THE ROLE OF RELIGIOSITY AND OPTIMISM ON DEATH ANXIETY AMONG SINGAPOREAN ADULTS DURING COVID-19

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Abstract

The COVID-19 pandemic has afflicted many lives, exposed individuals to risks of illness, mortality, distress, and public anxiety. The fear and trepidation of death may lead to death anxiety, potentially hindering functioning. Both religiosity and optimism are known to be positive coping tools. This quantitative cross-sectional study examined the role of religiosity and optimism on death anxiety, specifically among Singaporean adults during the COVID-19 pandemic. A total of 259 participants (175 females and 83 males) were recruited through snowball sampling. Data was collected using online platforms. The participants were asked to rate the Central of Religiosity Scale, the Life Orientation Test-Revised to measure optimism, and the Revised Death Anxiety Scale. Descriptive statistics, independent t-test, Pearson's correlation, and regression analysis were used to test the variables in the study. It was found that Singaporean adults have moderate religiosity and death anxiety levels while having low to moderate levels of optimism. Results of the study observed no significant differences between genders for all measures. However, a significant negative relationship between optimism and death anxiety was found. The study reported that optimism was a protective factor of death anxiety. Findings were discussed with limitations such as sampling method and over-representation. A deeper understanding of the protective factors of death anxiety could help address psychosocial concerns in this pandemic.

Keywords: afterlife, anxiety, fear, pandemic, pessimism, religion

Introduction

The COVID-19 pandemic is one of the most significant global anxiety-inducing crises to have befallen humankind in recent decades. As the COVID-19 pandemic progresses for yet another year, the negative impacts are becoming painfully evident worldwide. Lockdowns, strict quarantine regulations, and restrictions have been imposed in many countries. Moreover, the situation brought

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dire medical, social, and economic implications such as social isolation, financial losses, inequality, and discomfort (Khademi et al., 2020).

In addition, inadequate scientific understanding, misinformation, new clinical symptoms and variants, and the continual discrepancies in preceding knowledge about the disease contribute to public concern, particularly among the elderly (Khademi et al., 2020; Li et al., 2020). Similarly, the pandemic outbreak found mental health stress prevalent and straining for younger people and healthcare employees (Huang & Zhao, 2020).

The virus has vastly affected southeast Asian countries, with Singapore as one of the top countries affected due to its high population density. As a result, the situation has advanced at an alarming rate which caused the Singaporean government to raise the risk assessment level of Disease Outbreak Response System Condition (DORSCON) from Yellow to Orange on February 7, 2020. Furthermore, the situation continued to evolve as the virus started spreading more vigorously. These events, coupled with the ambiguous nature and contagiousness of the virus, led to unprecedented public anxiety and irrational panic buying (Youjin, 2020), furthering the feeling of fear and anxiety among Singaporeans.

The virus has put people's physical health and lives in jeopardy while triggering a slew of psychological issues, including depression, panic attacks, and anxiety (Qiu et al., 2020; Satici et al., 2020; Yildirim & Arslan, 2020). Preoccupation with one's health and close ones due to the pandemic has also contributed to anxiety-like states (Curșeu et al., 2021). Drastic governmental measures, various means of infection control, along with daily reporting of infections and fatalities, have forced people to be more confronted with the frailty of human existence and their mortality than usual (Spitzenstätter & Schnell, 2020). When confronted with the prospect of death, danger, or life-threatening illness, people experience death anxiety.

Khademi et al. (2020) explain death anxiety as a feeling of panic, fear, or great worry brought on by the thought of death, being disconnected from the world, and what could happen after death. At the same time, the definition in Abdel-Khalek and Neimeyer (2017) is a relatively stable personality trait referring to negative emotions, cognitions, and attitudes concerning death and dying, either towards self, others, or death as a general idea. It is in line with Dadfar and Lester (2017), who emphasised a cognitive aspect of death anxiety aside from being a set of emotions. Everyone understands the fundamental ideas of life and death, but people vary widely in their attitudes and behaviours (Hupp, 2017). A positive view of death yields eases, whereas a negative one will produce a tumult of emotions. Pandya and Kathuria (2021) believed that meanings attributed to death are influenced by gender, age, religion, and culture, thus producing different reactions. Thus, how a person perceives death would play a role in his response and apprehension towards it. Distinctions can also be made in what induces death-related anxieties, such as concerns of leaving loved ones as well as what happens to our bodies and possessions (Jong et al., 2018).

Furthermore, the unascertained determinant of death itself sets death apart from other forms of anxiety. As Hupp (2017) explained, people fear the certainty of death occurring coupled with the unknown specifics of the event, when it will take place, and its possible causes. Additionally, the actuality and ordeal of being deceased are known to no one, leading to anxiety and apprehension.

The pandemic makes death anxiety more pertinent than ever. Concerns of mortality, along with our ever-present mortality salience, predict anxiety over the virus, triggering more remarkable psychological anguish (Menzies & Menzies, 2020). Moreover, death anxiety and poor management can cause and aggravate psychological distress and illnesses (Carr & Sharp, 2014; Saleem & Saleem, 2019), making it imperative to study factors that could serve as a coping tool and a buffering agent against death anxiety.

The pandemic has exposed many people to various stressors and adversaries, yet the impact on mental health and associated interventions and services remains largely understudied. It can address the growing concerns of the current pandemic and the public panic at a policy-making level. This study sought to fill the research gaps by first examining the relationship between religiosity and death anxiety and optimism and death anxiety, then subsequently identifying the significant protective factors of death anxiety among Singaporean adults. The purpose of the study is to investigate the role of religiosity and optimism on death anxiety among Singaporean adults in the COVID-19 pandemic.

Literature Review

Religion is a fundamental aspect that shapes a person's life and worldview. Religious convictions regarding death and the afterlife may significantly shape and affect a person's view and emotional response towards death (Ahmad & Gaber, 2019). Through the worldview of religion, the notion of furtherance of life after death bestows fortitude and solace. In facing catastrophe, especially mortality risk, people turn to religion for comfort and relief against negative sentiments about death (Krause et al., 2016). Religion supplies insights into death and affirms what happens after death, thus mitigating death anxiety (Marin, 2019).

Additionally, it creates communities united in shared principles, beliefs, and norms, providing social support and comfort. Therefore, religious, social groups enhance religion's buffering capabilities against death anxiety (Krause et al., 2016). Finally, it is consistent with the Terror Management Theory (Greenberg, 2012), which holds that human's cognitive capacity to contemplate and anticipate their death, which is at odds with a universal desire to live and a biological predisposition toward survival, produces a crippling terror that is managed and buffered by cultural worldviews and self-esteem.

Religious worldviews typically include a belief in some form of life after death, which relieves the anticipated anxiety associated with mortality salience (Martins et

al., 2020). The idea of immortality in the afterlife makes it a particularly appealing way for many to cope with anxiety related to one's death. Subsequently, through goal-directed behaviours consistent with worldviews, self-esteem is gained. According to Saleem and Saleem (2019), religious beliefs, activities, and experiences may aid better adaptation and perceptions of well-being. Therefore, religious coping can help protect individuals from death anxiety (Rababa et al., 2020). Following this, Bentzen (2020) speculates that the COVID-19 pandemic fostered religious coping.

Apart from religion, optimism plays a vital role in viewing and responding to uncontrollable life events. Optimism is the expectation that good things will occur (Carver et al., 2010), and responding with a positive outlook is key to adaptive outcomes (Duy & Yildiz, 2017). Optimistic individuals tend to be more resilient to stress, possess protective attitudes, and are prone to adopting more suitable coping techniques (Reed, 2016). Arslan et al. (2020) found that optimistic individuals cope better with pandemic stress and report lesser psychological problems. Studies have highlighted that optimistic individuals have better mental and physical health than others (Carver & Scheier, 2014; Fischer et al., 2018). In the face of adversarial events, such as the pandemic, optimists tend to be confident and persistent, whereas pessimists are less assured.

Furthermore, optimism and pessimism are future-oriented personality traits, with pessimism exhibiting a novel relationship with fear of the unknown (Barnett et al., 2018). Similarly, until it takes place, death is an event anticipated in the future throughout life. Since death is such an ambiguous event filled with uncertainties, pessimists may experience fears and anxiety more intensely about the future of dying.

Religiosity and death anxiety

Various forms of religion have been an avenue used for generations to diminish death anxiety. Religious scriptures and doctrines include matters of death and its constituents and decree the concept of an afterlife. The insight to death that religion gives may dampen and curtail the unknown factor of death and consequently the apprehension and fear of death as many are hopeful and comforted from the expectation of a rewarding afterlife if they live subserviently and faithfully (Marin, 2019). The religious people's belief that an afterlife exists and their confidence that they will be rewarded from it led to an assumption that there is an opposite relationship between religiosity and fear of death. On the other hand, where there is a reward, there is punishment in the afterlife. This account could intensify fear and anxiety. Realizing that one has not fulfilled his religious obligations and will be punished for misdeeds in the afterlife may elevate his death anxiety. Therefore, this could denote a positive relationship between religiosity and death anxiety (Ellis & Wahab, 2012).

A study by Saleem and Saleem (2019) found a significant negative relationship between religiosity and death anxiety among Muslim religious lecture attendees, concluding that religiosity can buffer death anxiety feelings. Gender differences between the two variables were also observed, where it was found that

the level of death anxiety is higher in females than males. Gender roles, freedom, and masculinity norms were suggested as probable reasons for this difference in sensitivity to mortality.

Another study by Wen (2010) and Marin (2019) also showed that low levels of religiosity show higher death anxiety. High religious' attendance was found to have lower death anxiety highlighting the importance of social or public religious practices. It may be due to the social validation such activities provide, whether to one's faith or rites. Thus, people in religious, social groups or involved in formal religious institutions are more likely to benefit from the buffering capabilities of religion against death anxiety (Krause et al., 2016). One clear area afflicted by the pandemic is the closure of places of worship and religious services, hindering public practice.

Optimism and death anxiety

Optimistic individuals usually have a better sense of mental health and the ability to adapt. They view that their future will work out well and resiliently cope without losing their will, even when facing an inevitable end (Krause et al., 2016; Maheshwari & Jutta, 2020). They may be motivated to form positive feelings towards life and death. Thus, their expectations are positive (Ahmad & Gaber, 2019), urging them to grow and not succumb to the fear and existentialism of death.

However, optimism has been found to associate death anxiety (Dhillon, 2018) negatively. In a recent study by Yıldırım and Güler (2021) of Turkish adults during the COVID-19 pandemic, positivity was negatively correlated to death distress. Inversely, pessimism, with negative sentiments and expectations of the future and death, leads to more anxiety and poorer outcomes. Barnett et al. (2018) found a bivariate association between optimism and pessimism with death anxiety. The study also found that pessimism was more associated with death anxiety when measured as a bi-dimensional construct.

Religiosity, optimism, and death anxiety

Both religiosity and optimism are recognised as effective coping mechanisms against distress, with many studies linking the two to positive outcomes (Hackney & Sanders, 2003; Warren et al., 2015; Duy & Yildiz, 2017; Arslan et al., 2020; Hasan et al., 2021). Similarly, literature also indicated that religiosity and optimism are related to death anxiety. For example, Ahmad and Gaber (2019) explored the association between death anxiety, optimism, and religiosity of cancer patients and found that being optimistic and religious negatively predict death anxiety. Both variables were empowering factors in facing adversity. However, similar kinds of studies are scarce. In addition, there is no research on all the three variables in the Singapore population in the context of the current disease outbreak and public anxiety associated with it.

Consequently, results from this study can be used to further contribute to the body of research relating to death anxiety, religiosity, and optimism and help others explore related areas in research. Identifying factors relating to death anxiety could aid professions in developing modules and practical approaches in dealing with

death and individuals suffering from death anxiety. In crises where one is exposed to a higher risk factor of death, such as an illness or a viral outbreak, a deeper understanding of death anxiety and its correlations could help mitigate public fear.

Method

Study design and participants

The study adopted a cross-sectional research design using a snowball sampling online self-reported questionnaire. Display in Table 1, the sample participants consisted of 258 Singaporean adults with 67.8% females (n = 175), 74.8% are young adults below 35 years (n =193), and 76.7% are Muslims (n = 198).

Measures

Apart from brief sociodemographic questions, the study used the other three measures, as below:

(1) *Central of Religiosity Scale* (CRS) - This scale was developed by Huber and Huber (2012) to measure the centrality, salience, or importance of religious meanings in personality. The scale utilised the five dimensions' model of religion based on Charles Glock's (1973); the intellectual, the ideological, the public practice, the private practice, and the experiential. Since Singapore is a multi-religious nation, this study used the modified interreligious version of CRS, adding five more items to the original 15-item scale. Participants' scores are coded into a five-level answer scale assessing frequency (such as never and very often or several times a day) or importance (such as not at all and very much so) of personal religious constructs. The score ranges between 1 to 5, with a higher score indicating higher religiosity. This scale had a reliability that ranged from 0.92 to 0.96 for the CRS-15.

Table 1: Sociodemographic information of the participants

Demographic characteristics	Frequency	Percentage
	n	%
Gender		
Male	83	32.2
Female	175	67.8
Age		
Below 35	193	74.8
Middle age (35-55)	36	14
Old age (57-77)	29	11.2

Religion

Islam	198	76.7
Christianity	27	10.5
Taoism	5	1.9
Buddhism	4	1.6
Hinduism	1	0.4
Others	23	8.9

(2) *Life Orientation Test-Revised* (LOT-R) - This scale was developed by Scheier et al. (1994) to measure the level of individual differences in generalised optimism versus pessimism. It contains ten items, and scores are based on a 5-point Likert scale (0=Strongly Disagree, 4=Strongly Agree). Total scores can range from 0 to 24, with higher scores denoting higher optimism. The original scale has an acceptable level of internal consistency with a Cronbach's alpha of .78.

(3) *Revised Death Anxiety Scale* (RDAS) - This scale was developed by Thorson and Powell (1992) and contained 25 items concerning different fear of death. It is a 5-point Likert response format (0=Strongly Disagree to 4=Strongly Agree). Thus, high scores on the RDAS indicate high death anxiety. The Cronbach alpha for the original scale was .83.

Procedures

Ethical approval for the study was obtained from the Ethics Committee of the Department of Psychology, International Islamic University Malaysia (IIUM). Data from the participants were collected through online social platforms. The online form consisted of five parts; informed consent, sociodemographic form, CRS, LOT-R, and RDAS measures.

Data analysis

Data were screened, and the assumptions of testing were assessed. After the preliminary analysis, descriptive analysis and an independent t-test were used to examine religiosity, optimism, and death anxiety levels between genders. Pearson r correlation was used to investigate the relationships of the three variables. Finally, a regression analysis was conducted to explore the protective factors of death anxiety.

Results

Level of religiosity, optimism, and death anxiety

Participants' mean levels of religiosity, optimism, and death anxiety are shown in Table 2. It was found that Singaporean adults have moderate levels of religiosity (M=3.89, SD=.95) and low to moderate levels of optimism (M=13.57, SD=3.95). It was also found that their death anxiety levels are moderate (M=46.14, SD=10.93).

Gender difference for religiosity, optimism, and death anxiety

An independent-sample t-test was conducted to compare the level of religiosity, optimism, and death anxiety between males and females among Singaporean adults. From Table 2, results obtained indicated no significant differences between males and females for all the measures. However, female participants scored higher on all the measures than male participants except for public practice on religiosity.

Table 2: Level of Religiosity, Optimism, and Death Anxiety among the Participants

Measures	For All the Participants (N = 258)		Female (n = 175)	Male (n = 83)
	Mean	SD	Mean (SD)	Mean (SD)
Religiosity	3.89	.95	3.93 (.92)	3.81 (1.02)
Intellectual	3.67	.97	3.70 (.98)	3.61 (.96)
Ideological	4.31	1.06	4.38 (.97)	4.18 (1.21)
Public Practice	3.71	1.12	3.68 (1.12)	3.78 (1.13)
Private Practice	4.16	1.16	4.21 (1.11)	4.05 (1.25)
Experiential	3.58	1.15	3.65 (1.11)	3.43 (1.21)
Optimism	13.57	3.95	13.62 (3.93)	13.47 (4.02)
Death Anxiety	46.14	10.93	46.22 (11.07)	45.98 (10.69)

Relationship between religiosity, optimism, and death anxiety

There was a non-significant correlation between religiosity and death anxiety. Further analysis of each religiosity subscale and death anxiety relationship was also insignificant (Table 3). On the other hand, a significant negative correlation was found between optimism and death anxiety, r=–.13, p<.05, indicating that high levels of optimism are associated with lower levels of death anxiety. Using linear regression, optimism significantly predicted death anxiety score $β$= -.36, t (256) = -2.08, p<.05. Optimism explained a 2.0% proportion of variance in death anxiety score, $R2$ = .02, F (1, 256) = 4.32, p<.05.

Table 3: Relationship between Religiosity, Optimism, and Death Anxiety

Variables	Death Anxiety								
		Standard Regression							
	Pearson Correlation	B	SE	$β$	t	p	F	R	R^2
Religiosity	.01								
Intellectual	-.06								
Ideological	.11								

Public Practice	.004								
Private Practice	.02								
Experiential	-.02								
Optimism	-.13*	-.36	1.71	-.13	-2.08	0.04	4.32	.13	0.02

Notes: *significance at p<0.05

Discussion and Recommendation

A study by Mathews et al. (2019) found that younger respondents were less steadfast in their beliefs and identified as somewhat religious than older respondents, which aligns with our findings since most of the sample population are young adults who report a moderate level of religiosity. Measures restricting religious services may also contribute to the moderate level reported since practicing religious behaviours, rituals, and ceremonies in private and public settings is very important in determining an individual's religiosity (Koenig, 2012). The low to moderate levels of optimism reported allude to the data collected in April and May 2020 when cases were at their highest, and an island-wide lockdown was implemented (Singapore circuit breaker measures).

COVID-19 and its persistence have festered a bleak solemn outlook, with many young people having pessimistic views of the future (Eva et al., 2021). The psychological impacts from pandemic-related anxieties, job or financial losses, social isolation, and mental health fallout may account for the sample's low to moderate levels of optimism. Moderate levels of death anxiety were present in the sample as older adults were more susceptible to death anxiety than younger adults. It is because they perceive death more intensely as an extreme transformation and separation, destruction of the self, a threat to achieving life's basic goals, and a threat to the meaningfulness of life (Zhang et al., 2019).

Religiosity, optimism, and death anxiety between genders among Singaporean adults were not statistically significant, similar to Wen (2010), who recorded no gender difference among 165 churchgoers. Age and health may serve as confounding influences. Most participants are young adults who did not report any physical or mental ailment making them less susceptible to heavier afflictions. On the other hand, Rababa et al. (2020) found high levels of death anxiety with low levels of religious coping among older adults in the COVID-19 pandemic. It might be caused by the high morbidity and fatality rates of older adults from the virus.

Moreover, studies on death anxiety are always focused on invalids and the elderly as it is more pertinent (Mohammadpour et al., 2018; Zhang et al., 2019; Khademi et al., 2020). Results indicate that religiosity did not significantly correlate with death anxiety, as previously studied yielded inconsistent results. Several studies reported that the actual practice of religion is negatively correlated to death anxiety, such as religious attendance and services (Wen, 2010; Marin, 2019; Saleem &

Saleem, 2019), while some found no significant relationship between religiosity and death anxiety (Azaiza et al., 2010; Bakan et al., 2019). On the contrary, spirituality was significantly negatively correlated to death anxiety (MacLeod et al., 2017; Rababa et al., 2020). Furthermore, only the intellect and experience dimensions in the Central of Religiosity Scale correlated negatively to death anxiety, indicating that a conviction of faith and spirituality may relieve death anxiety.

Some researchers suggest a curvilinear relationship between religiosity and death anxiety (Jong et al., 2018; Spitzenstätter & Schnell, 2020). It means that both highly religious and non-religious individuals experience the lowest death concern, while those ranging in the middle may report higher levels of death anxiety. According to Leming (1980), the rationale is that the lack of faith means the non-religious do not fear judgment, and a rewarding afterlife awaits the believers. Thus, non-religious worldviews can likewise protect against existential anxieties (Spitzenstätter & Schnell, 2020). In any case, an obstinate steadfast belief system, be it religious or non-religious, diminishes the fear of death as it elevates the perception of predictability and control, playing a role in alleviating the anxiety from the threat of the pandemic. The study by Ellis and Wahab (2012) found a positive correlation between religiosity and fear of death in Malaysia, Turkey, and the United States among college students, disproving the buffering hypothesis that assumes an inverse relationship due to the confidence of religious individuals in a pleasurable hereafter.

Consequently, Ellis and Wahab (2012) proposed the Death Apprehension (DA) Theory, which postulates that people's conviction in an afterlife reinforces death anxiety. Most religious teachings decree that the outcome of one's afterlife depends on one's adherence to religion. Hence, confidence that one has fulfilled his duty towards God and attained forgiveness will subside the fear. The portrayal of God as demanding and retaliatory will also exacerbate fear, whereas the feeling of being forgiven by God tends to help pacify anxiety about dying (Krause & Hayward, 2015). As such, this theory predicts some degree of curvilinearity in the relationship between religiosity and fear of death. Notably, the majority of the sample population in this study are Muslims. Islam is a religion that expects adherence to its rulings and prohibitions, which can account for the positive correlation between religiosity and death anxiety in this study.

Rose and O'Sullivan (2002) also explained that measuring belief in the afterlife should extend beyond just the presence and strength of the belief but what the belief carries and entails. Two believers may experience varying degrees of death anxiety depending on their anticipation of what awaits them in the afterlife. The expectation of an afterlife of reward or punishment will result in a very different outlook, and receptivity towards mortality as strength of belief does not equate to confidence in a fruitful afterlife. Thus, as Thorson (1991) suggested, to expound on the lack of correlation between death anxiety and religiosity or afterlife belief, researchers should delve into various concepts and constructs of the afterlife with death anxiety and displace the assumption that merely a strong belief can fender death anxiety.

Another aspect to look into beyond the existence of religious belief is the significance of these beliefs in their daily lives as it bears weight on death apprehension. The results indicated a significant negative correlation between optimism and death anxiety. It is in line with the findings of Ahmad and Gaber (2019) that explored the association between death anxiety, optimism, and religiosity of cancer patients and indicate that being optimistic and religious reduces death anxiety.

Sigal et al. (2007) found a moderate correlation between optimism and death anxiety between less advanced and more advanced cancer patients, denoting that especially for those closer to death, optimism helps to alleviate fears of coming to terms and facing death and what follows. COVID-19 has taken many lives and subjected millions to devastation, loss, and grief. Many patients are isolated and dying alone without companionship and comfort from loved ones who cannot care for them. Therefore, it has significant social and existential implications for both parties (Strang et al., 2020). Optimism plays its role in death anxiety for both the patients and loved ones when they have positive expectations and view death, not as an abridgment of life events. An optimist regards that his livelihood has provided him adequately to face uncertainties and unfathomable concepts. This positive outlook moderates and tapers any negative notions and representations of death, thus bearing lesser distress when facing the reality of death (Brown, 2011).

The current study found that level of religiosity did not significantly predict the level of death anxiety. In contrast, the level of optimism did significantly predict death anxiety level. Optimism is positive anticipation, whereas anxiety is a negative anticipatory concept. Death anxiety is a negative apprehension of a forthcoming imminent event one has no control over. As such, optimists hope that their future will be better and negate any grievances, strengthening their will to live a good life and face death with a positive outlook.

This study was not free of limitations. Firstly, a more significant sample size with an apparent effect size is needed to yield a better finding. Furthermore, the restrictions and lockdowns imposed due to the COVID-19 pandemic limited the participant recruitment to snowball sampling as social interactions and mobility were hindered. The initially proposed method was to recruit participants via random cluster sampling. Alternatively, online social platforms were used. Secondly, the study cannot be generalised as it is not representative of the population. The sample was predominantly Muslims, and thus they are overrepresented in the Singapore population as they only make up 14% of the population.

Therefore, it is suggested for future research to study the relationship between religiosity, optimism, and death anxiety with a more extensive and representative sample according to the different religions and belief systems and age groups to control any confounding variables and allow for generalization. Finally, a more reliable scale for the populations could measure both optimism and death anxiety. About the discussions above, future research should note the effect of the interaction between religiosity, optimism, and death anxiety and explore its

mechanisms. Since data collection took place in the early days of the pandemic, this study may be replicated as the pandemic continues to progress with high case fatality and the emergence of new variants that may intensify feelings of anxiety and fear.

Conclusion

Previous studies have found relationships between religiosity and death anxiety, as well as optimism and death anxiety. However, some of the relationships were not as straightforward. Thus, the current study aimed to examine the relationship between religiosity, optimism, and death anxiety among Singaporean adults, specifically concerning the current COVID-19 pandemic. This study found that there is no significant relationship between religiosity and death anxiety among Singaporean adults. However, it founds that optimism negatively correlates with death anxiety and is a significant predictor of death anxiety. Therefore, it would be a significant addition to the theoretical understanding of optimism and death anxiety. Therefore, it would have a practical implication for professionals to formulate modules in dealing with death and individuals suffering from death anxiety.

Acknowledgments

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