

THE RELATIONSHIP BETWEEN DEATH ANXIETY  
AND RELIGIOSITY IN HISPANIC AND  
NON-HISPANIC COLLEGE  
STUDENTS

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By  
Laura Garcia  
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CERTIFICATION OF APPROVAL

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## DEDICATION

Thank you to my mom and dad who taught me to never give up. Thank you to my sister and brother who provided me with moments of laughter when there seemed to be none. Thank you to my wonderful furry pets for their unconditional love and support. As I cannot possibly mention all the amazing people who have provided with their support and encouragement know that I am thankful.

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## ABSTRACT

The death anxiety literature has been conducted based almost exclusively on a European population. Therefore, generalizing findings to other populations can be difficult. There has been a lack of focus on minority groups such as Hispanics in the death anxiety literature. The present study examined the relationship between religiosity, gender, ethnicity, and death anxiety in Hispanic and non-Hispanic college students. This study included a total of 106 participants between the ages of 18 to 52. The Revised Death Anxiety Scale measured death anxiety, the Religiosity Measure assessed religiosity, and additional information was gathered through a demographic questionnaire. No association between death anxiety and religiosity was found for both Hispanic and non-Hispanic college students. The first hypothesis that women would express more death anxiety than men was not supported. That is women and men did not differ in death anxiety scores. For the second hypothesis religiosity, gender, and ethnicity did not significantly account for the variance in death anxiety levels in Hispanic and non-Hispanic college students. A positive relationship between religiosity and death anxiety in Hispanic college students was found, but not in non-Hispanic college students. Hispanic college students who expressed higher levels of religiosity also expressed higher levels of death anxiety.

## CHAPTER I

### INTRODUCTION

Death is a natural and inevitable occurrence that all human beings will come into contact with during their lifetime. Often feelings of fear and anxiety are triggered by this contact. These feeling of anxiety and fear are commonly referred to as death anxiety (Lonetto & Templer, 1996).

Research has examined the association between death anxiety and variables such as gender (Da Silva & Schork, 1985), age (Russac, Gatliff, Reece, & Spottswood, 2007), religion (Cole, 1978), and belief in an afterlife (Da Silva & Schork, 1985; Harding, Flannelly, Weaver, & Costa, 2005) have been examined. Other researchers have investigated the association between death anxiety and religiosity with findings suggesting no association (Rasmussen & Johnson, 1994), negative associations (Al-Sabwah & Abdel-Khalek, 2006; Thorson & Powell, 1990), and curvilinear associations (McMordie, 1981; Wink & Scott, 2005). Currently, the literature suggests an unclear association between religiosity and death anxiety.

Ethnicity has not been the focus in the death anxiety literature. Studies that investigate the relationship of death anxiety among diverse ethnicities are greatly needed (Arnold, 2007). Therefore, this study will focus on Hispanic and non-Hispanic college students.

On the other hand, gender has commonly been explored in the death anxiety literature. The current literature suggests that women express more death anxiety than

men (de la Rubia & Avila, 2014; Harding et al, 2005; Neimeyer & Van Brunt, 1995). Therefore, this study investigates how gender relates to religiosity and death anxiety in Hispanic and non-Hispanic college students.

Great strides have been made in the study of death anxiety; however, there continues to be a need for further study in this area with diverse populations. The underlying reasons for this study are as follows.

### **Statement of the Problem**

Death is part of every human being's experience. Therefore, at some point during an individual's life he or she will have a direct (e.g., loss of a family member) or indirect (e.g., reading about death) experience with death. This experience with death can bring about different worries, fears, or anxieties in a person. It is important for mental health professionals to understand the role of death related attitudes (Kelly, 1995), as death is a common life event that may prompt individuals to seek mental health services.

The U.S. Census Bureau has estimated that Hispanic individuals account for approximately 16.7% of the United States total population, which means they are the largest minority group (Center for Disease Control and Prevention, 2013). It is estimated that by July 1, 2050 Hispanic individuals will account for 30% of the U.S. population (Center for Disease Control and Control, 2013). In 2010, Hispanics accounted for a total of 6.2% of college students. Only a small number of empirical studies on death anxiety have focused on and included diverse populations, as most have focused on European American individuals (Harding et al., 2005; Kalish &

Reynolds, 1976; Suhail & Akram, 2002). Thus, the available findings can be difficult to generalize to other populations. The present study is designed to add to the current literature of death anxiety and expand the understanding of death related attitudes in Hispanic and non-Hispanic college students.

### **Purpose of the Study**

Following are the definitions of key terms and the research question that will be addressed in this study:

*Hispanic college student* is defined as an individual enrolled at California State University, Stanislaus who identifies himself or herself as an individual of Hispanic heritage.

*Non-Hispanic college student* is defined as an individual enrolled at California State University, Stanislaus who identifies himself or herself as an individual not of Hispanic heritage.

*Death Anxiety* refers to worries, fears, and anxieties that surface due to an individual's concern about his or her mortality (Rasmussen & Johnson, 1994). The Revised Death Anxiety Scale is utilized to measure an individual's level of death anxiety (Thorson & Powell, 1994).

*Religiosity* refers to practices, beliefs, rituals, and the importance of religion in a person's life (Allport & Ross, 1967; Rasmussen & Johnson, 1994; Wink & Scott, 2005). The Religiosity Measure is utilized to measure an individual's level of religiosity (Rohrbaugh & Jessor, 1975).

### **Research Question**

Is the variance in death anxiety better accounted by religiosity, gender, or ethnicity in Hispanic and non-Hispanic college students?

*Hypothesis I:* Women will report more death anxiety than men as measured by the Revised Death Anxiety Scale.

*Hypothesis II:* Religiosity, gender, and ethnicity are explored as possible predictors of death anxiety. However, due to limited research in this area, no directional predictions will be made.

### **Literature Review of Death Anxiety**

Human beings share two certainties in life, birth and death. Children as young as nine years old understand that death as an unavoidable event (Lonetto & Templer, 1986). In young adulthood, death can be present in life events such as the unexpected death of others or the death of a child. During middle adulthood, individuals may begin to experience the death of peers, parents, and or grandparents. In later years, mortality becomes more salient as this is a time when a person may deal with the death of a partner, spouse, or a friend. Each stage in life presents itself with different experiences related to death.

Death is an unknown state that may lead to a surge of uncertainty, anxiety, and fear in a person (Nyatanga & de Votch, 2006; Rasmussen & Johnson, 1994). When researchers began to explore the concept of death anxiety, it was thought to be unidimensional concept; literature now appears to support the idea that it is a multidimensional construct (Thorson & Powell, 1994). This would suggest that death

anxiety is composed of fear of the unknown, fear of pain, fear of isolation, fear of loss of control, fear of decomposition of the body, and fear of the finality of death (Thorson & Powell, 1994). Investigations of death anxiety have tried to uncover what personality and demographic factors influence death anxiety (Da Silva & Schork, 1985; Neimeyer & Van Brunt, 1995, Russac et al., 2007). The available research illustrates a complex relationship between death anxiety and individual factors. The next section will address some of the terminology, measurements, and factors that have been discussed in the death anxiety literature.

**Terminology.** The literature has used the terms fear of death and death anxiety interchangeably in the study of this concept. A distinction can be made between fear and anxiety. Neimeyer and Van Brunt (1995) noted that the distinction between anxiety and fear is not crucial as the terms are not completely different. Fear is prompted by danger, whereas anxiety is prompted by an uncertainty about something (Nyatanga & de Vocht, 2006). Minimal distinction has been made between anxiety and fear when creating measurements; therefore, in practice, measurements treat anxiety and fear relatively equal (Neimeyer, 1988; Neimeyer & Van Brunt, 1995). Death anxiety is multidimensional; therefore, an individual's attitude toward death can include both anxiety and fear about an event that will transpire. In this study the term death anxiety is utilized.

Researchers have described death anxiety across four different components: (1) worry regarding how to react to the news of illness or death (2) changes in physical reality (3) changes in time (4) view of how pain and stress can detach an

individual from the self and others (Lonetto & Templer, 1996). Nyatanga and de Votch (2006) defined death anxiety as “an unpleasant emotion of multidimensional concerns that is of an existential origin provoked on contemplation of self and others” (p. 413). “Death anxiety, occurs when individuals anticipate the danger of death without knowing exactly what it means to be dead” (Rasmussen & Johnson, 1994, p. 313). Similarly, Lonetto and Templer (1996) defined death anxiety as an unpleasant feeling experienced upon thinking about one’s own death or the death of others.

A distinction can also be made between death and dying. The experience of being dead is an abstract concept surrounded by mystery and unknowns. On the other hand, dying is a process that is better understood as it can be observed and described. Therefore, death refers to a state of being dead, whereas dying refers to the process of dying (Neimeyer & Van Brunt, 1995; Nyatanga & de Votcht, 2006).

Death threatens self-preservation (Rasmussen & Johnson, 1994) and can elicit a surge in fears, anxieties, and feelings of discomfort. These feelings may surface when thinking about personal death as well as what happens after death (Rasmussen & Johnson, 1994). The present study will focus on death anxiety related to personal death and not the dying process.

**Measurements.** About 95% of the measurements utilized to measure death anxiety are questionnaires and interviews (Neimeyer, 1988; Neimeyer & Van Brunt, 1995). Instruments have been developed to measure fear of one’s own death, the dying process, and fear of the death of others (Lester, 1994). One of the most common measures, utilized due to its simplicity, is Templer’s Death Anxiety Scale

(DAS; Neimeyer & Van Brunt, 1995). This instrument focuses on measuring the level of preoccupation with personal death (Rasmussen & Johnson, 1994). The scale consists of 15 statements answered in a true or false format (Rasmussen & Johnson, 1994). Items that reflect death anxiety are given a score of one and items that do not reflect death anxiety are given a score of zero. A total of six items are coded as false and nine are coded as true. Scores from each item are summed for a total score that ranges from zero to fifteen; higher scores indicate more death anxiety (Rasmussen & Johnson, 1994). The measurement is reliable with a reported Cronbach's alpha .76 and valid with a test-retest of .83 (Templer, 1970). The DAS has been used in different settings and populations (Hunt, 2000; Kane & Hogan, 1985; Neimeyer, 1994).

The Revised Death Anxiety Scale (RDAS) was developed by Thorson and Powell (1994) and is a revision of Templer's DAS. Neimeyer and Van Brut (1995) considered the RDAS the most promising revision of the DAS as it improves the internal consistency. The RDAS focuses on measuring anxiety of personal death. There are a total of 25 items rated on a 5-point Likert scale that ranges from 4 = *Strongly Agree* to 0 = *Strongly Disagree*. A Likert scale allows greater sensitivity for the participant's response. Each score for the 25 items are summed together for a total score. Scores range from 0 to 100; higher scores indicate more death anxiety. The measurement is both reliable with Cronbach's alphas ranging from .80 to .83 (Thorson, 1991; Thorson & Powell, 1990; Thorson & Powell 1988). Additional information on this measurement can be found in the method section.

Another measure utilized in the death anxiety research is the Revised Collet-Lester Fear of Death Scale (Lester, 1994). The scale distinguishes between one's fear of death, one's fear of dying, one's fear of death of others, and one's fear of dying of others. Each of the four subscales are composed of eight items for a total of 32 items. The items are scored on a 5-point Likert scale that ranges from 1 = *Not Anxious* to 5 = *Very Anxious*. The scores for each item on the subscale are summed together; there is no total score, but rather each subscale has its own score. Higher scores on each of the subscales indicate more death anxiety. Comparisons can be made between each of the subscales. Lester reported Cronbach's alphas for each subscale of .91 for fear of death of self, .89 for fear of death of others, .72 for fear of death of others, and for .87 fear of dying of others. The measurement is both reliable and valid (Lester, 1994). The Collet-Lester Fear of Death Scale has been used with various populations and settings.

The Multidimensional Fear of Death Scale (Neimeyer & Moore, 1994) is another measure used in the study of death anxiety. The scale is composed 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. Items inquire about fear for personal death and fear of death of others. Each subscale is composed of six items for a total of 48 items. Questions are answered on a 5-point Likert scale that ranges from 1 = *Strongly Agree* to 5 = *Strongly Disagree*. To obtain a subscale score, all items on that subscale are summed together. There is no total score; rather each subscale has an individual

score. Lower scores on each subscale indicate more death anxiety. The investigations of the multidimensional scale suggest that the scale is internally consistent, reliable and valid (Neimeyer & Moore, 1994). Neimeyer and Moore (1994) reported test-retest reliability scores from .61 to .81 for the eight subscales. Hoelter (as cited in Neimeyer & Moore, 1994) reported Cronbach's alpha that ranged from .65 to .82. Furthermore, the multidimensional scale was significantly correlated with threat index scale,  $r = .12$  to  $r = .21$ . The scale has been used with a range of populations and settings such as college students, churches, and the elderly (Neimeyer & Moore, 1994).

Another measure often used is the Threat Index. This scale is largely based on George Kelly's personal construct theory of how an individual interprets death from the perspectives of the ideal and real self (Neimeyer, 1994). The scale is composed of three subscales: you and your present life, your ideal self, and your own death. Each subscale has 25 items that are answered on a seven point Likert scale that ranges from 1 = *Strongly Agree with left construct* to 7 = *Strongly Agree with right construct*. The scoring for this measurement has varied from split scores, distance scores, factor scores, and short form. The measurement is both reliable with a Cronbach's alpha of .88 and valid with a test-retest of .64 (Moore & Neimeyer, as cited in Neimeyer, 1994). The Threat Index scale has been used with different populations and settings (Neimeyer, 1994).

**Gender.** There is now more information available on how demographic and personality variables are associated with death anxiety (Neimeyer, 1994).

Specifically, researchers have examined gender differences. There is a body of research on death anxiety literature that would suggest that women express more death anxiety than men (e.g., Aday, 1984; Da Silva & Schork, 1985; Ens & Bond, 2007; Neimeyer, 1988; Neimeyer & Van Brunt, 1995; Rasmussen & Johnson, 1994; Young & Daniels, 1980). Therefore, gender differences are examined in the current study.

Thorson and Powell (1994) investigated gender differences in a group of 599 individuals. Participants filled out the RDAS using the true and false format. Items that indicated no anxiety were given one point, two points for items that are left blank, and three points for responses that indicated anxiety. Higher scores indicated more death anxiety. The authors found a small significant relationship between gender and death anxiety. Findings indicated that women reported more death anxiety than men. Specifically, women reported more anxiety related to fear of pain, body decomposition, dread of an operation, what happens to the body after death. The authors suggest that the gender differences may be due to gender role pressures, differences in how men and women construe the concept of death, and the elements of death.

Da Silva and Schork (1985) investigated gender differences regarding attitudes towards death among 109 public health graduate students. The study included a nine-item questionnaire that was adopted from a 75-item questionnaire featured in *Psychology Today*. Findings indicated there was a difference in how men and women perceived death. Nearly half of the women recall “openly” speaking

about death during their childhood, whereas only a quarter of men had this recollection. That is more women reported talking about death during childhood than men. Furthermore, more men reported feeling uncomfortable when discussing death during their childhood than women. Da Silva and Schork (1985) suggested that men repress death anxiety more than women. Furthermore, the authors suggested that a healthy acceptance of one's mortality might help gain a balanced perspective of life that would then lessen anxiety regarding death.

In summary, researchers have investigated gender as a possible contributing factor to death anxiety. In a review of the available literature Pollak (1979) and Neimeyer (1988) concluded that women report more death anxiety than males. The literature also appears to provide support that women express more death anxiety than men (de la Rubia & Avila, 2014; Harding et al., 2005; Neimeyer & Van Brunt, 1995). It is unclear what specific factors contribute to the gender differences in death anxiety. Neimeyer (1988) suggest a difference may be that women are more willing to openly share their feelings and attitudes than men.

**Age.** The current research on death anxiety and factors such as age have focused on the typical college age students; therefore, findings are generalizable to only similar populations. However, because the current literature (Cole, 1978; Devins, 1979; Hunt, 2000; Neimeyer & Van Brunt, 1995; Russac, et al., 2007; Thorson & Powell, 1988; Thorson & Powell, 1994) suggests there is a negative relationship between age and death anxiety. A review of the available findings is warranted. Russac et al., (2007) examined the effects of age on death anxiety and

found that individuals reached their death anxiety peak during their 20's and it decreased into their 60's. The authors suggest this decrease may be due to individuals coming to terms with death as well as diminished quality of life such as the changes in the body. Furthermore, Kalish and Reynolds (1976) found that older participants thought about death more frequently, but reported less death anxiety than younger participants among African American, Japanese American, European American, and Mexican American participants. Kalish and Reynolds (1976) suggest that older individuals death becomes more salient by changes in the body and the death of family or friends, whereas for younger individuals there are fewer reminders. Thus older individuals may express less death anxiety because they have come to terms with the nearness of death, whereas younger individuals may not have come to terms with death as it is seen as an event that is far from the future (Devins, 1979).

The literature appears to indicate a negative relationship between death anxiety and age. Some researchers (Thorson & Powell, 1988) suggest that the age differences can be attributed to older individuals reviewing their life and having worked through fears pertaining to mortality. Thorson and Powell (1994) suggest that it may be because younger and older participants feared different aspects of death such as fear of pain or fear of body decompensation. Overall, the available evidence tends to support a negative relationship between death anxiety and age.

**Ethnicity.** In reviewing the literature, the question remains as to the role of ethnicity in relation to death anxiety. The available information is limited. Young and Daniels (1980) found that African American participants in high school, reported

more death anxiety than European-American participants. On the other hand, Thorson and Powell (1984) found that, in a group of 599 participants who completed the RDAS, European Americans expressed more death anxiety than African Americans. However, of the total of 599 participants only a small sample (10.6%) of the participants identified as African American (Thorson & Powell, 1984). Thus, no conclusion can be drawn from the available data. In a later study, Thorson, Powell, Samuel (1998) investigated death anxiety in 293 Euro-American and 102 African Americans. No significant differences in scores were found as measured by the RDAS. However, significant differences were found for specific items. African American participants scored higher on items that pertained to fear of pain and concern over the existence of afterlife than European American participants. European American participants scored higher than African American participants on items that pertained to fear of isolation and no longer existing.

Kalish and Reynolds (1976) conducted a study that examined death and ethnicity among individuals in the Los Angeles California area. Information was gathered through several methods such as structured interviews, unstructured interviews, observation (funeral homes, terminal wards in hospitals), and analyzing prominent newspapers. Participants included European Americans, African Americans, Japanese Americans, and Mexican Americans. A total of 33% of the participants reported being afraid to die (Kalish & Reynolds, 1976). No gender differences regarding death anxiety were found among all participants. A total of 114 participants identified themselves as Mexican Americans with an average age of 47

years. About 90% of the participants identified their religious denomination to be Roman Catholic (Kalish & Reynolds, 1976). Mexican American participants were more likely to admit thinking about their own death and fear of dying than African American, European American, and Japanese American participants (Kalish & Reynolds, 1976). Kalish and Reynolds suggest that there may be a greater preoccupation for Mexican Americans regarding their own death and feelings fear of dying than other individuals. A separate study by Varela, Sanchez-Sosa, Biggs, and Luis (2008) indicated that Hispanic youth expressed more general anxiety, fear of the unknown, fear of danger, and fear of death than European American youth. Varela et al. (2008) suggests that findings may be representing differences that occur in the general population. Furthermore, family orientation may play a role in the differences between anxiety levels for European Americans and Hispanic individuals.

A study by Fierro (1980) examined concern with death and psychological maladjustment in 108 Mexican American and Anglo American participants. Findings indicated that Mexican American men ( $M = 74.50$ ,  $SD = 12.25$ ) and Mexican American women ( $M = 76.00$ ,  $SD = 10.06$ ) reported more death concern than Anglo American men ( $M = 67.84$ ,  $SD = 9.02$ ) and Anglo women ( $M = 73.84$ ,  $SD = 10.32$ ). There was no association between death concern and psychological maladjustment for Anglo American or Mexican American participants.

Florian and Snowden (1989) examined fear of death and positive life regard (meaning in life) in a group of 280 Vietnamese Americans, Chinese Americans, Mexican Americans, African Americans, European Americans, Jewish Americans,

and participants who self-identified as other. Participants filled out The Fear of Personal Death Scale and The Life Regard Index. A negative relationship was found for African American, Vietnamese American, and European American participants. A relationship between death anxiety and positive life regard was found only for European Americans and African Americans. No relationship between death anxiety and positive life regard for Mexican American, Chinese American, and Jewish American participants was found. The authors indicate that the meaning of fear of death may be more significant for European American participants than other participants. Furthermore, the authors suggest that the use of young college students in the study who may be more acculturated to the mainstream culture may impact association of death anxiety and positive life regard. According to the literature (Florian & Snowden, 1989; Lonetto & Templer, 1986) there are apparent ethnic differences regarding death anxiety levels. Therefore, ethnicity is an important factor to consider when investigating death and death related issues (Kalish & Reynolds, 1976). This section reviewed literature related to death anxiety; the following section will review literature related to death anxiety and religiosity.

### **Religiosity**

The current literature on death anxiety has examined various factors including religiosity. Currently, literature findings indicate a complex relationship between death anxiety and religiosity, as evidenced by inconsistent findings (Neimeyer, 1988; Neimeyer & Van Brunt, 1995 Pollak, 1979). Research findings indicate no significant relationship (Rasmussen & Johnson, 1994), a negative relationship (Aday, 1984;

Thorson & Powell, 1990; Thorson & Powell, 1994), and a curvilinear relationship (McMordie, 1981; Wink & Scott, 2005) between religiosity and death anxiety. Researchers suggest the unclear findings may partially be due to brief and possibly invalid instruments that have been used to measure religiosity (Neimeyer, 1988; Rasmussen & Johnson, 1994). For example, some researchers have utilized a one-item questionnaire to assess religiosity (Al-Sabwah & Abdel-Khalek, 2006; Levin et al., 1996; McMordie, 1981). McMordie (1981) asked participants to rate their self-perceived religiosity from extremely religious to anti-religious. Downey (1984) utilized a questionnaire that was composed from questions gathered from other measurements. One-item questionnaires do not assess the various components that are part of religiosity such as beliefs, prayer practices, and church attendance among others. Research instruments that are reliable and valid have been developed to help clarify findings (Neimeyer, 1994).

The research on religiosity has used several terms to describe the same concept, including religion and religiousness interchangeably adding to the confusion in research findings. When investigating religiosity and how it relates to death anxiety it is important to clearly define what components of religiosity are being investigated. Differences in results may not be reflecting the differences in the relationship, but rather differences in what the experimenter is measuring as part of the relationship. For the purposes of this study the term religiosity is used.

Religiosity has been described as concerning itself with practices, beliefs, rituals, and the importance of religion in a person's life (Knox, Langehough, Walters,

& Rowley, 1998; Rasmussen & Johnson, 1994; Walker, Dixon, 2002; Wink & Scott, 2005). Aday (1984) described religiosity as including church membership, frequency of church attendance, and the intensity of the religious beliefs. Ens and Bond (2007) described religiosity as inclusive of religious belief, commitment, and behaviors (ie., such as attendance to a place of worship, reading religious materials, and prayer). Religiosity assesses the “what” component such as what are the beliefs, practices, rituals and not the “why” a person has a certain beliefs. There is no set definition for religiosity. However, a majority of the available definitions include references to beliefs, practices, rituals, and importance of religion.

The relationship between death anxiety and religiosity has been the focus of several studies (Harding et al., 2005; Templer, 1972; Thorson, 1991). Suhail and Akram (2002) investigated the association between religiosity and death anxiety in a group of 132 Eastern Muslim participants. Each participant completed a demographic questionnaire, the DAS, the fear of one’s death subscale from the Revised Collet-Lester Fear of Death Scale, and the Scale of Religious Index. A small significant negative relationship was found between religiosity and death anxiety. That is individuals who reported more religiosity also reported less death anxiety, whereas individuals who reported less religiosity reported more death anxiety. Suhail and Akram explain the small significant negative effect may be due to most Pakistani Muslims having strong religious beliefs, believing in life after death, and have a strong commitment in their practice of Islam. Thus, all of these factors may buffer the death anxiety.

A negative relationship between religiosity and death anxiety was also found by Al-Sabwah and Abdel-Khalek (2006) in a group of 570 undergraduate nursing students from Egypt. Participants were all female and ranged from 17 to 25 years of age. Participants filled the Arabic Scale of Death Anxiety Scale and the DAS. Religiosity was assessed by one question, “What is your level of religiosity in general?” rated from 0 = *None* to 10 = *Maximum* (Al-Sabwah & Abdel-Khalek, 2006, p. 368). Findings indicated a weak negative relationship between religiosity and death anxiety. The authors suggest that the relationship is weak due to situational variables such as age; young participants still have a long life expectancy and this may impact their view of death anxiety.

Templer (1972) examined the relationship between religiosity and death anxiety among a group of 267 highly religious participants. Participants filled out the DAS and an eight-item questionnaire that assessed religiosity. The results indicated that participants who were high in religious involvement, had strong religious convictions, attended religious functions frequently, and were certain of an afterlife expressed less death anxiety than individuals who did not display the same characteristics. The authors suggest the lower levels of death anxiety could be attributed to the high religious involvement of the participants. Furthermore, Templer suggests that the certainty of religious or not religious beliefs could have impacted the reported lower levels of death anxiety. The strong religious beliefs and low death anxiety could also be due to personality characteristics.

Thorson and Powell (1990) investigated intrinsic religiosity and death anxiety in a group of 346 undergraduate and graduate students from 18 to 88 years of age. Intrinsic religiosity as defined by Allport and Ross (1967) refers to a person who places faith as the focus of his or her life and lives his or her life accordingly. Participants completed the RDAS and Hoge's Intrinsic Religious Motivation Scale. Findings indicated that intrinsic religiosity and age were negatively related to death anxiety. Older individuals with higher intrinsic religiosity reported less death anxiety than younger individuals with less intrinsic religiosity. The authors suggest that this may be because older individuals may come to terms with their own mortality as well as having a higher religious motivation than younger individuals.

Wink and Scott (2005) assessed religiosity and death anxiety in a group of 155 predominantly Caucasian individuals who identified as Protestant. Participants filled out the Death Attitudes Profile and completed an in depth interview that asked about religiousness practices. Results indicated a curvilinear relationship between religiosity and death anxiety. That is, individuals who reported a high or low level of religiosity reported less death anxiety than individuals who reported a moderate level of religiosity. Wink and Scott (2005) suggest that individuals who have a moderate or rather undefined view of their mortality as evidenced by a moderate level of religiosity, that is beliefs and practices, are vulnerable to death anxiety. A curvilinear relationship was also found by Downey (1984) who investigated the relationship between death anxiety and religiosity among 237 middle-aged men from 40 to 59 years of age. Boyar's Fear of Death Scale assessed death anxiety and religiosity was

assessed by a 13-item questionnaire (Downey, 1984). The religiosity questionnaire was created by Downey and was composed of questions available in other measurements. Men who reported a moderate level of religiosity ( $M = 39.31$ ) reported more death anxiety than men who reported low religiosity ( $M = 30.49$ ) or high religious ( $M = 32.87$ ). No differences in death anxiety levels were apparent in individuals with low or high levels of religiosity. Furthermore, no differences were found between religious denominations and death anxiety levels. Leming (as cited in Downey, 1984) suggest that religious commitment may be a factor in explaining the curvilinear relationship between religiosity and death anxiety. Wink and Scott (2005) suggest that knowing someone's level religiosity in adulthood and middle adulthood was a good predictor of death anxiety in late adulthood.

McMordie (1981) looked at the importance of the strength of a belief system and death anxiety. Three hundred and twenty participants filled out the DAS and rated their self-perceived religiosity as extremely religious, very religious, somewhat religious, slightly religious, not at all religious, or anti-religious. Participants who rated themselves as extremely or very religious were classified as having high self-perceived religiosity. Participants who rated themselves as somewhat or slightly religious were classified as having moderate self-perceived religiosity. Those participants who rated themselves as not religious or anti-religious were classified as low self-perceived religiosity. A curvilinear relationship was found between death anxiety and self-perceived religiosity. No significant differences in death anxiety scores were found between the high and low self-perceived religiosity groups. Those

individuals with low or high self-perceived religiosity expressed less death anxiety than individuals who expressed moderate self-perceived religiosity. McMordie (1981) suggest that the strength of the beliefs is an important factor in the determination death anxiety. Therefore, individuals who are uncertain of their religious beliefs will express more death anxiety than individuals who are certain of their religious beliefs. Aday (1984) assessed how religious attendance associated with death anxiety. Aday indicated that participants who frequently or infrequently attended church expressed less death anxiety. Levin, Markides, and Ray (1996) examined the relationship between religious attendance and psychological well-being in a three-generation (grandparent, child, grandchild) group of 624 Mexican Americans. Church attendance was positively correlated with life satisfaction for the middle and older generations. That is middle and older generations who attended church frequently reported more satisfaction with their life than the younger generation. Furthermore, though for young individuals religious attendance was not related to life satisfaction, it did serve as a protective factor against developing a mood disorder. Levin et al. (1996) suggests that religious attendance serves as a way for individuals to be connected to cultural traditions.

Though it is not the focus of this study, the association of other factors, such religion (specific religion denomination) and spirituality will briefly be reviewed as these are commonly discussed in the death anxiety literature. Spirituality is an internal process that aids a person in defining who he or she is as well as in how he or she views the world (Mahoney & Graci, 1999; Walker & Dixon, 2002). The available

research illustrates complex relationships between these factors and death anxiety. Researchers such as Young and Daniels (1980) have explored the association between religion and death anxiety. In a group of 320 high school students, Young and Daniels (1980) found that those who self-identified as non-Christian expressed higher death anxiety than those who self-identified as Christian. Young and Daniels suggest that individuals who identified as Christian indicated a religious commitment and this might have impacted the expressed death anxiety. On the other hand, Cole (1978) found that participants who had a religious preference expressed higher levels of death anxiety than those who had no religious preference. Cole (1978) suggest that religious individuals are more preoccupied with death and concerned about what happens in afterlife, thus, expressing more death anxiety. Individuals who have no religious preferences may not have the same level of preoccupation with death and concerned over afterlife. Furthermore, Templer and Dotson (1970) found no differences in death anxiety in 213 participants who self identified as Catholic or Protestant. Lack of differences may be due to religious values not being the sole determinant for death anxiety. The association between religion and death anxiety is unclear (Lonetto & Templer, 1986).

As spirituality is commonly discussed in the death anxiety literature, a brief review of the literature will be included. Graham, Furr, Flowers, and Burke (2001) investigated the association between religion, spirituality, and coping with stress in a group of 115 graduate counseling students. Counseling students who expressed their spirituality through religious beliefs reported greater spiritual health and immunity

against stressful situations than counseling students who identified as spiritual, but had no religious beliefs. Graham et al. (2001) reported that the counseling students for this study identified religion as important for coping with stress. Knox et al. (1998) found that in a group of 235 undergraduate college students those who scored high on religiosity and spirituality were less likely to engage in antisocial behaviors such as stealing, getting in trouble with the police, or damaging property and higher self-esteem. Researchers have also examined the association of spirituality, religious attendance, and academic performance in 192 African American ( $n = 83$ ) and European American ( $n = 109$ ) college students (Walker & Dixon, 2002). Findings indicated that spirituality and religious participation were both positively correlated with academic performance. For African American participants spirituality and religious participation were both positively correlated to academic performance, whereas for European American participants only religious participation was positively related to academic performance. The authors suggest that, for European Americans, the social support and rituals of religious practices are more influential on academic performance; whereas for African Americans both spirituality and the religious practices are important. Furthermore, Anye, Gallien, Bian, and Moulton (2013) found that in a group of 225 college students, highly spiritual participants who frequently participated in religious activities reported feeling both physically and mentally healthy for more days than less spiritual students who were less involved in religious activities. The authors suggest that perhaps participating in activities that

relate to spirituality and religious activities (ie., attending church, prayer reading spiritual literature) are associated with a positive health assessment.

Arnold (2007) examined spirituality, religiosity and death anxiety in a group of 152 African American college students. Participants filled out the Spiritual Well Being Scale, Revised Death Anxiety Scale, and the Religious Orientation Scale-Revised. A total of 73 of the participants indicated a moderate level of death anxiety with the average score of 54 on the RDAS. A majority of the students ( $n = 131$ ) were identified as having a high level of spirituality and a moderate level of death anxiety. However, no significant relationship was found between religiosity and death anxiety. Also, no significant relationship between death anxiety and spirituality was found. Arnold suggests that the findings may be due to the lack of inclusion of people who are highly religiously active.

Religiosity may influence how a person perceives death (Da Silva & Shork, 1984) and his or her reaction to death (Wink & Scott, 2005). Therefore, the religious beliefs and practices of an individual should be considered in the therapeutic process. To omit religious practices and beliefs would be to omit a part of the client (Pate & Bondi, 1992). Overall, the literature appears to suggest that there is an association between religiosity and death anxiety. However, the nature of the relationship is unclear as evidenced by the research findings previously presented. Some studies have reported no relationship (Rasmussen & Johnson, 1994) a negative relationship (Harding et al., 2005; Suhail & Akram, 2005; Thorson, 1991; Thorson & Powell,

1991), or a curvilinear relationship (Downey, 1984; McMordie, 1981; Wink & Scott, 2005) between death anxiety and religiosity.

### **Summary**

Death anxiety was once thought to be unidimensional, however, the literature now points to it being multidimensional (Thorson & Powell, 1994). Researchers have looked at more than the intensity of death anxiety, but also at what individual factors contribute to death anxiety. Although, some of the associations between death anxiety and demographic and personality variables are not fully understood, patterns in the research findings have emerged. Researchers have investigated potential factors such as age, gender, religion, and ethnicity and how these may influence a person's level of death anxiety (Kalish & Reynolds, 1976; Neimeyer & Van Brunt, 1995, Pollack, 1979).

The current literature appears to consistently find that younger individuals experience more death anxiety than older individuals (e.g., Devins, 1979; Suhail & Akram, 2002; Thorson, 1991). Evidence would also suggest that women express greater death anxiety than men (e.g., Aday, 1984; Rasmussen & Johnson, 1994). Da Silva and Schork (2005) suggest that this may be because women think more about death than men.

The literature has explored the association between religiosity and death anxiety. Research findings indicate a complex association between death anxiety and religiosity with research findings indicating no significant relationship (Arnold, 2007; Rasmussen & Johnson, 1994), negative relationship (Aday, 1984; Thorson & Powell,

1990; Thorson & Powell, 1994), and a curvilinear relationship (McMordie, 1981; Wink & Scott, 2005). Inadequate instruments, varying definitions, and the need to distinguish between religiosity and spirituality have added to the complexity in investigating the relationship (Rasmussen & Johnson, 1994). Overall, the literature suggests there is a complex relationship between death anxiety and religiosity (Neimeyer, 1988, Neimeyer & Van Brunt, 1995). Furthermore, the available literature suggests that there are ethnic differences regarding death anxiety (Kalish & Reynolds, 1976; Lonetto & Templer, 1986).

### **Current Study**

There is lack of studies that address death anxiety in the Hispanic population (Fierro, 1980; Varela et al., 2008). In order, to better understand the mental health needs of diverse populations more research is warranted (Arnold, 2007; Thorson et al., 1998; Varela et al., 2008). This study adds to the available literature of death anxiety in Hispanic and non-Hispanic college students. Currently, mental health practitioners provide the necessary support with monumental life events such as attending college, marriage, children, grief, and loss. Being informed and aware of issues as death anxiety is part of providing a holistic treatment approach for a mental health practitioner.

**Research Question:** Is the variance in death anxiety better accounted for by religiosity, gender, or ethnicity in Hispanic and non-Hispanic college students?

**Hypothesis I:** Women will report more death anxiety than men as measured by the Revised Death Anxiety Scale.

***Hypothesis II:*** Religiosity, gender, and ethnicity are explored as possible predictors of death anxiety. However, due to limited research in this area, no directional predictors will be made.

## CHAPTER II

### METHODS

#### **Research Design**

This study investigated the association between religiosity, gender, ethnicity and death anxiety Hispanic and non-Hispanic college students. A correlational design allows researchers to examine variables that may not be manipulated. This study employed survey research, as this method allows for immediate feedback, is cost effective, and convenient for data collection. Additionally, survey research allows for a large amount of data to be gathered simultaneously.

#### **Participants**

Participants were recruited through psychology courses or SONA, an online participant management system, and were then directed to Qualtrics to complete the survey. There were a total of 106 students from California State University, Stanislaus. Some participants did not fully complete the demographic questionnaire, leaving differing numbers for analyses. Participants included a total of 80 women and 24 men ranging in age from 18 to 52 years ( $M = 21.3$ ,  $SD = 5.8$ ). There were 69 (65.1%) participants who identified as single/never married and 31 (29.2%) in a committed relationship. Of the remaining participants a total of 3 (2.8%) identified as married or domestic partnership, 1 (0.9%) as separated, and 1 (0.9%) as divorced. Ethnicity was categorized into a dichotomous variable, Hispanic and non-Hispanic college students. In the sample, a total of 60 (56.6%) individuals identified as

Hispanic and 44 (41.5%) as non-Hispanic. The non-Hispanic category included a total of 8 (7.5%) Asian or Pacific Islander, 6 (5.7%) Black or African American, 1 (0.9%) Native American or American Indian, 26 (24.5%) White or European American, and 3 (2.8%) Other participants. There were a total of 21 (19.8%) freshmen, 19 (17.9%) sophomores, 37 (34.9%) juniors, and 27 (25.5%) seniors. Fifty-one (48.1%) of the participants identified as Catholic, 28 (26.4%) as Christian, 1 (0.9%) as Buddhist, 2 (1.9%) as Jewish, 1 (0.9%) as Non-denominational, 7 (6.6%) as no religious affiliation, 4 (3.8%) as Atheist, and as 6 (5.7%) Other. A total of 4 (3.8%) participants were highly religious, 12 (11.3%) very religious, 46 (43.4%) moderately religious, 21 (19.8%) slightly religious, and 22 (20.8%) not religious. Participants were asked to complete the statement “ I generally attend a place of worship \_\_\_\_.” Nine (8.5%) participants reported attending a place of worship once a month, 11 (10.4%) attended twice a month, 10 (9.4%) attended three times a month, 35 (33%) attended four or more times a month, 30 (28.3%) attended a few times a year, and 9 (8.5%) never attend.

### **Materials**

All participants completed the Revised Death Anxiety Scale (Thorson & Powell, 1994) and the Religiosity Measure (Rohrbaugh & Jessor, 1975). All participants completed a demographic questionnaire at the end of the survey.

**Demographic Questionnaire.** (Appendix B) All participants filled out an eight item demographic questionnaire that inquired about age, gender, ethnicity, relationship status, education, religious affiliation, and religious involvement.

**Revised Death Anxiety Scale.** (Appendix C) All participants completed the RDAS (Thorson & Powell, 1994). The RDAS combines Nehrke's self-constructed items, Templer's DAS, and Boyar's Fear of Death Scale (Thorson & Powell, 1994). The RDAS measures death anxiety regarding personal death. This scale can be used to measure differences regarding death anxiety between and within groups. This scale was chosen as it is composed of several factors that address death anxiety, focuses on personal death of self only, and provides one total score. Other scales, such as the Collet-Lester Fear of Death Scale provide individual subscale scores and no total score. This study investigated death anxiety as a whole concept and not a specific factor in death anxiety, such as belief in an afterlife.

The RDAS is composed of seven factors that measure (1) fear of uncertainty, (2) fear of pain associated with death, (3) fear of decomposition, (4) fear of helplessness and loss control, (5) afterlife concerns, (6) concern over disposition of one's body, and (7) concerns over leaving instructions on how things should be done after one's death. Examples of statements answered by participants are "*I am not worried about ever being helpless*" and "*I fear dying a painful death*" (Thorson & Powell, 1994, p. 38). These seven factors were determined by a factor analysis with varimax rotation (Thorson & Powell, 1994). The items that loaded at .30 or higher onto each of the factors were utilized to create the current RDAS scale (Thorson & Powell, 1994).

Participants answer 25 statements according to their strength of agreement on a Likert format scale that ranges from 4 = *Strongly Agree* to 0 = *Strongly Disagree*. A

Likert scale allows for greater sensitivity in the response of a participant. There are a total of 17 positively phrased items (1, 2, 3, 5, 6, 7, 8, 9, 12, 14, 15, 16, 18, 19, 20, 22, 24) scored from 4 = *Strongly Agree*, 3 = *Agree*, 2 = *Neutral*, 1 = *Disagree*, and 0 = *Strongly Disagree*. Eight of the items are negatively phrased (4, 10, 11, 13, 17, 21, 23, 25) to reduce response bias and are scored from 0 = *Strongly Agree*, 1 = *Agree*, 2 = *Neutral*, 3 = *Disagree*, and 4 = *Strongly Disagree*. Items that are left blank receive a score of two and are considered neutral. All items are summed together to obtain a total score. The total score ranges from 0 lowest to 100 highest; higher scores indicate greater death anxiety.

The reliability and validity for the RDAS has been assessed in a series of studies. Thorson and Powell (1984) reported an alpha of .80 when utilizing the RDAS in a sample of 599 European Americans and African Americans. Additionally, Thorson et al. (1989) utilized the RDAS with Euro-American and African American participants and reported a Cronbach's alpha of .91 for Euro-Americans and .84 for African Americans. The application of the RDAS with high school and college students has yielded alphas from .80 to .83 (Thorson, 1991; Thorson & Powell, 1990; Thorson & Powell, 1988). The RDAS has been used to examine age, gender, religion (Thorson & Powell, 1994), and occupation (Powell, Thorson, Kara, & Uhl, 1990) among other variables. Additionally, the RDAS has been used with large and diverse samples (Ens & Bond, 2007; Thorson & Powell, 1994; Thorson et al., 1989; Neimeyer & Van Brunt, 1995).

**Religiosity Measure.** (Appendix D) All participants filled out the Religiosity

Measure (RM). The measure focuses on evaluating religious participation and the impact religion has on a person's everyday life (Boivin, 1999; Rohrbaugh & Jessor, 1975). This scale was chosen as it is not based on a specific religious denomination; rather it measures religiosity in general (Boivin, 1999). Furthermore, the scale includes church attendance, prayer, belief in a divine power, and the influence of religion on a person's everyday life as part of assessing religiosity (Knox et al., 1998).

Glock (1958) described religiosity as being composed of four interrelated dimensions: ritual, consequential, ideological, and experiential. The RM assesses these four dimensions with two items each. Ritual items are behaviorally oriented and pertain to frequency of participation in religious services and prayer. Consequential items inquire about how religious beliefs, practices, and experiences impact a person's behavior and attitude. Ideological items ask about the person's beliefs regarding a "divine essence" and its purpose (Glock, 1958, p. 27). Finally, experiential items inquire about feelings, perceptions, and sensations that are experienced by an individual regarding communication with a "divine essence" (Glock, 1958, p. 27).

The scale is composed of four subscales. Each subscale has two items. Participants answer seven of the eight items in a multiple-choice format. The first item of the scale inquires about attendance and is answered in a fill in the blank format. Each of the multiple-choice items are scored from 0 = *Least Religiosity* to 4 = *Greatest Religiosity*. Question one of the measure, "*How often have you attended*

*religious services during the past year?*” was scored according to “meaningful breaks in the response distribution” (Rohrbaugh, & Jessor, 1975, p. 143). The meaningful breaks are placed into the same format as the other items on the scale and scored from 0 = *Least Religiosity* to 4 = *Greatest Religiosity*. The total score for each subscale ranges from 0 = *Least Religiosity* to 8 = *Greatest Religiosity*. To obtain an overall score the totals for each of the subscales are summed together. The total overall score ranges from 0 = *Least Religiosity* to 32 = *Greatest Religiosity*. Higher scores indicate greater religiosity.

The reliability and validity for the Religiosity Measure (RM) has been assessed in a series of studies. Rohrbaugh and Jessor (1975) reported a Cronbach’s alpha of .90 with the application of the RM in a group of 475 high school students and 221 college freshmen students. Nicholas and Durrhem (1996) investigated the validity of the measure in a group of 1,269 participants and reported a Cronbach’s alpha of .75. Malloy, Sevigny, Hadjistavroplos, Bond, McCarthy, Murakami, Paholpal, Shalini, Liu, and Peng (2014) reported a Cronbach’s alpha of .88 among a group of 1,255 physicians from India, China, Thailand, Canada, Japan, and Ireland. In a longitudinal study that assessed religiosity changes among 434 adult college students a Cronbach’s alpha .89 to .91 over time was reported (Stoppa & Lefkowitz, 2010). The RM has been used to assess the relation of religiosity to other concepts such as spirituality (Knox, et al., 1998), anxiety, death anxiety, death acceptance (Harding et al., 2005), religious affiliation, irrational beliefs, and guilt (Demaria & Kassinove, 1988). The RM has been utilized in a variety of settings and with diverse

populations (Miller, McConnell, Klinger, 2007).

### **Procedure**

Permission was obtained to conduct this study from the Institutional Review Board of the Psychology Department at California State University, Stanislaus. Data were gathered with two different procedures. In one procedure, participants were able to view information regarding the study on SONA and referred to the Qualtrics website where the online survey was available. Participants read and filled out the informed consent, RDAS, RM, and the demographic questionnaire. Lastly, participants viewed and read the debriefing form. The presentation of the RDAS and the RM was counterbalanced. Participants were informed in writing of their participation in the study being voluntary and being able to withdraw at any point in time.

The second procedure used to gather data involved the researcher contacting faculty members outside of class to ask permission to solicit volunteers during their course of instruction. Data were gathered both through online and in classroom to expedite the time spent gathering data. The faculty member received information regarding the purpose of the study. The appropriate time and date was arranged with the faculty member. Once approval was given, the researcher attended class to recruit participants. The study was completed at beginning of class. A brief overview of the study was provided. Participants were notified orally as well as in writing that participation in the study is voluntary and they could withdraw at any point in time. Participants who volunteered to be part of the study were given a packet with the

informed consent attached to the exterior. Participants who chose to participate signed the informed consent form and returned it to the researcher. Inside the packet participants found and filled out the following questionnaires: the RDAS, RM, and demographic questionnaire. The presentation of the RDAS and the RM was counterbalanced. A blank informed consent form was also inside the packet. Participants were instructed to retain the blank informed consent form for their records. The demographic questionnaire was presented at the end for all participants. After completing the questionnaires and returning them to the researcher all participants were given a debriefing form for their own records. The completed questionnaires were stored separately from the signed consent forms. Participants may have received extra credit for their participation.

### **Data Analyses**

Statistical Package for Social Sciences (SPSS) version 23 was used to analyze the data. Descriptive statistics were generated to describe the sample. Certain items on both the RDAS and the RM were reverse coded prior to running the analyses. The first hypothesis, that women would express more death anxiety than men was explored with an independent sample *t*-test. The second hypothesis and research question, if religiosity, gender, or ethnicity better accounted for the variance in death anxiety levels in Hispanic and non-Hispanic college students was explored with a multiple regression analysis. In the first step of the multiple regression analysis religiosity, gender, and ethnicity were all inputted together. In the second step religiosity and gender were multiplied and religiosity and ethnicity were multiplied to

assess the interaction of these variables with death anxiety. Gender and ethnicity are both dichotomous variables both were coded accordingly before completing the multiple regression analysis. Gender was coded as 0 = female and 1 = male and ethnicity was coded as 0 = non-Hispanic and 1 = Hispanic. The religiosity variable was also centered to have a meaningful zero. Significant interactions will be further explored utilizing linear regression analysis. Exploratory analyses included a Pearson product moment correlation to determine if an association between death anxiety and religiosity, death anxiety and ethnicity, and death anxiety and age existed; furthermore, to assess if the correlations were positive or negative, and the strength of the relationships.

## CHAPTER III

### RESULTS

#### **Preliminary Results**

Participants' RDAS scores ranged from 13 to 89 ( $n = 106$ ,  $M = 53.61$ ,  $SD = 16.21$ ). Religiosity Measure scores ranged from 1 to 31 ( $n = 98$ ,  $M = 17.36$ ,  $SD = 7.54$ ). Item one on the Religiosity Measure, "How often have you attended religious services during the past year?" was scored according to "meaningful breaks in the response distribution" (Rohrbaugh & Jessor, 1975, p. 143). In this study the "meaningful breaks" were found using a two-step cluster analysis that identified five meaningful breaks in the data. A Cronbach's alpha of .89 was obtained for both the RM and the RDAS. These reliabilities suggest that the RDAS and the RM are internally consistent for this particular sample. Because the RDAS and RM were counterbalanced a simple analysis was utilized to examine order effects. No order effects were found.

#### **Testing of Hypotheses**

**Hypothesis I:** An independent samples  $t$ -test was used to assess the first hypothesis. Contrary to the prediction that women would report more death anxiety than men, there was not a significant gender difference in Revised Death Anxiety Scores scores,  $t(102) = 1.16$ ,  $p = .25$ ,  $d = .27$ , 95% CI [0.14, 0.41]. That is, women ( $n = 80$ ,  $M = 54.45$ ,  $SD = 15.80$ ) did not score significantly higher on the RDAS than men ( $n = 24$ ,  $M = 50.04$ ,  $SD = 17.84$ ).

**Hypothesis II:** A multiple regression analysis explored the second hypothesis, the association between religiosity, gender, ethnicity, and death anxiety in Hispanic and non-Hispanic college students. No directional prediction was made due to the lack of research available. Together, as part of the first step in the multiple regression analysis, religiosity, gender, and ethnicity did not explain a significant amount of the variance in death anxiety levels in Hispanic and non-Hispanic college students, *adj.*  $R^2 = .02$ ,  $F(3, 91) = 1.49$ ,  $p = .22$ . Religiosity ( $\beta = .15$ ,  $p = .15$ ), gender ( $\beta = -.14$ ,  $p = .18$ ), and ethnicity ( $\beta = .08$ ,  $p = .43$ ) were not significant predictors of death anxiety in Hispanic and non-Hispanic college students. The second step of the multiple regression analysis examined the interactions between religiosity and ethnicity, and religiosity and gender. Overall, the interaction between religiosity, gender, and ethnicity on death anxiety levels did not explain a significant amount of variance beyond what was already explained,  $\Delta R^2 = .04$ ,  $F(2, 89) = 2.19$ ,  $p = .12$ .

Table 1

*Multiple Regression Analyses Predicting Death Anxiety from Religiosity, Gender, and Ethnicity*

Variables	B	<i>t</i>	<i>p</i> value
Step 1			
Religiosity	.15	1.45	.15
Gender	-.14	-1.37	.18
Ethnicity	.08	.80	.43
Step 2			
Religiosity	.02	.14	.89
Gender	-.11	-1.07	.29
Ethnicity	-.07	.68	.50
Religiosity × Ethnicity	.27	1.20	.05
Religiosity × Gender	-.11	-.87	.39

Even though the overall equation was not significant, examining the interaction of religiosity, ethnicity, and death anxiety revealed significant relationship. This interaction indicated a positive relationship between religiosity and death anxiety in Hispanic college students,  $\beta = .31, p = .02$ , but not in non-Hispanic college students,  $\beta = -.05, p = .75$ . That is, Hispanic college students who expressed more religiosity also expressed more death anxiety.

### **Exploratory Analysis**

Although no specific hypothesis was indicated, a Pearson product moment correlation was used to examine the possible association between death anxiety and religiosity. The results indicated that there was no significant association between death anxiety and religiosity,  $r(96) = .13, p = .20$ . Furthermore, although no specific hypothesis was formalized regarding ethnicity and death anxiety, an independent sample *t*-test was utilized to assess possible differences in RDAS scores between Hispanic and non-Hispanic college students. Results indicated there was no significant difference in RDAS scores between Hispanic ( $n = 60, M = 54.87, SD = 16.80$ ) and non-Hispanic college students ( $n = 44, M = 51.16, SD = 15.24$ ),  $t(102) = -1.16, p = .25, d = -0.23, 95\% \text{ CI } [-0.11, 0.32]$ . Although there was no hypothesis for age and death anxiety, a Pearson product moment correlation was utilized to examine the possible association between the two variables. Results indicated that there was no statistically significant association between death anxiety as measured by RDAS ( $n = 105, M = 53.61, SD = 16.21$ ) and age ( $M = 21.31, SD = 5.78$ ),  $r(105) = -.03, p = .75$ . Only 5 of the 106 participants were over 30 years of age.

## CHAPTER IV

### DISCUSSION

There has been a lack of research in the area of death anxiety that specifically focuses on minority groups such as Hispanics (Harding et al., 2005; Kalish & Reynolds, 1976; Suhail & Akram, 2002). Most of the studies have focused on European American individuals (Harding et al., 2005; Kalish & Reynolds, 1976). There are limited studies that have focused on Hispanic With Hispanics accounting for the largest minority it is important to further understand death attitudes, specifically death anxiety (Center for Disease Control and Control, 2013). As generalizing previous findings apply to similar populations. More research is needed with populations that include minority groups such as African Americans and Native American (Arnold, 2007). The first hypothesis was that women would report more death anxiety than men. Findings did not support gender differences in death anxiety scores in Hispanic and non-Hispanic college students. The second hypothesis examined whether religiosity, gender, and ethnicity were significant predictors of death anxiety levels in Hispanic and non-Hispanic college students. Findings indicated that religiosity, gender, and ethnicity were not significant predictors of death anxiety. This study was designed to add to the current death anxiety literature and to expand the understanding of death related attitudes in Hispanic and non-Hispanic college students.

### **Interpretation of the Results**

The review of the literature indicates that the association between religiosity and death anxiety is unclear (Neimeyer, 1988; Neimeyer & Van Brunt, 1995; Pollak, 1979). The first hypothesis, that women would report more death anxiety than men, was not supported. This prediction was made based on current literature that suggested that women express more death anxiety than men (de la Rubia & Avila, 2014; Harding et al., 2005; Lonnetto & Templer, 1986; Neimeyer & Van Brunt, 1995). Findings from the current study support previous research, as women did not express significantly more death anxiety than men. This research supports previous research such as that of Davis, Bremer, Anderson, and Tramill (1983) who examined gender differences in a group of 79 undergraduate college students from psychology courses and found no differences between women and men. Other research such as, Kalish and Reynolds (1976) also found no gender differences in a group of European American, African American, Japanese American, and Mexican American participants. Findings did not support that women would report more death anxiety than men. Another point to consider is that only a small number of men ( $n = 24$ ) were included in the study. Perhaps, including a larger sample of men would have yielded different results.

The second hypothesis focused on examining whether the variance in death anxiety was better accounted by ethnicity, gender, and religiosity in Hispanic and non-Hispanic college students. No directional prediction was made for this hypothesis

due to the lack of available research. The results from a multiple regression analysis indicated that ethnicity, gender, and religiosity did not significantly predict death anxiety levels in Hispanic or non-Hispanic college students. That is, the variance in death anxiety levels were not better accounted by whether the participant was a man or woman, Hispanic or non-Hispanic, or high, moderate, or low in religiosity. Also the interaction between gender, ethnicity, religiosity, and death anxiety was not significant. However, the interaction between ethnicity and religiosity was significant in predicting death anxiety. A significant positive association was found for Hispanic college students, religiosity, and death anxiety. The significant interaction suggests that higher religiosity levels for Hispanic participants were associated with higher levels of death anxiety. There was no relationship found for non-Hispanic college students, religiosity, and death anxiety. Furthermore, Levin et al. (1996) suggested that religious attendance (one component of religiosity) serves as a protective in factor mood disorders in young Mexican Americans. Consistent with other researchers the current study appears to also suggest that there are ethnic differences in death anxiety levels depending on religiosity (Florian & Snowden, 1989; Lonetto & Templer, 1986).

There are a number of explanations that could account for the results of this study. One possible explanation to consider is that most participants were between the ages of 18-21. The inclusion of typical college age students may have impacted the level of death anxiety reported. As researchers such as Russac et al. (2007) suggest individuals in their 20's may be experiencing death anxiety peak levels. Age may also

have impacted the degree of religiosity expressed. Past research has suggested that college age individuals may not consider religiosity as important (Balk, 1997).

Another possible explanation may be the use of the Religiosity Measure. Religiosity is a difficult concept to examine due to what is or not part of this concept (Aday, 1984; Knox et al., 1998; Rasmussen & Johnson, 1994; Walker, Dixon, 2002; Wink & Scott, 2005). Furthermore, larger sample size that includes more equal numbers of Hispanic and non-Hispanic men and women than those included in the present study may yield different results.

Exploratory analysis for the current study included investigated the relationship between death anxiety and religiosity. The results of a Pearson product moment correlation suggested that there is no association between college students' level of death anxiety as measured by the Revised Death Anxiety Scale (RDAS) and religiosity as measured by the Religiosity Measure (RM). Participants in this study reported a moderate level of death anxiety ( $M = 53.61$ ,  $SD = 16.21$ ). This finding supports previous research findings that demonstrated no association between religiosity and death anxiety (Rasmussen & Johnson, 1994; Templer & Dotson, 1970). This would suggest that death anxiety might be a universal phenomenon (Rasmussen & Johnson, 1994). Perhaps, the inclusion of a larger sample that ranged in death anxiety levels would yield different results.

Similarly, participants in the sample identified as moderately religious ( $n = 44$ ), followed by not religious ( $n = 22$ ) or slightly religious ( $n = 21$ ). As a result, the moderate levels of religiosity may be a factor in explaining the lack of significance in

the findings. Therefore, an important point to consider in the explanation of these findings might be the under representation of individuals who are higher in religiosity. This finding adds to the literature that has found no association between death anxiety and religiosity among college students, such that of Arnold (2007) who found no association between religiosity and death anxiety in a group of 152 African American college students.

There was no hypothesis set forth for the association between ethnicity and death anxiety. The findings from an independent sample *t*-test indicated that Hispanic and non-Hispanic college students do not significantly differ in RDAS scores. Thorson et al. (1998) also found no association between death anxiety and ethnicity in a group of 395 European Americans and African Americans. Other researchers such as Varela et al. (2007) indicated Mexican American and Hispanic youth (ages 7 to 16) express more death anxiety and general anxiety than European Americans. Also, research by Young and Daniels (1980) indicated that African-American participants reported more death anxiety than European-American participants. Thorson and Powell (1994) also found no association in a group of 599 European Americans and African Americans and death anxiety. Another study by Thorson et al. (1998) found no differences in death anxiety in a group of 395 European American and African American participants. The researchers did find differences in specific factors of death anxiety that elicited fear. African American participants reported more concern over pain and afterlife. European Americans reported more concern regarding isolation and not existing. Perhaps, there is another factor playing a role in the

association between death anxiety and ethnicity, such as specific factors of death anxiety.

There was no set hypothesis predicted for age and death anxiety. The results indicated that there was no statistically significant association between age and death anxiety. That is, younger and older participants did not differ in death anxiety levels. In the same way the results are consistent with previous research that found no relationship between age and death anxiety (de la Rubia and Avila, 2014; Harding, et al., 2005; Lester, Templer, Ruff, and Frank as cited in Pollak, 1979). Perhaps, a possible explanation for the lack of association found between age and death anxiety may be due to the lack of inclusion of older individuals. Participants in this study were between the ages of 18 to 21 years of age. From the 106 participants only five were 30 years or older. Neimeyer (1994) suggested that an individual's attitudes about death are impacted by the current time frame, thus including older individuals could yield different results. For example, some research such as that of Kalish and Reynolds (1976) found a negative association between death anxiety and age. Indicating that older individuals expressed less death anxiety than younger individuals.

In summary, these results show no gender differences in death anxiety. Also, religiosity, gender, and ethnicity were not significant predictors of death anxiety levels in Hispanic and non-Hispanic college students. For Hispanic participants there was a positive relationship between death anxiety and religiosity, indicating that Hispanic college students who reported higher levels of religiosity also reported

higher levels of death anxiety. The current study did not find gender differences in death anxiety. Furthermore, religiosity, gender, and ethnicity were found to not be significant predictors of death anxiety, it is important to examine factors such as these to further understand death attitudes. This study does point to differences in how death anxiety is impacted by ethnicity and religiosity.

Although, Lester and Templer (1993) suggested that death anxiety is a concept that may never be fully understood, great strides have been made to understand death anxiety. Researchers have also looked at death anxiety and how that plays a role in other mental health topics such as bereavement (Balk, 1997), self-esteem (Davis et al., 1983), experience with death (Kane & Hogan, 1985), and psychosocial maturity (Rasmussen & Brems, 1996). Furthermore, researchers such as Neimeyer and Brunt (1995) have made suggestions that depression and death anxiety may be linked, though this area is under investigated. They indicate that the possible association between depression and death anxiety may play a role in suicidal behavior. More research is warranted to further understand the role that death anxiety plays in other mental health issues.

### **Limitations of the Current Study**

There are limitations to consider for the current study. First, it is important to consider the demographics of the participants included in the study. The participants in this study were from a convenience sample enrolled at California State University, Stanislaus. Also, most of the participants were women between the ages of 18 to 21. Of the 106 participants only 5 were 30 years of age or older. Therefore, generalizing

can only be done with individuals of similar characteristics. Some of the findings in this study may have been different if the sample had included not only young, but also older participants. This study focused on Hispanic and non-Hispanic students only. The majority of the non-Hispanic students were European American ( $n = 44$ ). Perhaps, including more individuals from other ethnicities may yield different results. Furthermore, the demographic questionnaire asked participants to select one ethnicity they identified with the most. Participants chose from the following options: Asian or Pacific Islander, Assyrian, Black or African American, Native American or American Indian, White or European American, Hispanic or Latino, and Other. There was a total of three participants who chose the Other option. The participants did not have the option of providing the ethnicity they best identified with the most.

Finding the appropriate measure to assess religiosity was difficult. Religiosity is a rather difficult concept to measure as there is no universal definition in the literature as to which components are part of religiosity. This study included practices, beliefs, rituals, and the importance of religion in a person's life as part of religiosity (Allport & Ross, 1967; Rasmussen & Johnson, 1994). This study was interested in assessing holistically the concept of religiosity and thus the measure needed to be appropriate. Over 60 measures were reviewed to find the appropriate measure. Religiosity measures can often be based on a religious denominations or only assess a specific dimension of religiosity (Allport, & Ross, 1967; Boivin, 1999; Glock, 1958). Furthermore, data were gathered utilizing self-report measure.

Although, self-report measures allow participants to answer questions with less discomfort they may still have felt a social influence to answer in a desirable nature.

### **Future Recommendations**

This study attempted to add to the current understanding of what factors influence death anxiety. Following are suggestions for further research in the area of death anxiety. Replicating this study with a different population inclusive of a wider range in age and different ethnicities may aid in generalizing the results across populations. Replicating this study with a different population that is inclusive of a wider range of members in the community may yield different results. This study focused solely on college students. Results of the current study highlight that gender differences are not apparent in every population. Further research could examine if gender differences are also non-existent in other populations or with another group of Hispanic and non-Hispanic college students. It may be important to further examine what other factors relate to death anxiety, such as life experiences and spirituality. Utilizing qualitative research may also be beneficial in gathering data regarding specific questions about death anxiety.

Lastly, Neimeyer (1994) indicated that grounding the research on a theory might help give meaning to the findings in a larger context and allow the reader to make interpretations based on that theory, such as Terror Management Theory (TMT). TMT posits that humans have the ability to ponder about their own mortality and it is this pondering that results in emotional distress referred to as death anxiety (Greenberg, Pyszczynski, & Solomon, 1986). These feelings of death anxiety can be

managed by a person's cultural worldview. A person's cultural worldview includes their self-esteem and interpersonal attachments (Maxfield, John, & Pyszczynski, 2014). Therefore, in TMT, suggest that individuals modify their cultural worldviews in a way that helps alleviate the death anxiety that may surge from thinking about their death (Vali, Rothschild, Weise, Solomon, Pyszczynski, Greenberg, 2010). Findings by Henrie and Patrick (2014) indicated that individuals with more religious doubt expressed more death anxiety. Religion and beliefs are part of someone's worldview. Therefore, if a person begins to doubt his or her worldview then that worldview is no longer providing a buffer for death anxiety. Therefore, it would be important to continue to investigate if findings, such as those by Henrie and Patrick, would be apparent in diverse samples such as Hispanic college students.

### **Conclusions**

There has been a great effort in the study of death anxiety literature to further understand this concept; however, there is still a need for further study in this area with populations that are diverse in demographic and personality characteristics. This study adds to the available literature on death anxiety, specifically the role of ethnicity in the association of death anxiety and religiosity.

In summary, there were no gender differences found in death anxiety levels. This leads to question whether the findings from other research apply to individuals who identify as part of a minority group. This study found a positive association between death anxiety and religiosity for Hispanic college students, but not for non-Hispanic college student. This study suggests differences in how death anxiety is

impacted by ethnicity and religiosity. Death may be a topic that continues to be of concern for individuals regardless of gender, ethnicity, or other factors. Thinking about one's mortality, life, and death may add to the level of apprehension or feeling of uneasiness (Neimeyer, 1994) that may prompt individuals to seek mental health services (Kelly, 1995). Therefore, it is important for mental health practitioners to gain awareness and understanding of death related issues, such as death anxiety when working with individuals (Kelly, 1995), especially those with a Hispanic background.

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## APPENDICES

## APPENDIX A

**INFORMED CONSENT FORM**

1. This research study will examine the relationship between religiosity, gender, ethnicity, and death anxiety in Hispanic and non-Hispanic college students. If you agree to participate, you will be asked to answer survey questions that ask about your religious practices and death attitudes.
2. You are free to discontinue your participation at any time without penalty. You may also skip any survey questions that make you feel uncomfortable. Even if you withdraw from the study, you will receive any entitlements that have been promised to you in exchange for your participation, such as extra credit.
3. Participation in this research study does not guarantee any benefits to you. However, possible benefits include the fact that you may learn something about how research studies are conducted and you may learn something about this area of research (i.e., factors that are related to attitudes about death).
4. You will be given additional information about the study after your participation is complete.
5. If you agree to participate in the study, it will take about 15 minutes to complete the survey.
6. All data from this study will be kept from inappropriate disclosure and will be accessible only to the researcher and her faculty advisor. The researcher is not interested in anyone's individual responses, only the average responses of everyone in the study.
7. The present research is designed to reduce the possibility of any negative experiences as a result of participation. Risks to participants are kept to a minimum. However, if your participation in this study causes you any concerns, anxiety, or distress, please contact the Student Counseling Center at (209) 667-3381 to make an appointment to discuss your concerns.
8. This research study is being conducted by Laura Garcia. The faculty supervisor is Dr. Kurt Baker, Professor of Psychology, Department of Psychology and Child Development, California State University, Stanislaus. If you have questions or concerns about your participation in this study, you may contact the researcher through Dr. Kurt Baker at (209) 664-6681.
9. You may obtain information about the outcome of the study at the end of the academic year by contacting Dr. Kurt Baker.

10. If you have any questions about your rights as a research participant, you may contact the Campus Compliance Officer of California State University, Stanislaus at IRBadmin@csustan.edu.
11. You will be provided with a blank, unsigned copy of this consent form at the beginning of the study.
12. By signing below, you attest that you are 18 years old or older.
13. By signing below, you are indicating that you have freely consented to participate in this research study.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPENDIX B

## DEMOGRAPHIC QUESTIONNAIRE

Please read each of the following questions carefully. Please answer each question as thoroughly and honestly as possible. Thank you for your participation.

1. Age \_\_\_\_\_
2. Which one of the following do you identify with the most?  
\_\_\_\_\_ Single/Never married  
\_\_\_\_\_ In a committed relationship  
\_\_\_\_\_ Married or Domestic Partnership  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Widowed
3. Which one of the following do you identify with the most?  
\_\_\_\_\_ Female  
\_\_\_\_\_ Male
4. Which of the following do you identify with the most (Check only one group)?  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Assyrian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native American or American Indian  
\_\_\_\_\_ White or European American  
\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Other
5. Which one of the following do you identify with the most?  
\_\_\_\_\_ Freshman  
\_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior  
\_\_\_\_\_ Senior  
\_\_\_\_\_ Graduate  
\_\_\_\_\_ Other
6. Which one of the following do you identify with the most?  
\_\_\_\_\_ Buddhist  
\_\_\_\_\_ Catholic  
\_\_\_\_\_ Christian  
\_\_\_\_\_ Hinduism

- Judaism
- Lutheran
- Methodist
- Non-Denomination
- Atheist
- No Religious Affiliation
- Other

7. Please identify which of the following options best completes the following statement:

I generally attend a place of worship

- Once or twice times a month
- Three or four times a month
- More than four times a month
- A few times a year or less
- I never attend

8. Which one of the following do you identify with the most regarding your religiosity?

- Highly religious
- Very religious
- Moderately religious
- Slightly religious

## APPENDIX C

## REVISED DEATH ANXIETY SCALE

Please read each of the following statements carefully and indicate your degree of agreement or disagreement as it best represents your views.

4 = Strongly Agree      3 = Agree      2 = Neutral      1 = Disagree      0 = Strongly Disagree

1. \_\_\_\_\_ I fear dying a painful death.
2. \_\_\_\_\_ Not knowing what the next world is like troubles me.
3. \_\_\_\_\_ The idea of never thinking again after I die frightens me.
4. \_\_\_\_\_ I am not at all anxious about what happens to the body after burial.
5. \_\_\_\_\_ Coffins make me anxious.
6. \_\_\_\_\_ I hate to think about losing control over my affairs after I am gone.
7. \_\_\_\_\_ Being totally immobile after death bothers me.
8. \_\_\_\_\_ I dread to think about having an operation.
9. \_\_\_\_\_ The subject of life after death troubles me greatly.
10. \_\_\_\_\_ I am not afraid of a long, slow dying.
11. \_\_\_\_\_ I do not mind the idea of being shut into a coffin when I die.
12. \_\_\_\_\_ I hate the idea that I will be helpless after I die.
13. \_\_\_\_\_ I am not at all concerned over whether or not there is an afterlife.
14. \_\_\_\_\_ Never feeling anything again after I die upsets me.
15. \_\_\_\_\_ The pain involved in dying frightens me.
16. \_\_\_\_\_ I am looking forward to new life after I die.
17. \_\_\_\_\_ I am not worried about ever being helpless.

18. \_\_\_\_\_ I am troubled by the thought that my body will decompose in the grave.
19. \_\_\_\_\_ The feeling that I will be missing out on so much after I die disturbs me.
20. \_\_\_\_\_ I am worried about what happens to us after we die.
21. \_\_\_\_\_ I am not at all concerned with being in control of things.
22. \_\_\_\_\_ The total isolation of death is frightening to me.
23. \_\_\_\_\_ I am not particularly afraid of getting cancer.
24. \_\_\_\_\_ I will leave careful instructions about how things should be done after I  
am gone.
25. \_\_\_\_\_ What happens to my body after I die does not bother me.

## APPENDIX D

## RELIGIOSITY MEASURE

*Instructions:* The following questionnaire consists of seven multiple-choice items with one fill-in-the-blank item. Please answer the following questions by *selecting* the appropriate letter for the multiple-choice items and providing the most accurate number for the fill-in-the-blank question.

1. How often have you attended religious services during the past year? \_\_\_\_\_ times
2. Which of the following best describes your practice of prayer or religious meditation?
  - a. Prayer is a regular part of my daily life.
  - b. I usually pray in times of stress or need but rarely at any other time.
  - c. I pray only during formal ceremonies.
  - d. Prayer has little importance in my life.
  - e. I never pray.
3. When you have a serious personal problem how often do you take religious advice or teaching into consideration?
  - a. Almost always
  - b. Usually
  - c. Sometimes
  - d. Rarely
  - e. Never
4. How much of an influence would you say that religion has on the way that you choose to act and the way that you choose to spend your time each day?
  - a. No influence
  - b. A small influence
  - c. Some influence
  - d. A fair amount of influence
  - e. A large influence
5. Which of the following statements comes closest to your belief about God?
  - a. I am sure that God really exists and that He is active in my life.
  - b. Although I sometimes question His existence, I do believe in God and believe He knows of me as a person.
  - c. I don't know if there is a personal God, but I do believe in a higher power of some kind.
  - d. I don't know if there is a personal God or a higher power of some kind, and I don't know if I ever will ever know.

- e. I don't believe in a personal God or in a higher power.
6. Which one of the following statements comes closest to your belief about life after death (immortality)?
- a. I believe in a personal life after death, a soul existing as a specific individual.
  - b. I believe in a soul existing after death as a part of a universal spirit.
  - c. I believe in a life after death of some kind, but I really don't know what it would be like.
  - d. I don't know whether there is any kind of life after death, and I don't know if I will ever know.
  - e. I don't believe in any kind of life after death.
7. During the past year, how often have you experienced a feeling of religious reverence or devotion?
- a. Almost daily
  - b. Frequently
  - c. Sometimes
  - d. Rarely
  - e. Never
8. Do you agree with the following statement? "Religion gives me a great amount of comfort and security in life."
- a. Strongly disagree
  - b. Disagree
  - c. Uncertain
  - d. Agree
  - e. Strongly agree

## APPENDIX E

## DEBRIEFING FORM

Thank you for your participation in this study. The researcher is interested in investigating if there are gender differences regarding death anxiety in Hispanic and non-Hispanic college students. Furthermore, in understanding how ethnicity, gender, and religiosity relate to death anxiety in Hispanic and non-Hispanic college students. Death anxiety refers to anxiety, worry, and fear that may surface due to an individual's concern about his or her mortality (Rasmussen & Johnson, 1994). Religiosity refers to practices, beliefs, rituals, and the importance of religion in a person's life (Allport & Ross, 1967; Rasmussen & Johnson, 1994; Wink & Scott, 2005). Lastly, ethnicity refers to the heritage that an individual identifies to best represent him or her self. This study hopes to add to the available literature on death anxiety.

Information gathered from all questionnaires will be kept safe from inappropriate disclosure. There will be no way of identifying individual responses, as the questionnaires are anonymous. The researcher is not interested in any one individual response; rather the researcher is interested in the general patterns that emerge from the collective data. Ethical guidelines from the American Psychological Association will be followed. If you have any questions about your rights as a research participant, you may contact the Campus Compliance Officer of California State University Stanislaus at IRBadmin@csustan.edu.

Research in the areas of death anxiety and religiosity in Hispanic and non-Hispanic college students is important in order to better understand what factors play a role in death anxiety levels. Please do not discuss the nature of the study with other possible participants, as this can influence the validity of the research findings. If you have any questions or concerns, please contact Laura Garcia or Dr. Kurt Baker at (209) 664-6681. If participation in this study caused you any anxiety or distress, you may contact the Student Counseling Center at (209) 667-3381.

If you would like to learn more about this research topic the following are suggestions:

Neimeyer, R. A. (Ed). (1994). *Death anxiety handbook: Research, instrumentation, and application*. Philadelphia, PA: Taylor & Francis.

Rasmussen, C. H., & Johnson, M.E. (1994). Spirituality and religiosity: Relative relationships to death anxiety. *Omega: Journal of Death and Dying*, 29(4), 313-318.