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Research Paper

Death Anxiety, Sleep Quality and Religiosity Among Young Adults

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ABSTRACT

The aim of the study was to understand the relationship between Death Anxiety, Sleep Quality and Religiosity among Young Adults. A sample of two hundred participants between the age group of 18-25 was taken from the city of Bangalore. Templer's Death Anxiety Scale (DAS), Pittsburgh Sleep Quality Index (PSQI) and Centrality of Religiosity Scale (CRSi-7) were used to assess Death Anxiety, Sleep Quality and Religiosity respectively. The results show that there is a significant relationship between Death Anxiety and Religiosity. Correational research design was used in the present study.

Keywords: *Death Anxiety, Sleep Quality, Religiosity*

The fact that death is a reality in our life affects everyone of us differently. Death anxiety is defined as a feeling of fear, stress, or panic at the thought of death or anything associated to dying. Sigmund Freund used the term "thanatophobia" to describe this anxiety coupled with a fear of death in his seminal essays published in Thoughts for the Time on War and Death. It has to do with a person's irrational belief in their own immortality, according to Freud. Throughout history, research has identified two separate but linked kinds of death anxiety: dread of dying and fear of the death process. Thanatophobia is common in our daily lives. It is an unavoidable and ubiquitous occurrence in our life, regardless of culture. It is multidimensional and can be described using a variety of theoretical frameworks. Death is an unavoidable occurrence that diminishes security and heightens terror (Alkozei et al. 2019). Many factors can influence death anxiety, including age, gender, psychological state, religion, and so on. McCarthy (1980) argued that adults' dread of dying stemmed from their struggle to psychologically remove themselves from their parents and the need to build a distinct and independent identity.

Religiousness is a factor that is frequently related with death fear. In sociology, religiosity refers to the quality of a person's religious beliefs and experiences, as well as the role religion plays in society. Spirituality, orthodoxy, piety, and religious commitment have all been used to describe it. Participation in religious traditions and customs is typically referred to by the term. Religion's definition is also frequently used to illustrate how religion affects

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society. Religious morality and beliefs have frequently been utilised to inform collective rules and customs. Religion, on the other hand, refers to a collection of values, principles, or beliefs that evoke. Religion has been said to have a protective impact since it leads to encounters with the Supreme Being and finally receiving his reward for one's life on Earth. Other studies, however, have discovered that it increases their fear of death for the same reason that they will be judged in paradise for their conduct on Earth. (Musek, 2017)

Sleep is distinguished by altered consciousness, relative suppression of sensory activity, reduced muscle activity and inhibition of nearly all voluntary muscles during rapid eye movement (REM) sleep, and less contact with the environment. as well as the body's natural recurrent state People can suffer from a variety of sleep problems, including insomnia, hypersomnia, narcolepsy, and sleep apnea. Also included are parasomnias such sleepwalking and rapid eye movement sleep behaviour disorder, bruxism, and circadian rhythm sleep disorders. Artificial light has significantly altered human sleep habits. Sleep deprivation and poor sleep quality are global health concerns. Sleep deprivation has a substantial detrimental influence on health. Adequate sleep is seen as a necessary component of good health. Sleep issues can be related to either mental or physical health. (Nelson et al; 2022)

REVIEW OF LITERATURE

Religiosity

Kaufman et al. (2022) investigated how patterns of spirituality/religiosity connect to meaning-making among a varied group of young adults. The findings illustrate the diversity of spirituality/religiosity and its relevance to meaning formation.

Gwin et al. (2020) looked into the links between depressive symptoms and religion in young adults. The study's goal was to look at the links between depressed symptoms and religiosity. The findings revealed that religious beliefs and practises were related with fewer depressed symptoms.

Hoffman and Margiglia (2012) investigated the effect of religiosity on suicidal thoughts among Central American teens (2012). The findings of this study revealed that religion has a sense of belonging, and that in religiously homogeneous communities in Mexico, religion can have a protective effect on the suicidal thoughts of its members.

Khalek (2011) investigated the relationships between subjective well-being, health, and religiosity among Qatari undergraduates. It was discovered that men had higher self-ratings of mental health than women. The findings revealed that persons who consider themselves religious in the present.

Haglund & Fehring (2009) examined the association of religiosity, sexual education and family structure with risky sexual behaviours among adolescents and young adults. Those who viewed religion as very important, had frequent church attendance, and held religious sexual attitudes. Participants whose formal and parental sexual education included abstinence and those from two-parent families were 15% less likely to have had sex and had fewer partners.

Cohen et al. (2005) explored relationships between intrinsic and extrinsic religiosity, afterlife Catholics belief, death anxiety and life satisfaction in Young Catholics and

Protestants. From the findings it was concluded that religion moderate the relationships between intrinsic and extrinsic religiosity scales with death anxiety and afterlife belief.

Death anxiety

Meher; Mushtaq & Fatima (2022) explored on Death anxiety and well-being in doctors during covid-19: The explanatory and boosting Roles of sleep quality and work Locality. It targeted to assess the associations, both direct and mediated between death anxiety, sleep quality, and subjective well-being in doctors working during the pandemic. The findings of the study directed that sleep quality mediated the association between death anxiety and subjective well-being. It was also found that death anxiety predicted subjective well-being in doctors those working in rural setups more negatively and significantly and negatively as compared to those working in urban setups.

Lowe and Harris. M; (2019) studied on a comparison of death anxiety, Intolerance of uncertainty and Self-esteem as predictors of Social anxiety symptoms. The findings showed that there is no significant independent relationship was found between death anxiety and social anxiety symptomatology, although it was found that self-esteem and intolerance of uncertainty were significant predictors of both measures of social anxiety, confirming the importance of these key transdiagnostic mediators as predictors of social anxiety symptomatology. There was a strong negative correlation found between death anxiety and measures of both intrinsic and extrinsic religiosity.

Garcia (2015) conducted a study on the Relationship between death anxiety and religiosity among the Hispanic and Non-Hispanic college students. The study looked at how religiosity, gender, ethnicity, and mortality anxiety differed between Hispanic and non-Hispanic college students. The study included 106 participants ranging in age from 18 to 52. The results of the study revealed that there is no difference between men and women with regard to death anxiety, Religion, gender, and ethnicity did not explain the difference in death fear levels between Hispanic and non-Hispanic college students. A favourable relationship between religiosity and death anxiety was discovered in Hispanic college students but not in non-Hispanic college students. Higher degrees of religiosity among Hispanic college students were associated with higher levels of death anxiety.

Roff et al. (2010) conducted research on death anxiety and religion among Lithuanian health and social care workers. It established a link between death apprehension and a multidimensional measure of religiosity. Confirmatory factor analysis revealed that the MFODS structure fit the Lithuanian data reasonably well, especially where components could be connected. There were no significant independent, linear associations between the various characteristics of religiosity and death dread among Lithuanian participants who showed higher levels of intrinsic religiosity.

Sleep Quality

Sleep patterns and insomnia in young adults was explored by Sivertsen et al. (2018). It was a National survey of Norwegian University students. The study aimed to describe sleep patterns and rate of insomnia according to diagnostic criteria in college and university students. This study also examined the potential changes in sleep problems from 2010 to 2018. The results predicted large differences in weekday-weekend across sleep patterns in 2018. Mean sleep duration in both males and female students were found in the lower end of the normal range during week days and sleep need as well sleep recommendations were met during weekends. The prevalence of insomnia was recorded to be more in females than in

males. Also, there was an increase in sleep problems, especially in women from 2010 to 2018. They concluded that sleep problems are prevalent and also is increasing among students.

Sleep patterns and predictors of disturbed sleep in a large population of college students was investigated upon by Lund et al. (2010). The results reported that students who were classified as poor-quality sleepers were delayed during weekends, also it was reported that students frequently taking prescription, over the counter, and recreational psychoactive drugs to alter sleep/wakefulness. Problems with physical and psychological health was found to be reported by students classified as poor-quality sleepers. The students also stated that sleep was negatively impacted emotional and academic stress. It was again revealed that tension and stress accounted for poor sleep pattern but exercise, caffeine consumption, alcohol and consistency of sleep schedule were not considered significant predictors of sleep quality.

METHODOLOGY

Statement of the problem

The current research intends to study whether there is any relationship between Death Anxiety, Religiosity and Sleep Quality among Young Adults. Death Anxiety has been studied widely among elderly population and patients suffering from chronic illness. This research aims to understand the relationship between Death Anxiety, Sleep Quality and Religiosity among the Young Adults. As recently the world has recovered from the Covid 19 pandemic, it has been seen that the younger population suffered from fear of death i.e., Death Anxiety. Poor sleep quality is a rising problem among the Young Adults.

Operational definitions

- **Death Anxiety:** Death anxiety is the fear of death which is a conscious or unconscious psychological state that arises from the defense mechanisms triggered when a person feels threatened with death.
- **Sleep Quality:** Sleep pattern is a sleep-wake pattern in a circadian rhythm that guides the body when to fall asleep and when to wake up.
- **Religiosity:** Religiosity is a measure of the centrality, importance, or emphasis of religious meaning in a person.

Research Design

The research designs this study follows is Correlational research design. Correlational study designs explore relationships between variables without the investigator controlling or manipulating the variables.

Objectives

- To study the relationship between Death Anxiety and Religiosity
- To study the relationship between Death Anxiety and Sleep quality
- To study the relationship between Sleep Quality and Religiosity
- To find the difference between males and females with regard to Death Anxiety
- To find the difference between males and females with regard to Sleep Quality
- To find the difference between males and females with regard to Religiosity

Hypotheses

- H_{01}: There is no significant relationship between Death Anxiety and Sleep quality

- H_{02}: There is no significant relationship between Sleep Quality and Religiosity
- H_{03}: There is no significant relationship between Death Anxiety and Religiosity
- H_{04}: there is no significant difference between males and females with regard to Death Anxiety
- H_{05}: there is no significant difference between males and females with regard to Sleep Quality
- H_{06}: there is no significant difference between males and females with regard to Religiosity

Sampling technique

Convenience sampling was used to obtain data for the research. It's not a very scientific way to choose samples. A researcher may use convenience sampling, a non-probability sampling approach, to choose a subset of units from a larger population that are convenient to the study.

It might be because they are conveniently located, have open schedules, or are enthusiastic in participating in the study. Non-random sampling may also take the form of convenience sampling, often called unintentional sampling.

Sample distribution

Samples for the current study included 200 Young Adults 100 males and 100 females of age 18 to 25 years, who is currently residing in Bangalore.

Inclusion criteria

- Between age group of 18-25
- Both male and female
- Currently residing in Bangalore
- Individuals who are not diagnosed with any mental disorders

Exclusion criteria

- Participants who cannot read or comprehend English language.
- Participants with any physical disability.

Procedure

At first Google forms were made as the data will be collected in online mode. The participants were asked whether they wanted to participate in the study or not, and their consent was taken. After that, a briefing about nature and purpose of the study was given in the Google form to the participant to develop the rapport. They were assured that all information taken from them will be kept confidential. Informed consents were taken from them individually.

Then DAS, PSQI and CRS were individually administered to all the participants to determine the Death Anxiety, Sleep quality and Religiosity. After the completion of their questionnaire, the scoring of all 200 questionnaires were done and finally the result was interpreted and discussed.

Tools used for the study

- **Pittsburgh Sleep Quality Index (PSQI):** The Pittsburgh Sleep Quality Index (PSQI) is a self-assessment questionnaire that assesses your sleep quality over the

course of a month**.** The measurement consists of 19 individual items made up of 7 components that add up to a global score and takes 5-10 minutes to complete.

- **The Centrality of Religiosity Scale:** The Centrality of Religiosity Scale (CRS-7) was developed by Huber and Huber in the year 2012. It is a measure of the centrality, importance**,** or prominence of a religion**.** Religious Meaning in Personality. It consists of 7 items. The reliability of the scale is 0.85-0.87.
- **Templar's Death Anxiety Scale (DAS):** Developed by Donald I. Templar, the Templar Death Anxiety Scale (1970) measures a person's level of fear of death. His DAS consists of 15 items, rated by respondents in a true-false dichotomy.

Data Analysis

IBM SPSS Statistics was used to perform statistical analysis on the data. For analysis, the Pearson Product Moment Correlation Coefficient and the independent sample't' test are used. The Pearson correlation method was employed to detect correlation and the t test was performed to investigate the gender gap between significant variables—death fear, sleep quality, and religiosity. The findings are explained by the researcher.

Correlational test

Examining the connection between two or more variables is the job of correlation analysis. Two or more independent variables may be used in conjunction with a single dependent variable to get the desired results. This reveals the existence, strength, and direction of any link between the given pairs of variables. As the strength of the relationship increases or decreases, the correlation coefficient changes from +1 to -1 values. When the value is 1, there is no relationship between the two factors. The strength of the connection between the two variables is measured by the correlation coefficient, which lessens as its value approaches 0. A positive coefficient has a + sign, whereas a negative coefficient has a - sign, indicating the direction of the association.

T-test-

T-tests are inferential statistics used to examine the possibility of a relationship between two groups and to assess whether or not there is a statistically significant difference in their averages. When the data sets have a normal distribution with perhaps unknown variances, this method is used. The t-test is a statistical technique for verifying hypotheses about the characteristics of a sample population. Students t-distribution data tables may be used to determine a significance level. If the computed p-value is less than the statistical significance criterion, the alternative hypothesis is rejected (often the 0.10, 0.05, or 0.01 level). When the groups are from a single source, a paired t-test is performed. A two-sample study

Ethical consideration

- An informed consent was taken from the participants
- The respondents were assured confidentiality of their responses
- The limits of confidentiality were informed to the respondents
- Only the respondents were given the result of the study

RESULTS

H_{01}: There is no significant relationship between Death Anxiety and Sleep quality

Table 1: Showing the Pearson Correlation between Death Anxiety and Sleep Quality

		Death Anxiety	**Sleep Quality**
Death Anxiety	Pearson Correlation	1	.011
	Sig. (2-tailed)		.878
	N	200	200

Table 1 shows the correlation between Death Anxiety and Sleep Quality, it shows that there is no relationship between Death anxiety and Sleep Quality among Young Adults. This indicates that changes in Death Anxiety would not have any influence on Sleep Quality. The Pearson's correlation coefficient is found to be .011 and the corresponding p value is .878 which is found to be not significant at 0.05 level ($p>0.05$). This implies that there is no significant between Death Anxiety and Sleep Quality among Young Adults hence the hypothesis is which states that There is no significant relationship between Death Anxiety and Sleep quality is accepted.

H_{02}: There is no significant relationship between Sleep Quality and Religiosity

Table 2: Showing the Pearson Correlation between Sleep Quality and Religiosity

		Sleep Quality	**Religiosity**
Sleep Quality	Pearson Correlation	1	-.027
	Sig. (2-tailed)		.708
	N	200	200

Table 2 shows the correlation between Sleep Quality and Religiosity. It shows that there is no relationship between Sleep Quality and Religiosity among Young Adults. This indicates that changes in Sleep Quality would not have any influence on Religiosity. The Pearson's correlation coefficient is found to be -.027 and the corresponding p value is .708 which is found to be not significant at 0.05 level ($p>0.05$). This implies that there is no significant relationship between Sleep Quality and Religiosity among Young Adults hence the hypothesis is which states that here is no significant relationship between Sleep Quality and Religiosity is accepted.

H_{03}: There is no significant relationship between Death Anxiety and Religiosity

Table 3: Showing the Pearson Correlation between Death Anxiety and Religiosity

		Religiosity	**Death Anxiety**
Religiosity	Pearson Correlation	1	.158*
	Sig. (2-tailed)		.025
	N	200	200

**. Correlation is significant at the 0.05 level (2-tailed).*

Table 3 shows the correlation between Death Anxiety and Religiosity. From the table it can be interpreted that there is a positive significant relationship between Death Anxiety and Religiosity. This indicates that Death anxiety has a positive influence on Religiosity. Any changes in Death Anxiety would have a positive influence on Religiosity. The Pearson's coefficient for Death Anxiety with Religiosity is .158 and the corresponding p value for Death Anxiety with Religiosity is .025 ($p<0.05$). This implies that there is a significant positive correlation between Death Anxiety and Religiosity among Young Adults hence the

hypothesis that states that there is no significant relationship between Death Anxiety and Religiosity is rejected at 0.05 level.

H_{04}: There is no significant difference between males and females with regard to death anxiety

Table 4: Showing difference between males and females in death anxiety using independent t-test

	Gender	N	Mean	Std. Deviation	t	p
Death Anxiety	Male	100	7.43	7.43	-1.96	.052
	Female	100	8.06	8.06		

Table 4 showing Independent Sample t-test conducted to compare the differences in gender in Death Anxiety among Young Adults in Bangalore. The results showed the value (t= -1.96, p>0.05) which revealed that there was no significant difference in the scores of Death Anxiety based on gender. Hence, the null hypothesis which states that there is no significant difference between males and females in death anxiety in Death Anxiety was accepted.

H_{05}: there is no significant difference between males and females in sleep quality

Table 5: Showing difference between males and females in Sleep Quality using independent t-test

	Gender	N	Mean	Std. Deviation	t	p
Sleep Quality	Male	100	6.71	2.41	-1.27	.20
	Female	100	7.26	2.40		

Table 5 showing Independent Sample t-test conducted to compare the differences in gender in Sleep Quality among Young Adults in Bangalore. The results showed the value (t= -1.27, p>0.05) which revealed that there was no significant difference in the scores of Sleep Quality based on gender. Hence, the null hypothesis which states that there is no significant difference between males and females with regard to Sleep Quality was accepted.

H_{06}: there is no significant difference between males and females with regard to Religiosity

Table 6: Showing difference between males and females in Religiosity using independent t- test

	Gender	N	Mean	Std. Deviation	t	p
Religiosity	Male	100	3.54	2.14	0.33	0.74
	Female	100	3.51	2.40		

Table 6 showing Independent Sample t-test conducted to compare the differences in gender in Religiosity among Young Adults in Bangalore. The results showed the value (t= 1.33, p>0.05) which revealed that there was no significant difference in the scores of Religiosity based on gender. Hence, hypothesis which states that there is no significant difference between males and females with regard to Religiosity was accepted.

DISCUSSION

The focus of this investigation is on how fear of dying relates to how well people sleep and how religious they are. Data analysis using Pearson's Correlation shows that although there is a substantial association between Death Anxiety and Religiosity, there is no such thing as

a significant relationship between Death Anxiety and Sleep Quality. Because of this, we may say with a 0.5 degree of confidence that null hypothesis 1 and 2 are correct, but null hypothesis 3 is false. Again, utilising an independent t-test, we find that there is no statistically significant difference between the sexes on Death phobia, Sleep Quality, and Religiousness.

Samples for the current study included 200 Young Adults 100 males and 100 females of age 18 to 25 years, who is currently residing in Bangalore.

For the data collection hybrid mode was used, both online and offline medium was used for data collection. Online data was collected using Google form. For offline data collection hard copies of the scales were filled up by the participants. Participants were taken from Bangalore.

Pearson's Correlational Analysis was used to test the first three hypotheses (H_{01}, H_{02}, H_{03}). To check whether there are any differences among male and female participants with regard to Death Anxiety, Sleep Quality and Religiosity ($H_{04,}$ $H_{05,}$ H_{06}) independent t- test was used.

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Conflict of Interest

The author declared no conflict of interest.

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