the “Fear of the Unknown” subscale had a strong significant negative correlation with all three measures of religiosity, indicating that more religious subjects expressed less fear of the unknown. In a following regression analysis using the three indicators of religiosity to predict fear of the unknown, the single significant relationship was with intrinsic religiosity (where religion is deeply personal to the individual) (Roff *et al.*, 2002). These results were consistent with Kraft, Litwin & Barber’s (1986) investigation in America. They found a significant negative correlation between intrinsic religiousness and fear of death related to death of self ($r = -.30, p < .01$), death of others ($r = -.25, p < .01$), and total death anxiety ($r = -.30, p < .001$). Similarly, significant negative correlations were found between positive attitudes towards religious faith and death of self ($r = -.17, p < .05$), death of others ($r = -.21, p < .05$), and total death anxiety ($r = -.19, p < .05$) (Kraft *et al.*, 1986). On the other hand, Power and Smith (2008) found a significant positive correlation between religiosity and fear of death among Canadian participants. When

religiosity increased, fear of the dead, fear of being destroyed, fear of conscious death also increased, but subjects with lower religious belief were more fearful of the unknown. At the same time, more religious men registered less fear on "The Dying Process" subscale ($b = .29$, $SE = .14$, $t = 2.15$, $p < .05$), while there was no relationship for women ($b = -.14$, $SE = .11$, $t = 1.29$, $p = .20$) (Power & Smith, 2008).

Maltby and Day (2000a) revealed that death obsession shares a significant negative correlation with an intrinsic orientation towards religion, and a significant positive correlation with extrinsic-social orientation towards religion (where religion provides a social and communal activity to the individual) (as cited by Abdel-Khalek & Maltby, 2008). Among Kuwaiti and Egyptian samples, there were no significant correlations between death obsession and religiosity (Al-Sabwa & Abdel-Khalek, 2006 as cited by Abdel-Khalek & Maltby, 2008).

Accordingly, Abdel-Khalek and Maltby (2008) conducted another study among Kuwaiti and English samples to explore the relationship between death obsession with anxiety, pessimism, optimism, religiosity, physical health, mental health, happiness, and satisfaction in life. The findings revealed that death obsession in both samples, shares a significant positive relationship with pessimism and anxiety, a negative relationship with mental health, physical health, satisfaction, happiness and optimism, and no significant relationship with religiosity. It was also found that pessimism and anxiety account for single variance in death obsession among the Kuwaitis, and anxiety then unhappiness account for single variance in death obsession in the United Kingdom group. Briefly, it can be concluded that anxiety is a crucial aspect that affects personal's attitude towards death (Abdel-Khalek & Maltby, 2008).

In 1997, a Kuwaiti sample ($N=294$) and an American ($N=279$) sample of students studying in U.S. were compared in death anxiety. It was concluded that the Kuwaiti students scored higher than their counterparts on both the DAS and the Scale of Intrinsic Religious Motivation (Thorson, Powell, Khalek, Ahmad, & Beshai, 1997 as cited by Suhail & Akram, 2002). On the other hand, a more recent study has built up an association between lower death anxiety and religious participation in Iranian Muslims. The researchers found a contrary correlation between religious devotion and death anxiety (Roshdieh, Templer, Cannon, & Canfield, 1998-1999 as cited by Suhail & Akram, 2002). In contrast, an American sample from California found to possess less death anxiety and greater strength of conviction, faith, and greater belief in afterlife (Alvarado, Templer, Bresler, & Thomas-Dobson, 1995).

In short, it's obvious that culture and religion play a vital role in shaping the personal's attitude towards death. For example, factors such as: traditions, rituals, values, religious commitment and practice, wars, politics, the nature of the instrument used, etc. might vary the results from one culture to another for example; the results of an instrument used in one culture may completely not suit another due to several causes. There is no final consensus about the nature of the correlation that might be expected between religiosity and fear of death. According to the aforementioned studies, results might fluctuate between positive and negative correlations or no correlation at all.

Based on the reported findings and the inconsistency in results concerning the relationship between religion and fear of death, the present study explored the relationship between religious faith and fear of death to ensure previous results in a population of different religious affiliation such as the Lebanese community.

Religion and Psychological Well-Being

Ryff (1995) studied a number of psychological theories that aimed to explain the concept of psychological well-being, and based on that, she established a new psychological well-being theory that included an element of all. The new model combined elements of the concepts of Maslow's theory of self-actualization, Rogers' idea of the fully functioning person, Jung's formulation of individuation, Allport's view of maturity, Erikson's concept of psychosocial stage model, Buhler's principle of basic life tendencies, Neugarten's conception of executive processes of personality, and Jahoda's theory of mental health (Ryff, 1995; Ryff & Keyes, 1995). Accordingly, Ryff's psychological well-being theory consists of six fundamental dimensions: Autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 1989a, 1989b; 1995; Ryff, & Essex, 1992; Ryff, & Keyes, 1995; Ryff & Singer, 1996 as cited by Akin, 2008; Heeman, 2008).

Despite the widespread studies searching for the effect of religious commitment in our daily lives, researchers have preserved that religious beliefs are often abandoned in psychological research (Jones, 1994; Plante, 1996 as cited by Plante, Yancey, Sherman & Guertin, 2000). Yet, many researchers have begun to be aware of the effects of religious faith on human behavior and psychological functioning (Jones, 1994, as cited by Plante *et al.*, 2000). More specifically, results of recent studies have showed the general positive interference to mental and physical health have been credited to religious commitment (e.g., Donahue & Benson, 1995; Ellison, 1991; Larson, Sherill, Lyons, Craigie, Thielman, Greenwald, & Larson S., 1992 as cited by Plante *et al.*, 2000). For instance, Ellison (1991) cited that people with strong religious faith showed higher self-esteem, more happiness, and fewer negative results from

traumatic life experiences (as cited by Plante *et al.*, 2000). Ross (1990) discovered that individuals with strong religious faith had lower levels of psychological distress (as cited by Plante *et al.*, 2000).

In addition, Plante and Boccaccini (1997a) found that people with higher scores on the Santa Clara Strength of Religious Faith Questionnaire (SCSORF) significantly possess higher self-esteem, show a greater belief in personal-control, and tend to be less inter-personally sensitive (as cited by Plante *et al.*, 2000). Not only this, but in one of the previous research on bone marrow treatment cancer patients as well as recovering addicts, the strength of religious faith was positively correlated with optimism, and viewing life as a positive challenge, while negatively correlated with anxiety and depression (Sherman, Plante, Simonton, Adams, Burris, & Harbison (in press); Pardini, Plante, & Sherman (under review) as cited by Plante *et al.*, 2000). From another angle, Richter (2001) concluded that the Christian spiritual well-being was found to be significantly correlated with the psychological well-being ($r = .26$) among a U.S. undergraduate sample. This is assured by the significance level of .04 on a 2-tailed test, demonstrating strong positive correlation at the 0.05 level (Richter, 2001).

Plante and his colleagues (2000) investigated the relationship between the strength of religious faith on mental and physical health outcomes (general psychological well-being) among three different samples consisting of undergraduate students from different universities in U.S. Results showed that sample 1 had high scores on the SCSORF which correlated positively with (PIL) "Purpose in Life Scale" ($r = .13, p < .05$), and with optimism, the (LOT) "Life Orientation Test" ($r = .15, p < .05$). For sample 2, high scores on the strength of religious faith SCSORF correlated positively with the meaning in life ($r = .26, p < .05$), optimism

($r = .23, p < .05$), “Hardiness Scale”, as the life as a positive challenge ($r = .19, p < .05$). For sample 3, high scores on the SCSORF correlated positively with the “Hardiness Scale” ($r = .37, p < .05$). Finally, no gender differences were found in any sample. Although each sample demonstrated certain diversity on the scales, which is normal since individual-differences should be taken into consideration, the strength of religious faith found to be positively correlated with psychological functioning (Plante *et al.*, 2000).

Moclar and Stuempfig (1988) confirmed that people who believe and have good faith in God see more personal purpose in life when measured with the “Purpose in Life Scale” (as cited by Lobb, 2009). On the contrary, people who could find no sense of meaning in their lives showed more fear of death (Westman & Canter, 1985 as cited by Lobb, 2009). A number of researchers have discovered a positive relationship between religious belief and psychological well-being, while others have not (Auhagen, 2000 as cited by Lobb, 2009). Because of the variation in results, Batson and Ventis (1982) discovered the reason for the disagreement via the concept of intrinsic and extrinsic religiosity (as cited by Lobb, 2009).

Allport (1950, 1966) originated this idea and described two primarily different religious orientations. Intrinsic religiosity is when a person finds his/her core reason in religion and lives it (Allport, 1950 as cited by Lobb, 2009; Allport, 1966 as cited by Zinnbauer *et al.*, 1999). Other needs appear of less importance and by being religious with strong faith in God, the person plans to internalize it and follow it completely (Kahoe R. D., 1985 as cited by Lobb, 2009). Batson and Ventis (1982) discovered that the religiosity and well-being were only positively correlated within persons with intrinsic religious orientation (Batson & Ventis, 1982 as cited by Lobb, 2009).

Lobb (2009) conducted a study among a randomized American sample of different age groups; the first age-group is from 18 to 25 year old, and the second age-group is from 25 year old and on to explore the relationship between fear of death, intrinsic religiosity, and meaning in life. The study was aiming to find out whether or not a person's fear of death is affected (mainly less) if one has meaning in life, is older and has intrinsic religiosity. The hypotheses stated that age may be a predictor to meaning in life, but not essentially intrinsic religiosity. It may be that the older you are the more feasible you are to take religion into your lifestyle because of cultural or societal motives. Older people may emphasize the significance of religious orientation and that may be a probable underlying principle for one to fear death less when getting older, and it may be because older people have more feelings of achievement or success (Lobb, 2009).

In contrast, younger individuals may have meaning in life that is essentially motivated by intrinsic religiosity. Accordingly, results showed no significant difference in the age of people and their level of meaning in life, and a significant positive correlation between meaning in life and intrinsic religiosity was present with a level of significance. These results indicate that the higher an individual scores on the "Purpose in Life Scale", which measure meaning in life, the more intrinsic religiosity is present within the individual. Results also presented that the older a person gets, the less he/she fears death and age did not significantly have any effect on individual's intrinsic religiosity. Intrinsic religiosity and individual's fear of death showed a significant negative correlation. These results clarify that the more intrinsic religiousness orientation one has, the less one tends to fear death (Lobb, 2009).

Rashid (2004) investigated the relationship between religious beliefs, religious behavior or practice and psychological well-being among undergraduates from different universities in Malaysia. The results demonstrated a significant positive correlation between religious beliefs and PWB ($r = .42, p < .01$), while religious practice with PWB shows a significant positive correlation with anxiety ($r = .18, p < .01$) (Rashid, 2004).

Larvic and Flere (2008) were also interested in exploring the relationship between religiosity and psychological well being among undergraduate university students from different cultural environments: Slovenia, Bosnia, Herzegovina, Serbia, U.S.A, and Japan. Results showed that the correlation between the two variables varied according to culture and religion affiliation. The Pearson r of different groups from different cultures being for the Slovenian ($r = -.028$), Bosnia and Herzegovina ($r = .179$), Serbia ($r = -.154$), USA ($r = .235$), and Japan ($r = -.092$) (Larvic & Flere, 2008). Briefly, we conclude that there is no culturally common pattern in the connection between religiosity and PWB. Therefore, theorists and researchers should consider the particular cultural and religious context involved in their studies of the relationship between these two crucial variables in any culture.

Based on the above literature, it is concluded that most empirical studies have found a positive correlation between religion and psychological well-being. For that reason, in the present study, the researcher surveyed the connection between the strength of religious faith and Ryff's psychological well-being instead of intrinsic, extrinsic religiosity or religion in general with psychological well-being or Purpose in Life alone.

Gender Differences in Religion

Throughout documented history, religious movements have hired women more effectively than men. For instance, Beard, North, & Price (1998) cited that Greek and Roman authors consistently “portrayed women as particularly liable to succumb to the charms of” new religions (Beard *et al.*, 1998, p.297 as cited by Stark, 2002). In addition, Crawford (1993), Lambert (1992, 1998), and many other researchers stated that although men controlled the religious positions, women governed the ranks and outnumbered their male peers (as cited by Stark, 2002). That could be due to the fact that women between the ages of 21 and 30 years are at a higher level of faith development than almost all of men (Fowler, 1981 as cited by Harris & Becker, 1998).

Lately in the 20th century, Stark (1985,1997) mentioned that studies have also revealed that women are the most active members in any religious trend and outnumbered men among almost all religious cults (as cited by Stark, 2002). Likewise, American investigations conducted by the Gallup Poll frequently contained items on religion and consistently found that women are more liable than men to belong and attend church to pray, to read the Bible, and to believe in life after death (Princeton Religion Research Center. Inc., as cited by Stark, 2002; Miller & Hoffman, 1995, p.63 as cited by Harris & Becker, 1998). It has been found that women declared more interest in religious activities and commitments, had more religious experiences, and have a tendency to possess a more positive attitude toward religion than men do (Davis *et al.*, 1990; Harrison, 1983 as cited by Harris & Becker, 1998) because religion is “very important” to them (Johnson, George & Saine, 1993 as cited by Harris & Becker, 1998).

Similarly, European and American Latin surveys declared similar results (Argyle, 1959; Beit-Halahmi & Argyle, 1997 as cited by Stark, 2002). For example, Stark and Glock (1968) conducted a study in 49 countries (in North America, South America, Europe, South Africa, New Zealand, Australia, and Philippine) to reveal the gender differences in religion by asking only one simple question using the English language version of WVS item: "Whether you go to church or not, would you say you are a religious person". The results of that study demonstrated that women were highly religious than men (as cited by Stark, 2002). Stark (1995-1997) conducted a similar study in Eastern (Japan, Taiwan, China, South Korea, and India) and Muslim countries (Albania, Azerbaijan, and Turkey) since previous studies were only limited to Western Christian countries. The findings disclosed that women were more religious than men in all abovementioned countries (as cited by Stark, 2002).

This fact accounted that women were reared to be more nurturant, obedient and devoted to religion (Mol, 1985; Suziedalis, & Potvin, 1981, as cited by Stark, 2002). It has been said that religiousness is made into the role of mother (Glock, Ringer, and Babbie, 1967; Walter and Davie, 1998 as cited by Stark, 2002). In other words, the mother's role is believed to include religiousness which involves teaching her children morality and caring for the spiritual and physical well-being as well as other family members (Glock *et al.*, 1967; Walter & Davie, 1998 as cited by Miller & Stark, 2002).

For that reason, many studies were conducted in many other countries to check gender differences in religiousness. Studies have constantly shown that the use of religion is more widespread among females (Ellison, 1991; Krause, 1995; Levin & Taylor, 1997 as cited by Ai, Peterson & Huang, 2003). For instance, Abdel-Khalek (2006) revealed in one of his studies that

females ($N=1,154$) in a Kuwaiti sample showed higher level of religiosity than their male counterparts ($N=1,056$) for the means being ($M=6.36, SD=1.98$) for females and ($M=6.12, SD=2.12$) for males (Abdel-Khalek, 2006). Later, Abdel-Khalek and Naceur (2007) concluded that Algerian women scored significantly higher ($M=5.99, SD=2.32$) and ($M=6.79, SD=2.72$) than their men peers ($M=5.05, SD=2.92$), and ($M=5.87, SD=3.04$) on both religiosity and satisfaction with life, respectively (Abdel-Khalek & Naceur, 2007). Pakistani Muslim women also rate themselves as more religious than men (Suhail & Chaudhry, 2004 as cited by Abdel-Khalek & Naceur, 2007). Moreover, Ai and his colleagues (2003) reported that female refugees from Kosovo and Bosnia revealed to be more religious than male refugees (Ai *et al.*, 2003).

Furthermore, Leondari and Gialamas (2009) conducted a study among a sample of Greek Orthodox Christians (undergraduates university students) to explore the relationship between religiosity and psychological well-being, including sex as an independent variable. The sample consisted of men ($N=83$) and women ($N=280$) with an age range from 18 to 48. The important psychological well-being dimensions selected in this study were: depression, anxiety, loneliness, and general life satisfaction. Whereas the religiosity dimensions selected were: church attendance, frequency of prayer, belief salience, and beliefs about God. The results of this study demonstrated that women were more religious than men and scored higher on all religion dimensions. For example, women reported more church attendance ($M=2.96, SD=0.70$) than men ($M=2.54, SD=0.80$), they prayed more frequently ($M=3.83, SD=1.10$) than men ($M=2.94, SD=1.30$), and religion is more important to women ($M=4.12, SD=.90$) than men ($M=3.58, SD=1.20$) which confirmed previous findings (e.g. Beit-Hallahmi & Argyle, 1997; McCullough, T sang, & Brion, 2003 as cited by Leondari & Gialamas, 2009).

In line with all this, Harris & Becker (1998) conducted a study among college students in a satellite campus of a large Midwestern university in America to ensure the previous findings regarding the high level of women's religiousness. The questionnaires consisted of demographic variables, and one's own level of religiosity. The results of this study revealed that females overall scored higher than males for mean scores ($M = 14.43, SD = 2.44$), ($M = 10.53, SD = 5.26$) respectively (Harris & Becker, 1998).

In summary, most empirical studies have found out that females tend to be more religious than men. In the present study, both males and females were surveyed and it was predicted that females would score higher on the strength of religious scale SCSORF more than men.

The Relationship Between Psychological Well-Being and Anxiety

The theory of well-being refers to the best psychological performance and experience; though, historically mental health studies have been clearly weighted on the side of psychological dysfunction, and health has been linked with lack of illness rather than the presence of wellness (Ryff & Singer, 1996 as cited by Liu *et al.*, 2009). For the reason that health was identified as a "state of complete physical, mental, and social wellbeing" by the World Health Organization (World Health Organization, 1948, p.28 as cited by Liu *et al.*, 2009), studies on positive functioning have increased from two wide perspectives: (Ryan & Deci, 2001 as cited by Liu *et al.*, 2009) the hedonic approach, identifying well-being as subjective well-being (SWB), such as happiness, pleasure attainment, and life satisfaction (Diener, Lucas & Smith, 1999 as cited by Liu *et al.*, 2009); and the eudaimonic approach, defining well-being as

(PWB) namely a person's full performance and functioning (Ryff, 1989 as cited by Liu *et al.*, 2009). From the eudaimonic approach, Ryff (1989), as mentioned before, developed a multi-dimensional scale of well-being that includes six dimensions: autonomy (AU), environmental master (EM), personal growth (PG), positive relationship (PR), purpose in life (PL), and self-acceptance (SA). Each dimension of (PWB) means distinct challenges that persons face as they struggle to function positively. These dimensions, in combination, include a scope of wellness (Ryff, 1989 as cited by Liu *et al.*, 2009).

Accordingly, many research showed a positive relationship between (SWB) and (PWB) (e.g. Keyes & Ryff, 2002; Van Dierendonck, 2004 as cited by Liu *et al.*, 2009). Nevertheless, as the definition of mental health has slowly moved from the absence of negative affectivity, including anxiety and depression, to the presence of positive affectivity, research interest on how these two are associated has emerged. PWB has been negatively correlated with negative affectivity (Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 1998; Abbott, Ploubidis, Huppert, Kuh, Wadsworth & Croudace, 2006 as cited by Liu *et al.*, 2009). In addition, mood state may decide (PWB). For example, some surveys have shown that individuals who are anxious, depressed, or upset describe themselves as unwell (Beiser, 1974; Farmer & Ferraro, 1997 as cited by Liu *et al.*, 2009). For that reason, Liu and his colleagues (2009) conducted a study among undergraduates from five different university in Japan (Females $N=413$, Males $N=132$) to explore the relationship of psychological well-being with negative affectivity such as anxiety and depression. The results showed that all Ryff psychological well-being subscales correlated negatively with the Hospital Anxiety and Depression scales (HADS) and ranged from ($r = -0.119$) to ($r = -0.466$) (Liu *et al.*, 2009).

Morris and McAdie (2009) conducted a study to investigate if there are any differences between a Christian, a Muslim and a non-religious group in death anxiety, general well-being, and in five personality factors (dominance, liveliness, warmth, apprehension, and sensitivity) among these groups. The results revealed no differences with any of the personality factors among the three groups. In addition, Muslims and non-religious groups scored higher on death anxiety scale than Christians. Also, Christians scored higher on the general well-being for the mean score being ($M= 19.9$), Muslims ($M= 18.28$), and non-religious group ($M= 15.81$). Although the study did not aim to show the correlation between death anxiety and well-being, one can conclude that there was a negative correlation between these two variables (Morris & McAdie, 2009).

Briefly, few research has investigated the association between the psychological well-being and anxiety and ended by a negative correlation between the two variables. At the same time, none of the studies have surveyed the relationship between psychological well-being and fear of death. Therefore, because of the lack of such a correlation, the present study investigated the relationship between the psychological well-being and fear of death.

In light of the literature reviewed above, the following hypotheses were tested:

1. There is a negative correlation between scores on the religious faith scale and those on the fear of death scale.
2. There is a positive correlation between scores on the religious faith scale and those on the psychological well-being.

3. There is a negative correlation between scores on the psychological well-being scale and scores on fear of death scale.
4. It is expected that females score higher on the religious faith questionnaire than males.
5. It is expected that females score higher on the fear of death scale than males.

CHAPTER 3

Method

This study investigated the role of the religious faith and the psychological well-being of a person in decreasing his/her fear of death. It was performed by having participants fill in questionnaires anonymously and provide demographic information. Participants were randomly and independently selected from different settings (academic and vocational) and from various age-groups ranging between the ages of 18 and 45. The questionnaires were distributed, collected and scored by the researcher. Data were collected and analyzed using descriptive and inferential statistics.

Participants

The sample of the current study included undergraduates and graduates from Haigazian University, American University of Beirut, and Lebanese University (Faculty of English Literature). The sample also included Lebanese soldiers, employees from Central Bank of Lebanon, doctors, pharmacists, teachers, engineers and employees from D.G. Johns and Partners (American Construction Company), and directors and employees from Med-Tronic (Medical-Instruments Company). Participants were 185 (88 females, 97 males) ranging between the ages of 18 and 45 ($M = 27.63$). Some of the participants were excluded either because their age was above 45 or because they did not complete the questionnaires. The study ended up having a total number of 150 participants; 80 females with mean of age ($M = 28.20$) and 70 males with mean of age ($M = 26.99$).

Participants were randomly selected from male and female genders, different marital status, educational levels, socioeconomic backgrounds, religious affiliations and sects in Beirut. All the participants were Lebanese except for two who were from Saudi Arabia. All participants marked their religious affiliation as Muslims (60%) or Christians (40%) in addition to their sects as Orthodox (16.7%), Catholic (7.3%), Protestant (6.7%), or Maronite (8.7%) for Christians; as Sunni (27.3%), Shiite (24.7%), or Druze (8%) for Muslims and others (0.7%).

Measures

The independent variables measured were: the strength of religious faith, and psychological well-being.

The dependent variable under study was: fear of death.

Materials

The present study was based on the survey method, where participants used self-report to evaluate their level of faith, psychological well-being, and attitude towards death (fear of death).

The demographic sheet comprised participants' gender, age, marital status, level of education, nationality, religious affiliation, sect, socioeconomic status, whether they have written a will, or have purchased a life insurance, and whether have experienced a life-death experience.

The Santa Clara Strength of Religious Faith Questionnaire (SCSORF)

The SCSORF developed by Plante & Boccaccini (1997a) is a short self-report questionnaire consisting of 10 items. It is designed to measure strength of religious faith regardless of religious denomination or affiliation. It was also designed to provide researchers and clinicians with a fast, simple to administer and score, reliable, valid, and practical measure of strength of religious faith for use in both research and clinical practice (Plante & Boccaccini, 1997a; 1997b as cited by Plante, Yancey, Sherman, Guertin, & Pardini, 1999). The scale utilizes 4-point Likert response format, rating from (1) "Strongly Disagree", to (4) "Strongly Agree". Total scores can range from a minimum score of 10 to a maximum score of 40, with higher scores reveal greater levels of "Strength of Religious Faith" (Lewis, Shevlin, McGuckin, & Navratil, 2001; Freiheit et al., 2006).

Reliability and Validity

Plante and Boccaccini (1997a, 1997b) tested its validity and found that SCSORF possessed a high level of internal consistency with Cronbach's alphas ranging between 0.94 and 0.97 (as cited by Lewis *et al.*, 2001). As well, Lewis and his colleagues (2001) were involved to verify the unidimensional factor structure of SCSORF. The scale was found to have internal-consistency with an alpha coefficient of 0.93 (Lewis *et al.*, 2001).

The convergent validity of SCSORF was assessed by comparing its total score with the revised Spiritual Experience Index (SEI-R) and the Religious Background and Behavior self-report questionnaire that measures religious thought and behavior (RBB). The results of the first comparison between SCSORF and (SEI-R) yielded that the SCSORF was highly correlated

with spirituality as measured by SEI-R ($r = .76, p < .01$). The results of the second comparison between SCSORF and (RBB) showed that the SCSORF was related to religious behavior and practice as measured by the (RBB) total score ($r = .79, p < .01$) (Freiheit *et al.*, 2006). Finally, Plante and Boccaccini (1997a, 1997b) and Plante *et al.*, 1999) have discovered that higher scores on the SCSORF were significantly correlated with higher scores on established measures of religiosity, for example Intrinsic Motivation scale, and Duke Religious Index (Lewis *et al.*, 2001).

The Ryff's Scale of Psychological Well-Being

The Psychological well-being scale (PWB) was used to measure the one's overall, or global, life satisfaction. It consists of six dimensions: Autonomy (a sense of self-determination, independence, and internal locus of control), Environmental Mastery (the capacity to manage effectively and control one's complex life and surrounding world), Personal Growth (a sense of continued growth and development as a person, and one's needs to actualize and realize one's potentials), Positive Relations with others (the ability to love and trust, and the possession of quality relations with others), Purpose in Life (the belief that one's life is purposeful and meaningful, and the sense of directedness and goals), and Self-Acceptance (positive attitudes held toward the self and positive evaluations of oneself and one's past life). However, the Psychological well-being was used in this study to measure its role on fear of death. Each subscale contains both positively and negatively worded items. There are 19 positively worded items and 17 negatively worded items. The negatively worded items are reverse scored. Each subscale included 6 items to be answered on 6-point Likert response format, rating from (1) "Strongly Disagree", to (6) "Strongly Agree". Each dimension of psychological well-being is

portrayed in terms of high levels versus low levels (Ryff & Keyes, 1995; Akin, 2008; Ryff & Singer, 2008).

Validity and Reliability

Ryff and Keyes (1995) tested its validity and reliability to found that the items maintained to meet psychometric criteria. Each item correlated strongly and positively with its own scale only. The Ryff's Scale inter-correlations were modest ranging from 0.13 (Autonomy and Purpose in Life) to 0.46 (Environmental Mastery and Self-Acceptance). It showed low to modest level of internal consistency ranging from 0.33 to 0.56. The Cronbach's alphas was 0.37 for Autonomy, 0.49 for Environmental Mastery, 0.40 for Personal Growth, 0.56 for Positive Relations with Others, 0.33 for Purpose in Life, and 0.52 for Self-Acceptance (Ryff & Keyes, 1995).

Not all Ryff's subscales proved their convergent validity when compared with happiness, life satisfaction and depression measures. Measures of happiness demonstrated modest to strong links with Self-Acceptance and Environmental Mastery. For example 'Self-Acceptance' and 'Environmental Mastery' subscales showed strong associations with "Life Satisfaction Scale" with ($r = .73$) and ($r = .61$), respectively; and to some extent weaker relations with Purpose in Life ($r = .59$), weaker associations with Positive Relations With Others ($r = .43$), Personal Growth ($r = .38$), and Autonomy ($r = .26$). Finally, the multiple indicators of depression demonstrated constantly negative relations with all dimensions of psychological well-being, with the strongest examples again obvious for Self-Acceptance and Environmental Mastery ($r = -.59$) and ($r = -.60$) respectively (Ryff & Keyes, 1995).

The Revised Collett-Lester Fear of Death Scale (C-L FODS)

The Revised Collett-Lester Fear of Death Scale (C-L FODS) consists of four subscales to measure four separate fears: Death of Self, Dying of Self, Death of Others, and Dying of Others. It is a 28- item scale. Each subscale contains 7 statements to be answered on a five-point Likert-type intensity scale from (1) "Not", to (5) "Very". Total scores can range from a minimum score of 28 to a maximum score of 140, with higher scores report greater level of fear of death (Abdel-Khalek & Lester, 2004; Lester & Abdel-Khalek, 2003; Russac, Gatliff, Reece & Spottswood, 2007).

Reliability and Validity

Abdel-Khalek revised the original Collett-Lester Fear of Death Scale (C-L FODS) that was first constructed in (1969) by Lester. The revised scale demonstrated to be a reliable and a valid test. The resulting Cronbach alphas of the revised version of Collett-Lester Fear of Death scale were 0.91 for Death of Self, 0.92 for Dying of Self, 0.88 Death of Others, and 0.92 for Dying of Others subscales (Abdel-Khalek & Lester, 2004).

Furthermore, Abdel-Khalek (1986) translated the original scale into the Arabic language and conducted a study among Egyptians to measure their fear of death. The results demonstrated high intercorrelations between the four subscales of the C-L FODS and the Templer's Death Anxiety Scale (DAS). Not only had this but C-L FODS also proved its convergent validity when Abdel-Khalek (2002) conducted his study on Egyptian Males using the revised version of Collett-Lester Fear of Death and Templer's Death Anxiety Scale (DAS) (as cited by Abdel-Khalek & Lester, 2004).

Procedure

The researcher went to the Haigazian University and randomly met the participants during their free hours in the campus (in the morning and in the afternoon). The researcher first explained about the study and then distributed the questionnaires among the students to fill in the three questionnaires. Participants were allowed to ask questions in case of confusion with any item. The same procedure was done at the Lebanese University (English Faculty), at American University of Beirut (AUB) and at the various vocational settings. Confidentiality and anonymity were assured. In total, 185 questionnaires were handed out, but 35 of them were disregarded because of age or missing information, leaving a total of 150 questionnaires.

CHAPTER 4

Results

The research used three scales: the Santa Clara Strength of Religious Faith Questionnaire (SCSORF), the Ryff's Scale of Psychological Well-Being, and the Revised Collett-Lester Fear of Death Scale (C-L FODS). The internal reliability of each scale and subscale of the Ryff and C-L FODS and the total scale of SCSORF were determined by calculating Cronbach's alpha (see Table 1).

Table 1
Cronbach's alpha for the subscales and total scale of Ryff, and C-L FODS, and the total scale of SCSORF

<u>Scale</u>	<u>Previous Cronbach's</u> <u>alpha</u>	<u>Current Cronbach's</u> <u>alpha</u>
SCSORF	0.94 - 0.97	.934
Ryff880
Autonomy	.37	.489
Environmental Mastery	.49	.579
Personal Growth	.40	.608
Positive Relations With Others	.56	.542
Purpose in Life	.33	.637

Self-Acceptance	.52	.672
C-L FODS912
Fear of Own Death	.91	.818
Fear of Own Dying	.92	.873
Fear of Death of Others	.88	.762
Fear of Dying of Others	.92	.799

It was noticed that the Cronbach alpha of the three scales (SCSORF, Ryff, and C-L FODS) conducted in Lebanon were slightly higher than previously reported Cronbach alphas in other studies. The difference could be due to cultural reasons that should be investigated further.

Hypothesis 1: There will be a negative correlation between scores on the religious faith scale and those on the fear of death scale.

To test the relationship between religious faith and fear of death a pearson correlation coefficient was computed. The result of the correlation between the scores on the total scale of SCSORF and C-L FODS, $r(150) = .071$. There is no correlation between religious faith and fear of death.

Thus, hypothesis 1 was not confirmed.

Hypothesis 2: There will be a positive correlation between scores on the religious faith scale and those on the psychological well-being.

To test the relationship between religious faith and psychological well-being a pearson correlation coefficient was computed. The result of the correlation between the scores on the total scale of SCSORF and Ryff, $r(150) = .166$, supported this observation.

Thus, hypothesis 2 was confirmed.

Hypothesis 3: There will be a negative correlation between scores on the psychological well-being scale and scores on fear of death scale.

To test the relationship between psychological well-being and fear of death a pearson correlation coefficient was computed. The result of the correlation between the scores on the total scale of Ryff and C-L FODS scores was found to be, $r(150) = .044, p > 0.05$. The correlation is not negative and not significant. In other words, there is no correlation between psychological well-being and fear of death.

Thus, hypothesis 3 was not confirmed.

Hypothesis 4: It is expected that females will score higher on the religious faith questionnaire than males.

To test the differences between males and females on the SCSORF, an independent-samples t- test was performed. Results showed that females scored higher ($M = 32.75$, $SD = 6.196$) on SCSORF than males ($M = 29.80$, $SD = 7.477$). The difference in scores for males ($M = 29.80$, $SD = 7.477$) and females [$M = 32.75$, $SD = 6.196$, $t(148) = -2.642$, $p = .009$]. Results showed significant difference between females and males in religious faith.

Therefore, hypothesis 4 was confirmed.

Hypothesis 5: It is expected that females will score higher on the fear of death scale than males.

To test the differences between males and females on the C-L FODS, an independent-samples t- test was carried out. Results showed that females scored higher ($M = 99.64$, $SD = 21.50$) on C-L FODS than males ($M = 94.30$, $SD = 20.37$). The difference in scores for males ($M = 94.30$, $SD = 20.37$) and females [$M = 99.64$, $SD = 21.50$, $t(148) = -1.554$, $p = .122$]. Although the difference between the scores of the females and the males on the C-L FODS was on the hypothesised direction, the result was not significant.

Therefore, the hypothesis 5 was not confirmed.

Further examination of the data took place in this study between the strength of the religious faith (dependent variable) and the psychological well-being (independent variable). Accordingly, to measure the contribution of Ryff's psychological well-being on religious faith, a

regression analysis was computed (see Table 2). The results showed that none of the subscales predicted has a significant effect on religious faith scale.

Table 2

Regression analysis between the subscales of Ryff and SCSORF

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	24.506	4.473		5.479	.000
	Aut	-.224	.156	-.138	-1.432	.154
	Env	.175	.173	.108	1.012	.313
	Pers	-.076	.148	-.054	-.513	.609
	Pos	.027	.169	.018	.160	.873
	Purp	.207	.174	.145	1.191	.236
	Self	.132	.150	.100	.882	.379

a. Dependent Variable: rel.faithTOTAL

Since females significantly scored higher than males on the strength of religious faith SCSORF, researcher decided to test the differences between males and females on the Ryff’s scale, an independent-samples t- test was conducted. Results showed that females significantly scored higher ($M = 166.28, SD = 20.437$) on Ryff’s than males ($M = 154.56, SD = 21.323$). The difference in scores for males ($M = 94.30, SD = 20.37$) and females [$M = 94.30, SD = 20.37, t(148) = -3.433, p = .001$]. The females scored higher on all Ryff’s subscales than males registering “Purpose in Life” to be the highest means score being ($M = 29.48$) and males ($M = 27.09$), then “Positive Relationship with Others” for means being ($M = 28.39$), whereas males ($M = 25.74$). In other words, results showed significant difference between females and males in psychological well-being.

Finally, to test the differences between the participants who had life-death experience and those who did not on C-L FODS, an independent-samples *t*-test was conducted. Results showed a difference in mean scores with no significance for those who had life-death experience ($M = 99.16$, $SD = 21.485$) and those who did not ($M = 96.02$, $SD = 20.896$, $t(148) = .878$, $p = .381$).

CHAPTER 5

Discussion

The aim of this study was to explore the role of the strength of religious faith and the psychological well-being on fear of death. The purpose also covered the relationship between the strength of religious faith and fear of death, the relationship between the strength of religious faith and psychological well-being, and the relationship between psychological well-being and fear of death. For that reason, the survey was conducted among the Lebanese population of multi-religious backgrounds in different settings (workplaces and university campuses), different age-groups and gender, educational levels, marital status, and socio-economic levels. Thus, the participants filled in demographic information such as age, gender, educational level, religious affiliation and sect, in addition to life death-experience, writing a will or purchasing a life insurance, the Santa Clara Strength of Religious Faith Questionnaire (SCSORF), Ryff's Scale Psychological Well-being, and the Revised Collett-Lester Fear of Death Scale (C-L FODS).

Strength of Religious Faith and Fear of Death

From the results of the correlation between the scores of the SCSORF and those of C-L FODS, it was clear that religious faith, no matter what the person's religious affiliation or faith strength, has no effect on the way an individual perceives death or deals with mortality. Comparing such results with previous inconsistent studies which fluctuate between the positive, negative, and with no relationship between the two variables; we realized that the results of this research were partially in accordance with previous findings of Donahue (1985)

who claimed that some religious dimensions were positively associated, while some were negatively associated, and some were not correlated at all (as cited by Roff *et al.*, 2002). Similar results were reached by Florian and Kravetz (1983) who strongly declared the absence of any correlation between religiosity and fear of death (as cited by Roff *et al.*, 2002). Hence, the data obtained from the current study did not support the first hypothesis and showed the Lebanese community to possess both high levels of faith and fear of death as shown in the strength of religious faith graph being skewed to the left (see Appendix A).

The current study and Abdul-Khalek and Maltby's (2008) share a number of similarities, mainly that religious faith and fear of death show no correlation for fundamental reasons. One of these reasons is anxiety, for example Abdul-Khalek (2005, 2006, and 2008) conducted many studies among Arabs, American and English samples where data showed that fear of death is not associated with religiosity but is associated with anxiety and pessimism (Abdul-Khalek, 2005; Abdel-Khalek & Al-Sabwah, 2005; Al-Sabwa & Abdel-Khalek, 2006 as cited by Abdel-Khalek & Maltby, 2008) because the anxious individual usually tends to have good reasons to fear death (Abdel-Khalek, 2002). In other words, the existence of the anxiety variable (if most of the participants possess high level of anxiety for certain reasons) in such studies might affect the general results of the correlation between the other variables such as religiosity and fear of death, because fear is mainly included under the big umbrella "anxiety" and in that case the dominant factor will be anxiety. For example, in the aforementioned studies of Abdul-Khalek, the anxiety variable was the independent variable that affects other variables; whereas, in the present study the fear of death is the dependent variable to be studied. For that reason, later studies should include an additional scale that measures the anxiety level of the participants in

order to study the correlation between fear and anxiety which directly affects the correlation between strength of religious faith and fear of death. This indicates that researchers can start to look beyond simple correlates of fear of death and begin to use theories of anxiety to provide theoretical and empirical deliberations to understand how fear of death occurs. This might center on learning biological, or cognitive theories of anxiety (e.g. American Psychiatric Association, 1998; Barlow, Chorpita, & Turovsky, 1996; Crosby, 1976; Thorn, Chosak, Baker, & Barlow, 1999 as cited by Abdel-Khalek & Maltby, 2008).

Second, it has been noticed that researchers used many death scales in their research in order to examine similarities and differences in participants' answers regarding their fear of death. For example, Abdul-Khalek (2002) used The Reasons for Death Fear Scale, The Death Anxiety Scale by Templer, The Death Depression Scale Revised by Templer, and The Arabic Scale of Death Anxiety (Abdul-Khalek, 2002). Abdul-Khalek (2004) also used The Death Anxiety Scale by Templer, The Death Depression Scale by Templer, The Death Obsession Scale, and The Reasons for Death Fear Scale (Abdul-Khalek, 2004). Suhail and Akram (2002) used Colett-Lester Fear of Death and Templer Death Anxiety Scale (Suhail & Akram, 2002). Whereas, Yang and Chen (2009) used open-ended questions in order not to limit the participants and to give them the chance to express their ideas freely regarding death, and the Multidimensional Fear of Death Scale MFODS by Hoelter. Although the two scales (open-ended questions and MFODS) differ in nature but they are similar in construct, they used both scales in order to compare participants' answers if they would yield similar results or not (Yang & Chen, 2009). Finally, Power and Smith (2008) used MFODS and DIYDC which includes the predicted cause location, marital status, and age at time of death which according to Sabatani and Kastenbaum (1973) is

a helpful and valuable measure of attitude toward personal death (as cited by Power & Smith, 2008). Thus, since the current study used only C-L FODS to measure death, this might affect the correlation between faith and fear of death and it seems not enough to depend on. In other words, C-L FODS might not cover all the dimensions that the Lebanese participants hold toward fear of death.

Third, since Lebanese citizens have been exposed regularly to external military invasions and suffered from a long internal civil war, they tend to possess fear towards death because they retain bad memories about witnessing atrocities and experienced traumatic events. Abdul-Khalek (2004) revealed that Kuwaiti people tend to fear death more after the Iraqi invasion in 1990. He conducted a study in 1998 to compare the fear of death levels among the Kuwaiti citizens using the Death Anxiety Scale (DAS) after the Iraqi invasion. He found out that Kuwaitis scored higher on DAS compared with previous studies conducted in 1988 and 1993 by Abdel-Khalek (Abdel-Khalek, 2004). This means that living a war and being exposed to torture and death increases and elevates the person's fear of death. Accordingly, we can refer that the obtained Lebanese high scores on C-L FODS in the current study to the result of the daily insufficient internal stability of the Lebanese community.

Fourth, since the Lebanese people have been attacked harshly throughout many years by different wars, this might give the reason for shaping their way of perceiving death. For example, Abdel-Khalek (2004) compared Kuwaitis, Egyptians, and Syrians to find out that they differ in perceiving death. The Kuwaitis were the most to fear death than Egyptians and the Syrians especially after the Iraqi invasion. Participants also differ in explaining their fear as a result of their culture understanding of death. As an example, male Egyptians fear cancer and

what will happen after death; whereas, female Egyptians fear to witness the burial procedure. Among the male Kuwaitis it was getting serious disease; while in females it was the sight of a dying person. However, in both male and female Syrians, it was the loss of a beloved one and the sight of a dying person (Abdel-Khalek, 2004), which resembles the Lebanese females fear of the death of others with a mean score being ($M = 27.61$) and to the males ($M = 26.23$). This reflects that the Lebanese people witnessed repeatedly the death of others (e.g. family members, relatives, neighbors, and others) during the previous Lebanese wars. In Pakistan, Suhail and Akram (2002) discovered that the Pakistani females feared the disintegration of one's own body the most; while Pakistani males feared what one misses after death (Suhail & Akram, 2002).

Finally, the results of the current study yielded high scores on the C-L FODS for those who had life-death experience than those who had not. Although the difference between the two groups showed no significance, the higher means scores clarify the high fear of death scores. For example, Yang and Chen (2009) confirmed that those who had lost family members or relatives fear death more than those who had not (Yang & Chen, 2009).

Strength of Religious Faith and the Psychological Well-being

Concerning the role of the religious faith in sustaining the personal psychological well-being, and in decreasing distress, anxiety and depression (the general well-being), correlational results between SCSORF and those of Ryff's scale showed a strong positive correlation between the strength of religious faith and the psychological well-being of a person. Previous empirical studies and research assured the positive relationship between the two variables (e.g. Batson

& Ventis, 1982; Moclár & Stuempfig, 1988 as cited by Lobb, 2009; Rashid, 2004; Ritcher, 2001; Plante *et al.*, 2000).

Psychological Well-being and Fear of Death

Regarding the role of the psychological well-being on the person's fear of death, the correlational results between Ryff's psychological well-being and C-L FODS showed no significant relationship between a person's psychological well-being and fear of death.

Due to the lack of support from the literature concerning the relationship between these two variables, we can conclude that the results of the current study did not support the third hypothesis if compared with Liu *et al.*, (2009) who attested a negative correlation between psychological well-being and anxiety in general as well as Morris & McAdie (2009) who compared Muslims, Christians, and non-religious group's psychological well being, five personality factors, and death anxiety and found a discrepancy between the three groups regarding these variables.

Further studies regarding the relationship between psychological well-being and fear of death should be more conducted to understand the connection between these two variables.

Gender and Religious Faith

One of the prominent findings in most research concerning religiosity and religious faith and practice is the effect of gender. Empirical studies almost generally maintain that females are more religious than men and tend to be more religiously active in practicing religious rituals and possess more faith than men do. Stark's findings (Stark, 2002) after conducting many

studies all over the world (1985, 1997, & 2002) revealed that women are more religious than men. Likewise, Stark and Glock (1968) discovered similar results (Stark & Glock, 1968 as cited by Stark, 2002). In Eastern countries; however, Abdul-Khalek (2006) in Kuwait, and Abdel-Khalek and Naceur (2007) in Algeria found that women also showed to be more religious than men in societies composed of majority of Muslims. In other words, one can conclude that since women are raised to be more nurturant, obedient and devoted to religion (Mol 1985; Suziedalis, & Potvin, 1981, as cited by Stark, 2002) results are completely accounted to the social perspective toward the female's role and existence.

Moreover, females scored higher on SCSORF than males claiming that the results supported the fourth hypothesis. Similar results were found in Stark (2002), Ai and his colleagues (2003), Abdel-Khalek (2006), Abdel-Khalek and Naceur (2007), and finally Leondari and Gialamas (2009).

Furthermore, one of the aims of this current study was to use the SCSORF scale in a multi-religious society since it was used by researchers in western countries without a wide variety of religious affiliations, except Christianity. Results of this study presented that this scale is applicable in any population since it presented a high Cronbach alpha 0.934 and difference between female and male's results.

Gender and Fear of Death

Almost all previous empirical studies demonstrated that females fear death more than males in western and eastern countries and that is because females tend to express their feelings and emotions with more ease than males (Kastenbaum, 1986 as cited by Suhail &

Akram, 2002; Buzzanga *et al.*, 1989 as cited by Rice, 2009). Bekes (2003) attested that females fear death more than males because they are, by nature, characterized by higher level of anxiety due to their personality characteristics of femininity; and thus death (Bekes, 2003 as cited by Hegedus *et al.*, 2008). Accordingly, the literature is very clear regarding the differences between males and females regarding fear of death. Suhail & Akram (2002), Power & Smith (2008), Yang and Chen (2009) and many other researchers revealed that such results are consistent. Nevertheless, Conte and his colleagues (1982) and Viney (1984) reported no differences between the two genders in death anxiety verifying that such discrepancy might be due to the type of scale being used, i.e. cognitive based or emotion based instrument (as cited by Suhail & Akram, 2002).

In the line of the hypothesis, there was a non-significant difference between males and females concerning fear of death. Although the data of the current study revealed no significance, it followed the correct directionality with the hypothesis, hence partially supported the fifth hypothesis.

Conclusion

The results of this study showed that the role of the strength of the religious faith and the psychological well-being have no effect on fear of death; whereas, the strength of religious faith and psychological well-being presented a significant positive correlation. At the same time, the female gender showed a significant effect on religious faith and fear of death with no significance to the latter.

There were couples of boundaries to this study which may lack generalizability. First, the community from which our sample was selected was limited to one profile, mainly from the urban area. Second, the age-group selected ranged between 18 and 45 where elders were not included. Third, participants might have quickly answered the "Collett-Lester Fear of Death Scale" (C-L FODS) due to the central feature of death that is "fear". In other words, since Lebanese participants witnessed many wars, memories would be dominant in their mind and such a questionnaire might awaken their hidden worries.

The major findings of the current study bear important suggestions for psychologists and teachers. Since psychological well-being tends to be positively associated with faith, psychologists should build up their religious clients' PWB to diminish negative aspects (e.g. depression and anxiety) through going back to religion and being more attached to God as mentioned in the Bible (Rom. 8:28) "all things [will] work together for good" if you love God (as cited by Pack, 2008). Second, since the Lebanese people highly tend to fear death, psychologists and teachers could demonstrate relaxation and meditation seminars and workshops in universities and schools.

For future studies, the researcher suggests to include other nationalities that live in Lebanon in order to compare them with each other in order to understand whether fear of death is related to culture or to witnessing wars. It would be also interesting to include additional questionnaires that measure anxiety of death in order to determine whether fear of death is a trait or a state. Finally, since the strength of religious faith and the psychological well-being have no effect on the fear of death it might be crucial to study the participants' personalities and other aspects such as depression, pessimism, and obsession.

References

- Abdel-Khalek, A. (2002). Why Do We Fear Death? The Construction and Validation of the Reasons for Death Fear Scale. *Brunner Routledge. Death Studies*, 26, 669-680.
- Abdel-Khalek, A. (2004). The Arabic Scale of Death Anxiety (ASDA): Its Development, Validation, and Results in Three Countries. *Brunner Routledge. Death Studies*, 28, 435-457.
- Abdel-Khalek, A. (2006). Happiness, health, and religiosity: Significant relations. *Routledge, Mental Health, Religion and Culture*, 9(1), 85-97.
- Abdel-Khalek, A., & Lester, D. (2004). The Factorial Structure Of The Arabic Version OF The Revised Collett-Lester Fear of Death Scale. *Brunner Routledge, Death Studies*, 28, 787-793.
- Abdel-Khalek, A., & Maltby, J. (2008). The Comparison of Predictors of Death Obsession Within Two Cultures. *Routledge. Death Studies*, 32, 366-377.
- Abdel-Khalek, A. & Naceur, F. (2007). Religiosity and its association with positive and negative emotions among college students from Algeria. *Routledge, Mental Health, Religion and Culture*, 10(2), 159-170.
- Ai, A.L., Peterson, C., & Huang, B. (2003). The Effect of Religious-Spiritual Coping on Positive Attitudes of Adult Muslim Refugees Kosovo and Bosnia. *The International Journal For The Psychology Of Religion*, 13(1), 29-47.
- Akin, A. (2008). The Scales of Psychological Well-being: A Study of Validity and Reliability. *Educational Sciences: Theory & Practice*, 8(3), 741-750.

- Alvarado, K.A., Templer, D.I., Bresler, C., & Thomas-Dobson, T. (1995). The Relationship of Religious Variables to Death Depression and Death Anxiety. *Journal of Clinical Psychology*, 51(2).
- Cooke, B., Bridgette, M., Barkham, M., Bradley, M., & Audin, K. (2006). Measuring, Monitoring and Managing the Psychological Well-Being of First Year University Students. *British Journal of Guidance & Counseling*, 34(4), 505-517, p 13.
- Death. (2010). In *The Merriam-Webster's Online Dictionary*. Retrieved December 2, 2010, from <http://www.merriam-webster.com/dictionary/death>
- Faith. (2010). In *The Merriam-Webster's Online Dictionary*. Retrieved December 2, 2010, from <http://www.merriam-webster.com/dictionary/faith>
- Fear. (2010). In *The Merriam-Webster's Online Dictionary*. Retrieved December 2, 2010, from <http://www.merriam-webster.com/dictionary/fear>
- Fiorito, B., & Ryan, K. (2007). Spirituality and Psychological Well-being a Mediator-Moderator Study. *Review of Religious Research* 48(4), 341-368.
- Fleischer, M., & Davis, S. (2004). New Study of College Students Finds Connection Between Spirituality, Religiousness, and Mental Health. *Spirituality Higher Education*.
- Florian, V., & Mikulincer, M. (1997). Fear of Personal Death in Adulthood: The Impact of Early and Recent Losses. *Routledge, Death Studies*, 21(1), 24.

- Freiheit, S.R., Sonstegard, K. Schmitt, A. & Vye, C. (2006). Religiosity and Spirituality: A Psychometric Evaluation of the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology*, 55, 27-33.
- Hamama-Raz, Y., Solomon, A., & Ohry, A. (2000). Fear of Personal Death Among Physicians. *Omega*, 41(2), 139-149.
- Harris, K.A., & Becker, A. (1998). *Are Women More Religious than Men? Gender Differences in Religious Beliefs Among College Students*. Master Thesis, Indiana University Kokomo. Retrieved December 1, 2010, from <http://kaharris.iweb.bsu.edu/GendDiffEssay.htm>
- Heeman, V.C. (2008). *Interpersonal Communication Motives, Satisfaction, and Psychological Well-Being in Father-Young Adult Daughter Relationships*. Master Thesis, Kent State University.
- Hegedus, K., Zana, A., & Szabo, G. (2008). Effect of End of Life Education on Medical Students' and Health Care Workers' Death Attitude. *Palliative Medicine*, 22, 264-269.
- Hess, H.S. (1998). Bright Hope for Your Future, p.9.
- Hoelter, J.W., & Hoelter, J.A. (1978). The Relationship Between Fear of Death and Anxiety. *The Journal of Psychology*, 99, 225-226.
- Joshi, S., Kumari, S., & Jain, M. (2008). Religious Belief and Its Relation to Psychological Well-being. *Journal of the Indian Academy of Applied Psychology*, 34(2), 345-354.
- Kastenbaum, R. & Costa, Jr.P.T. (1977). Psychological Perspectives on Death. *Ann. Rev. Psychol*, 28, 225-49.

- Kim, N. (1988). *The Relationship Between Job Satisfaction and Marital Satisfaction of Married Working Women*. Dissertation for Master's Degree, Department of Home Economics, Ewha Women's University.
- Kirchberg, T.M., Neimeyer, R.A., & James, R.K. (1998). Beginning Counselors' Death Concerns and Emphatic Responses to Client Situations Involving Death. *Brunner Routledge. Death Studies*, 22(2), 20-99.
- Knight, K.H., & Elfenbein, M.H. (1993). Relationship of Death Education to the Anxiety, Fear, and Meaning Associated With Death. *Death Studies*, 17, 411-425.
- Kraft, W.A., Litwin, W.J., & Barber, S.E. (1986). Religious Orientation and Assertiveness: Relationship to Death Anxiety. *The Journal of Social Psychology*, 127(1), 93-95.
- Lavric, M., Flere, S. (2008). The Role of Culture in the Relationship Between Religiosity and Psychological Well-being. *J. Relig Health*, 47, 164-175.
- Leondari, A. & Gialamas, V. (2009). Religiosity and psychological well-being. *International Journal of Psychology*, 44(4), 241-248.
- Lester, D., & Abdel-Khalek, A. (2003). The Collett-Lester Fear Of Death Scale: A Correction. *Brunner Routledge, Death Studies*, 27, 81-85.
- Lewis, C.A., Shevlin, M., McGuckin, C., & Navratil, M. (2001). The Santa Clara Strength of Religious Faith Questionnaire: Confirmatory Factor Analysis. *Pastoral Psychology*, 49(5).
- Liu, Q., Shono, M. & Kitamura, T. (2009). Psychological Well-being, Depression, and Anxiety in Japanese University Students. *Depression And Anxiety*, 26, 99-105.

- Lobb, B.N. (2009). *Age, Intrinsic Religiosity, Meaning in Life and Attitude Toward Death*. A Master Thesis, Retrieved May 31, 2009, from <http://faculty.mckendree.edu/scholars/winter2009/lobb.htm>
- Maiden, R.J. (2005). Book and Media Reviews. *Journal of Cognitive Psychotherapy: An International Quarterly*, 19(1).
- Maltby, J., Lewis, C.A., & Day, L. (1999). Religious Orientation and Psychological Well-being: The Role of the Frequency of Personal Prayer. *British Journal of Health Psychology*, 4, 363-378.
- Miller, A.S., & Stark, R. (2002). Gender and Religiousness: Can Socialization Explanations BE Saved? *American Journal of Sociology*, 107(6), p1399, 25p, 10 charts.
- Morris, G., & McAdie, T. (2009). Are Personality, Well-being and Death Anxiety Related to Religious Affiliation? *Mental Health, Religion & Culture*, 12(2), 115-120.
- Mudd, P. (1990). The Dark Self Death as a Transferential Factor. *Journal of Analytical Psychology*, 35, 125-141.
- Pack, D.C., (2008). A World Without Faith. Retrieved July 17, 2009, from <http://www.realtruth.org/articles/081002-006-personal.html>
- Plante, T.G., Yancey, S., Sherman, A. & Guertin, M. (2000). The Association Between Strength of Religious Faith and Psychological Functioning. *Pastoral Psychology*, 48(5).
- Plante, T.G., Yancey, S., Sherman, A., Guertin, M., & Pardini, D. (1999). Further Validation for the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology*, 48(1).

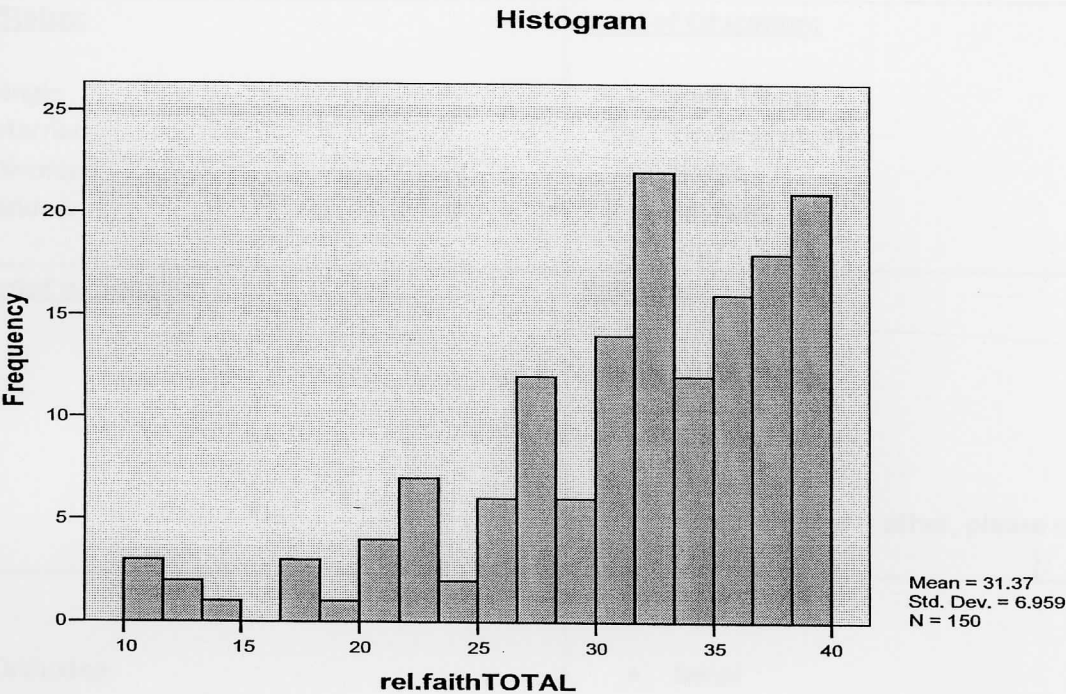
- Power, T.L., & Smith, S.M. (2008). Predictors of Fear of Death and Self-Mortality: An Atlantic Canadian Perspective.
- Rashid, M.A. (2004). Religiosity and Psychological Well-being in a Malaysian Context. *Malaysian Journal of Psychiatry*, 12(2).
- Rice, H.J. (2009). *The Relationship Between Humor and Death Anxiety*. Department of Psychology. Missouri Western State University. Retrieved May 31, 2009, from <http://clearinghouse.missouriwestern.edu/manuscripts/153.php>
- Richter, R.J. (2001). *Correlation of Psychological Well-Being and Christian Spiritual Well-Being at a Small Christian Liberal Arts College in the Urban Midwest*. Wisconsin Lutheran College.
- Roff, L.L., Butkeviciene, R., & Klemmack, D. (2002). Death Anxiety and Religiosity Among Lithuanian Health And Social Service Professionals. *Brunner Routledge. Death Studies*, 26, 731-742.
- Ruini, C., Fava, G.A. (2009). Well-Being Therapy for Generalized Anxiety Disorder. *Journal of Clinical Psychology*, 65(5), 510-519, p10.
- Russac, R.J., Gatliff, C. Reece, M., & Spottswood, D. (2007). Death Anxiety Across The Adult Years: An Examination of Age And Gender Effects. *Routledge, Death Studies*, 31,549-561.
- Ryff, C.D. (1995). Psychological Well-Being in Adult Life. *American Psychological Society*, 4(4), 99-104.

- Ryff, C.D., & Keyes, L.M. (1995). The Structure of Psychological Well-Being Revisited. *Journal of Personality and Social Psychology*, 69(4), 719-727.
- Ryff, C.D., & Singer, B.H. (2008). Know Thyself And Become What You Are: A Eudaimonic Approach To Psychological Well-Being. *Springer, Journal of Happiness Studies*, 9, 13-39.
- Stark, R. (2002). Physiology and Faith: Addressing the "Universal" Gender Difference in Religious Commitment. *Journal for the scientific Study of Religion*, 41(3), 495-507.
- Strack, Stephen, Feifel, & Herman (2002). *Psychology. Macmillan Encyclopedia of Death and Dying*. Retrieved May 30, 2009, from <http://www.Encyclopedia.com/doc/162-3407200232.html>
- Suhail, K., & Akram, S. (2002). Correlates of Death Anxiety in Pakistan. *Brunner Routledge. Death Studies*, 26, 39-50.
- Vadakkangara, A. Man in the Quran. Follow the path of virtue for a better tomorrow. Retrieved July 20, 2009, from [http://www.witness-pioneer.org/vil/Articles/tazkiyah/man in the quran follow the path of virtue for a better tomorrow.html](http://www.witness-pioneer.org/vil/Articles/tazkiyah/man%20in%20the%20quran%20follow%20the%20path%20of%20virtue%20for%20a%20better%20tomorrow.html)
- Yang, S.C, & Chen, S.F. (2009). The Study of Personal Constructs of Death and Fear of Death Among Taiwanese Adolescents. *Routledge. Death Studies*, 33, 913-940.
- Zinnbauer, B.J. Pargament, K.I., & Scott, A. (1999). The Emerging Meanings of Religiousness and Spirituality: Problems and Prospects. *Journal of Personality*, 67(6).

APPENDIX A

Figure 1

Religious faith graph being skewed to the left



APPENDIX B

Demographic Variables

Gender: <ul style="list-style-type: none">• Male• Female	Age in years: ()
Marital Status: <ul style="list-style-type: none">• Single• Married• Divorced• Widow	Level of Education: <ul style="list-style-type: none">• High School• Undergraduate• BS/BA• MS/MA• PhD
Specify your nationality: ()	Religion: <ul style="list-style-type: none">• Christian• Muslim• Jewish• Other• If your answer is other, please mention your religion: ().
Sect: <ul style="list-style-type: none">• Orthodox• Catholic• Protestant• Maronite• If your answer is other, please mention your sect: ().	<ul style="list-style-type: none">• Sunni• Shiite• Druze• Other
Level of socio-economic status: <ul style="list-style-type: none">• Low• Middle• Rich	
Have you ever experienced a life-death experience? If yes, how old were you? ()	

APPENDIX C

Santa Clara Strength of Religious Faith Questionnaire

Below is a list of statements dealing with your general “Strength of Religious Faith”. Read each statement and decide if it applies to you or not. Do not omit any of the items. Put a check mark in the true column as follows: **1 (Strongly Disagree), 2 (Disagree), 3 (Agree), 4 (Strongly Agree)**. Please be open and honest in your responding.

No.	Statement	1.SD	2.D	3.A	4.SA
1	My religious faith is extremely important to me				
2	I pray daily				
3	I look to my faith as a source of inspiration				
4	I look to my faith as providing meaning and purpose in life				
5	I consider myself active in my faith or church/mosque				
6	My faith is an important part of who I am as a person				
7	My relationship with God is extremely important to me				
8	I enjoy being around others who share my faith				
9	I look to my faith as a source of comfort				
10	My faith impacts many of my decisions				

APPENDIX D

The Ryff’s Scale of Psychological Well-Being

Below is a list of statements dealing with your general feelings about yourself. Scale your opinion from 1 (Strongly Disagree) to 6 (Strongly Agree).

o.	Statement	1	2	3	4	5
1	I tend to be influenced by people with strong opinions					
2	In general, I feel I am in charge of the situation in which I live					
3	I think it is important to have new experiences that challenge how you think about yourself and the world					
4	Maintaining close relationships has been difficult and frustrating for me					
5	I live life one day at a time and don’t really think about the future					
6	When I look at the story of my life, I am pleased with how things have turned out					
7	I have confidence in my own opinions, even if they are contrary to the general consensus					
8	The demands of everyday life often get me down					
9	For me, life has been a continuous process of learning, changing, and growth					
10	People would describe me as a giving person, willing to share my time with others					
11	Some people wander aimlessly through life, but I am not one of them					
12	I like most aspects of my personality					
13	I judge myself by what I think is important, not by the values of what others think is important					
14	I am quite good at managing the many responsibilities of my daily life					
15	I gave up trying to make big improvements or changes in my life a long time ago					
16	I have not experienced many warm and trusting relationships with others					
17	I sometimes feel as if I’ve done all there is to do in life					
18	In many ways, I feel disappointed about my achievements in life					
19	My decisions are not usually influenced by what everyone else is doing					
20	If I were unhappy with my living situation, I would take effective steps to change it					
21	I am not interested in activities that will expand my horizons					
22	Most people see me as loving and affectionate					
23	I feel good when I think of what I’ve done in the past and what I hope to do in the future					
24	I feel like many of the people I know have gotten more out of life than I have					
25	I tend to worry about what other people think of me					
26	I am good at juggling my time so that I can fit everything in that needs to get done					
27	I don’t want to try new ways of doing things, my life is fine the way it is					
28	I enjoy personal and mutual conversations with family members or friends					
29	I don’t have a good sense of what it is I am trying to accomplish in life					
30	The past had its ups and downs, but in general, I wouldn’t want to change it					
31	It’s difficult for me to voice my own opinions on controversial matters					
32	I have difficulty arranging my life in a way that is satisfying to me					
33	I don’t enjoy being in new situations that require me to change my old familiar ways of doing things					
34	I feel like I get a lot out of my friendships					
35	I enjoy making plans for the future and working to make them a reality					
36	Everyone has his/her weaknesses, but I seem to have more than my share					

APPENDIX E

Revised Collett-Lester Fear of Death Scale (C-L FODS)

How disturbed or made anxious are you by the following aspects of death and dying? Read each item and answer it quickly. Do not spend too much time thinking about your response. We want your first impression of how you think right now. Circle the number that best represents your feeling. Scale your feelings from (5) **Very Disturbing** to (1) **Not at all Disturbing**.

Statement		Very	Somewhat			Not
Your Own Death						
1	The total isolation of death	5	4	3	2	1
2	The shortness of life	5	4	3	2	1
3	Missing out on so much after you die	5	4	3	2	1
4	Dying young	5	4	3	2	1
5	How it will feel to be dead	5	4	3	2	1
6	Never thinking or experiencing anything again	5	4	3	2	1
7	The disintegration of your body after you die	5	4	3	2	1
Your Own Dying						
8	The physical degeneration involved	5	4	3	2	1
9	The pain involved in dying	5	4	3	2	1
10	The intellectual degeneration of old age	5	4	3	2	1
11	That your abilities will be limited as you lay dying	5	4	3	2	1
12	The uncertainty as to how bravely you will face the process of dying	5	4	3	2	1
13	Your lack of control over the process of dying	5	4	3	2	1
14	The possibility of dying in a hospital away from friends and family	5	4	3	2	1
The Death of Others						
15	Losing someone close to you	5	4	3	2	1
16	Having to see the person's dead body	5	4	3	2	1
17	Never being able to communicate with the person again	5	4	3	2	1
18	Regret over not being nicer to the person when he or she was alive	5	4	3	2	1
19	Growing old alone without the person	5	4	3	2	1
20	Feeling guilty that you are relieved that the person is dead	5	4	3	2	1
21	Feeling lonely without the person	5	4	3	2	1
The Dying of Others						
22	Having to be with someone who is dying	5	4	3	2	1
23	Having the person want to talk about death with you	5	4	3	2	1
24	Watching the person suffer from pain	5	4	3	2	1
25	Seeing the physical degeneration of the person's body	5	4	3	2	1
26	Not knowing what to do about your grief at losing the person when you are with him or her	5	4	3	2	1
27	Watching the deterioration of the person's mental abilities	5	4	3	2	1
28	Being reminded that you are going to go through the experience also one day	5	4	3	2	1