



EFFECT OF DEATH ANXIETY ON LIFE SATISFACTION AND COPING STRATEGIES

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ABSTRACT: The aim of the present paper is to see the effects of death anxiety on life satisfaction and coping strategies. It is to see how death anxiety can fluctuate a person's life satisfaction and what types of coping mechanism the person would adopt that is problem focused, emotion focused or avoidant. Death anxiety can impact a person's life satisfaction and increase stress levels of a person which can cause various physiological, psychological, emotional problems and disturb a person's day to day routine. The study consisted of 181 participants (104 females and 76 males) between the age of 18-25 years through convenience sampling method; The data was collected through an online platform where participants were provided with the scales and instructions. The scales used for the administration of this paper was death anxiety scale by dr. Vijay Laxmi Chouhan, life Satisfaction scale by prof Hardeo Ojha and brief- coping to problems experienced inventory by Carver, C. S. The data was analyzed by using Pearson correlation method and by using Microsoft excel sheet coding. The result came out to be -0.1397 for death anxiety and life satisfaction which indicates a negative weak correlation meaning that if a person's death anxiety increased their life satisfaction would decrease and vice versa.

Key words - death anxiety, life satisfaction, coping strategies, young adults, Pearson correlation.

INTRODUCTION

➤ **Death anxiety**

Death anxiety also known as thanatophobia is the anxiety and fear of the awareness and anticipation of death, dying, mortality and non-existence. It has various motivational, emotional, and cognitive components that can vary according to the person's sociocultural life experiences and stage of development. Death anxiety is emotionally fueled by our implicit and explicit memories and is associated with our brain structure responsible for fight or flight response. Cognitive awareness of death anxiety can include an awareness about the importance of death, different beliefs, attitudes thoughts and images concerning death, dying and what happens after death (Lehto and Stein, 2009).

Research related to death have suggested that approximately 10% of people experience death anxiety among with 3% have a high fear of death. The concerns related to death can be of oneself, someone else's death and the process of death and the aftermath of death.

Death anxiety's contributing factors can be a person's age, gender, cultural background as well as their physical and mental health which can lead to difficulties with a person's mental health and daily functioning. It can also play a significant role in other problems including anxiety disorders like obsessive-compulsive disorder, depression, and eating disorders; at the same time cognitive behavioral therapy (CBT) has been seen as an effective method of treatment for death anxiety.

➤ **Life satisfaction**

Life satisfaction can be explained as a person's cognitive and effective evaluations of their life. Some of the most key factors that can influence a person's thoughts and feelings in dangerous situations are hope, meaning in life, and life satisfaction. If a person experiences a decline in their life satisfaction due to prolonged danger, these factors may also influence how their future and current circumstances are viewed. Higher meaning in life and hope is associated with a high level of life satisfaction and can help people cope with dangerous situations.

There have been studies done which stated that people who are not satisfied with their life tend to desire changes in their life as well as life circumstances. They have poor health, lack of social support, difficulty in sleep and adopt poor coping mechanisms. Whereas people who are satisfied with their lives have positive and supporting social relationships, better health, and better resilience to deal with adverse situations.

➤ **Coping strategies**

Coping strategies can be understood as an action, series of actions, or thought process used when faced with a stressful or unpleasant situation or to modify a person's reaction to these situations. Using coping strategies requires approaching issues head-on and directly.

Coping mechanisms can be helpful in decreasing the side effects of stress. The stress response is triggered by the flight or fight response in our brain's [sympathetic nervous system](#). This causes a change in our body to help us prepare to run away from or face potential danger.

Stress response can cause a series of temporary bodily changes such as increased heart rate, increased breathing, high blood pressure, increased alertness, more blood being pumped into our muscles to fight and heightened senses. These physiological changes are helpful when a person is in a dangerous situation. Due to chronic stress our body can be in the fight or flight response for an extended period which can lead to difficulty in sleeping, changes in a person's appetite, stomach pain, headaches, body aches as well as lack of interest in activities and feelings of sadness, irritability, and frustration.

Problem focused coping

It can be defined as a stress-management strategy in which a person directly confronts their stressors to decrease or remove them. This can be accomplished through producing potential fixes for an issue, facing those accountable for it or otherwise connected to the stressor, and taking other instrumental measures. According to some theories, problem-focused coping is mostly employed when an individual believes they can modify a stressor.

Emotion focused coping

It can be understood as a stress-management strategy in which a person focuses on regulating their negative emotional reactions to a stressor. Instead of taking actions to change the stressor itself, the person tries to control feelings using a variety of cognitive and behavioral tools, which includes meditation and relaxation techniques, prayer, positive reframing, seeking social support, and talking with others which includes

mental health care professionals. It has been put forward that emotion-focused coping is used the most when a person determines a stressor as beyond their capacity to change.

Avoidant coping

It can be described as any strategy for managing a stressful situation in which a person does not want to address the problem directly but disengages from the situation and averts their attention from it. It can also be described as the individual turns away from the processing of threatening information. We can understand of avoidance coping through examples which include escapism, wishful thinking, self-isolation, undue emotional restraint, and using drugs or alcohol. avoidant strategies can provide some benefit by reducing stress and preventing anxiety from becoming overwhelming for the person.

REVIEW OF LITERATURE

1. Kumpasoğlu, Eltan, Merdan-Yıldız, and Batıgün (2021) studied Mediating role of life satisfaction and death anxiety in the relationship between dark triad and social media addiction. The sample consists of 364 people (219 females 144 males) between the ages of 18–35. Socio-demographic Information Form, Social Media Addiction Scale, Satisfaction with Life Scale, Thorson-Powell Death Anxiety Scale, and Short Dark Triad Scale were used for data collection. The results showed that death anxiety mediated the relationship between Machiavellianism and social media addiction; life satisfaction mediated the relationship between narcissism and social media addiction; for both life satisfaction and death anxiety mediated the relationship between psychopathy and social media addiction.
2. Karabağ Aydın and Fidan (2022) studied The Effect of Nurses' Death Anxiety on Life Satisfaction During the COVID-19 Pandemic in Turkey. cross-sectional and correlational study was conducted with 411 nurses in Turkey. Data was collected online, by using Google Forms; the Revised Death Anxiety Scale (RDAS), and the Satisfaction with Life Scale (SWLS). The results showed that death anxiety adversely affects life satisfaction. Higher death anxiety among nurses was associated with lower satisfaction with life.
3. Menzies, Sharpe, and Dar-Nimrod (2019) studied the relationship between death anxiety and severity of mental illnesses. The sample consisted of 200 Caucasian, Asian, and Indigenous Australian participants. Multidimensional Fear of Death Scale, Depression Anxiety Stress Scales-21, Adult attachment styles, the meaning in life questionnaire, The Big Five Aspects Scales was used to administer the participants. The results showed that death anxiety was a strong predictor of psychopathology, including the number of lifetime diagnoses, medications, hospitalizations, distress/impairment, depression, anxiety, and stress. Large to exceptionally large correlations were also consistently found between a measure of death anxiety and the symptom severity of 12 disorders. Both meaning in life and attachment style did not moderate the associations between death fears and psychopathology.
4. Saini et al (2016) studied Death Anxiety and Its Associated Factors among Elderly Population of Ludhiana City, Punjab. Sample size of 200 elderly people (male=103 and female=97) of age 60 years and above participated. Standardized Templer's Death Anxiety scale-extended and A questionnaire was developed to assess the associated factors related to death anxiety. The results showed that elderly people show moderate to elevated level of death anxiety in their later life. Elevated level of death anxiety was related to medical illness, loneliness, stress related to family, female gender, illiteracy, low socio-economic status, and non-working elderly.
5. Mojahed and Nakhaei (2022) studied Death anxiety and its association with severity of mental illness in patients with depression and schizophrenia. A cross-sectional study was conducted on 29 patients with a depressive disorder, 18 with schizophrenia spectrum disorder and 31 healthy subjects, through face-to-face interviews. The scales used were Clinical Global Impression Scale (CGI), Beck Depression Inventory (BDI), personal and social performance scale (PSP), Bochum Questionnaire on attitude to death and death anxiety 2.0. the results showed that There was a meaningful relationship between the severity of symptoms and death anxiety in both depressed and schizophrenic patients,

6. Dutta and Kaur (2014) studied Death anxiety in females with and without exposure to death and dying: differential dimensions. The sample size was 100 females who were professionally exposed to death/dying and their 100 matched controls that were not exposed to death/ dying in the last two years and used d Collett-Lester's fear of death scale. The result showed that Females who were professionally exposed to death/dying reported to have significantly higher fear of death, and fear of dying of self as compared to their counterparts who were not exposed to death/dying in last two years and the females in both the groups were more fearful about the death and dying of others as compared to self.
7. Yüksel, Serezli, and BOSTANCIOĞLU (2024) studied Death Anxiety, Life Satisfaction and Psychological Well-Being in Middle Adults. Sample of 340 individuals between the ages of 40-59 were taken. Death Anxiety Scale, Life Satisfaction Scale, and the Psychological Well-being Scale was used to administer the test. The results showed that death anxiety does not significantly vary with age, but it does differ significantly according to gender and educational status. It was found that women have a higher level of death anxiety than men.
8. Al Boukhary et al (2024) studied the effect of gratitude on death anxiety is fully mediated by optimism in Lebanese adults following the 2023 earthquake. A sample of 601 Arabic speaking community adults in Lebanon participated in the study. The scales used for assessment were Scale of Death Anxiety, Optimism-Pessimism Short Scale-2, and Gratitude Questionnaire-Six-Item Form. The result showed that Higher gratitude was notably associated with more optimism; higher optimism was remarkably associated with less death anxiety. Higher gratitude is not directly associated with death anxiety.
9. Koniari and Raftoulis (2023) studied Death Anxiety of Students and Teachers of High Schools in the Region of Thessaly, Greece. A sample size of 235 students and their teachers between 17-63 years old of Thessaly. The scales used were Death Anxiety Questionnaire (DAQ), The Duke Religion Index (DRI), Greek Personality Adjective Checklist (GPAC), Core Self-Evaluations Scale (CSES). The result showed that the study reveals that male and female students and teachers have varying attitudes towards death, with females fearing death more due to their sensitivity and anxiety. Those with high self-esteem and control over events believe they can resist death anxiety, affecting overall performance.
10. Baghdadi et al (2021) studied The Effects of Improving Emotional Intelligence on Death Anxiety in Older Adults. Sample size of 60 older adults were taken from Kashan City, Iran, in 2019. The study involved two groups: one receiving emotional intelligence education and the other without intervention. Data was collected through demographic questionnaires and Templer death anxiety scale. The results showed that the experimental group showed a significant decrease in death anxiety scores over three time points, with no significant difference before or after the intervention.
11. Farahi and Khalatbari (2019) studied Effectiveness of Acceptance and Commitment Therapy on the Life Expectancy, Resilience and Death Anxiety in Women with Cancer. The study involved 30 women with cancer at Imam Khomeini Hospital in Tehran in 2017, analyzing life expectancy, resilience, and death anxiety using multivariate covariance analysis. The results showed that the study found that acceptance and commitment training increased life expectancy and decreased death anxiety in the experimental group compared to the control group.
12. Menzies et al (2020) studied Subtypes of Obsessive-Compulsive Disorder and their Relationship to Death Anxiety. The study investigated the correlation between death anxiety and OCD subtypes in two separate groups of treatment-seeking individuals with this disorder. In study one there were 79 participants and in study two there were 132 participants. The study found a strong correlation between death anxiety and different forms of obsessive-compulsive disorder (OCD). The Multidimensional Fear of Death Scale and Vancouver Obsessive Compulsive Inventory subscales were significantly correlated. However, the strength of these relationships varied slightly across OCD subtypes.
13. Menzies et al (2021) studied Are Anxiety Disorders a Pathway to Obsessive-Compulsive Disorder? Different trajectories of OCD and the Role of Death Anxiety. The study consisted of 98 treatment-seeking individuals who were recruited from a psychological practice in Sydney, Australia. Multidimensional Fear of Death Scale and The Big Five Aspects Scale was used for data collection. The results showed that anxiety-related disorders before OCD development, including separation

anxiety, specific phobias, and generalized anxiety disorder. Individuals with higher death anxiety experienced more disorders, while those with lower fears developed OCD first.

14. Chopik (2017) studied Death across the lifespan: Age differences in death-related thoughts and anxiety. The study involved a cross-sectional survey of 2,363 adults and a longitudinal study of 9,815 adults. Studies show that death-related thoughts decrease over time, with greater social support predicting lower anxiety levels. Close relationships also play a role in emotion regulation, reducing death anxiety and thoughts across the lifespan, even after controlling for self-rated health and chronic illnesses
15. Fitri, Asih and Takwin (2020) studied social curiosity to overcome death anxiety: perspective of terror management theory. Two studies were conducted using the Terror Management Theory (TMT) framework. Study 1 had 352 participants and study 2 had 507 participants. Revised death anxiety scale, intolerance of uncertainty, Desire for self-verification and social curiosity was used. The results showed that the first study found a positive relationship between death anxiety and social curiosity, while the second study found that intolerance of uncertainty and self-verification mediated the relationship. The study suggests that people's increasing interest in understanding others' thoughts, feelings, and actions is a mechanism to control death-related anxiety.
16. Karadağ, Ergin and Erden (2022) studied Anxiety, Depression and Death Anxiety in Individuals with COVID-19. There were 300 patients with COVID-19 who were residing at specialized clinics in the hospital. The scales used were Death Anxiety Scale, and the Hospital Anxiety and Depression Scale. The results showed that participants had high anxiety and depression risk, and experienced high death anxiety, with a significant correlation between death anxiety and anxiety and depression scores.
17. Ogbonnaya et al (2022) studied Death anxiety among street-level bureaucrats: how does it affect their work drive and performance? The sample size was 417 participants. The scales used were death anxiety scale, Trait mindfulness scale, Energy scales, work drive and job performance scale. The results showed that Death anxiety in Social Workers (SLBs) hinders self-regulation and effective public service delivery. High trait mindfulness is crucial for mitigating its negative impact on psychological and work-related experiences.
18. Rababa, Hayajneh and Bani-Iss (2021) studied Association of Death Anxiety with Spiritual Well-Being and Religious Coping in Older Adults During the COVID-19 Pandemic. The sample size was 248 community-dwelling older adults during the COVID-19 pandemic. The scales used were brief Arab religious coping scale, the Arabic version of the spiritual well-being Scale, and the Arabic Scale of death anxiety which was used to measure religious coping, spiritual well-being, and death anxiety. The results showed that the study found that older adults with low religious coping and spiritual well-being, high death anxiety, and higher death anxiety were more likely to be married, indicating that these factors are significant predictors of death anxiety.
19. McClatchey and King (2015) did their study on the impact of death education on fear of death and death anxiety among human services students. Two death education classes were held in the summer and fall semesters, with IRB approval. 56 human services students in DD&B classes and 59 students in community intervention, groups, and working with families participated in the research project. The students who took part in death education had a statistically significant lower level of death anxiety than the students who did not, according to the results.
20. ERMIŞ (2023) studied LIFE SATISFACTION AND ITS EFFECTS ON DEATH ANXIETY IN UNIVERSITY STUDENTS DURING THE COVID-19 PANDEMIC. The sample size consisted of 649 university students who filled the Satisfaction with life and Death anxiety scales. The results showed that Female students have lower life satisfaction scores and higher death anxiety scores than male students. Life satisfaction is influenced by perception of immunity and sleep patterns. Students with strong immunity and better sleep patterns have higher life satisfaction and lower death anxiety. Increased life satisfaction can decrease death anxiety.
21. Saeed and Bokharey (2016) studied Gender Differences, Life Satisfaction, its Correlate and Death Anxiety in Retirement. The sample size consisted of 111 retirees between the age of 56-70. The scales

used were The Satisfaction with Life Scale and Templar Death Anxiety Scale. The results showed that life satisfaction is inversely related to death anxiety, with gender differences only in death anxiety levels. Factors such as income, age, religious orientation, and retirement type also influenced life satisfaction.

22. Kurtulan and Karairmak (2016) studied Examination of the Relationship among Death Anxiety, Spirituality, Religious Orientation and Existential Anxiety. The sample consisted of 404 university students. The scales used were Death Anxiety Scale, Existential Scale, Religious Tendency Scale, and Spirituality Scale. The results showed that male participants scored higher in existential anxiety than females, and those with religious education had higher death anxiety and less spiritual tendencies. The results showed a negative correlation between death anxiety and existential anxiety, and a positive correlation between spiritual and religious tendencies.
23. Swathi (2014) studied Death Anxiety, Death Depression, Geriatric Depression and Suicidal Ideation among Institutionalized and Noninstitutionalized Elders. The study involved 40 institutionalized and 40 family-residing elderly aged 60-80 years in Warangal. The scales used were Death Anxiety Scale, Death Depression Scale, Geriatric Depression Scale (GDS) and The Modified Scale for Suicidal Ideation. The results showed that 47.5% of elders experience mild death anxiety, while 52.5% experience moderate anxiety. Institutionalized elders experience more death depression, geriatric depression, and suicidal ideation, but there were no significant differences based on gender.
24. Kahraman and ErKent (2023) did their study on the mediator role of attitude towards aging and elderliness in the effect of the meaning and purpose of life on death anxiety. The sample size consisted of 422 participants between the ages of 18-59. The scales used were Meaning and Purpose of Life Scale, Death Anxiety Scale and Attitude Scale Towards Aging and Elderliness. The results showed that the attitude towards aging significantly impacts the meaning and purpose of life on death anxiety, with a moderate positive correlation between attitude towards aging and elderliness, a moderate negative correlation between attitude towards aging and elderliness.
25. Salimi et al (2017) did their study on the relationship between death anxiety and spirituality constructs with general health among nursing and midwifery students. The sample size consisted of 205 people. The scales used are Short Form Health Survey, Death Anxiety Scale, and Daily Spiritual Experience Scale. The results showed that the study found a significant correlation between general health and death anxiety and spiritual experiences, explaining 45.2 percent of the variance in general health. Therefore, reducing death anxiety and enhancing spirituality can improve students' overall health.

METHODOLOGY

Aim

To study the effects of death anxiety on life satisfaction and coping strategies using death anxiety scale by Dr. Vijay Laxmi Chouhan, life satisfaction scale by prof. Hardeo Ojha and brief- coping to problems experienced inventory by Carver, C. S.

Objective

The objective of this study is to see if death anxiety (refers the fear of, and anxiety related to the anticipation, and awareness, of dying, death, and nonexistence) has any effects on the life satisfaction (a person's cognitive and affective evaluations of his or her life) of a person and what type of coping strategies (problem focused - stress-management strategy in which a person directly confronts a stressor in an attempt to decrease or eliminate it, emotion focused - a stress-management strategy in which a person focuses on regulating their negative emotional reactions to a stressor and avoidant coping - any strategy for managing a stressful situation in which a person does not address the problem directly but instead disengages from the situation and averts attention from it) they adopt to cope from it.

Hypothesis

H0- Death anxiety is negatively correlated with life satisfaction and coping strategies

Alternative hypothesis

H1- There is no significant relationship between death anxiety, life satisfaction and coping strategies.

Variables

Death anxiety- Death anxiety, also known as thanatophobia, is a fear of death, dying, and mortality, influenced by sociocultural experiences and development stages. It is fueled by implicit memories and brain structures and includes cognitive awareness of death's importance and implications.

Scale- it is a 20 item, 2-point scale, where 1 is awarded for 'yes' and 0 for 'no'. The test is administered on people between the ages of 18-25.

Life satisfaction- Life satisfaction is a person's cognitive and affective evaluation of their life, influenced by factors like meaning and hope. It impacts thoughts and feelings in dangerous situations, and higher life satisfaction can help cope with deteriorating life order.

Scale – it is a 20 item 5-point Likert scale. 12 items are in a positive direction indicating satisfaction with life and 8 items are in negative direction indicating dissatisfaction with life.

Coping strategies- Coping strategies involve conscious and direct approaches to problems, used to modify a person's reaction to stressful situations or to modify their reaction to these situations. Coping strategies involve conscious and direct approaches to problems, used to modify a person's reaction to stressful situations or to modify their reaction to these situations.

- **Problem focused-** Stress management involves confronting and addressing stressors directly, focusing on potential solutions, addressing those responsible, and taking other instrumental measures to reduce or eliminate stress
- **Emotion focused -** Stress management involves regulating negative emotional reactions to stress using cognitive and behavioral tools like meditation, prayer, positive reframing, social support, and talking to mental health care professionals.
- **Avoidant-** Avoidance coping involves disengaging from a stressful situation, avoiding direct attention, and avoiding processing threatening information. Examples include escapism, wishful thinking, self-isolation, emotional restraint, and drug or alcohol use.

Scale - The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event on a 4-point scale. It is further divided into 3 scales Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping.

Study Design

Sample size - 180

Sample age – 18-25

Sample population – India

Inclusion and Exclusion criteria

Young adults of the age between 18-25, males and females

People below the age of 18 and above 25, middle adults and old age population.

Research Design

The present study is a self-report, quantitative study on participants between the age of 18-25 which was employed to examine the relationship between death anxiety, life satisfaction and coping strategies using Pearson correlation method.

Tools

Death anxiety scale

it is a 20 item, 2-point scale, where 1 is awarded for 'yes' and 0 for 'no'. The test is administered on people between the ages of 18-25. The scale can be used for screening out individuals who suffer from alarmingly elevated levels of death anxiety which has a disruptive influence on daily life. It is a self-administering test and is suitable for group and individual testing.

Reliability- the reliability of the scale was determined by calculating split-half reliability for full length, on a sample of 60 subjects (18-25 years). The split half reliability coefficient was 0.93.

Validity- the scale has a high content validity. It is evident from the assessment and rating of the judges that the items of the scale are related to the concept of death anxiety. To determine validity from the coefficient of reliability, the reliability index was calculated. The latter has indicated high validity on account of being 0.74.

Life satisfaction scale

It is a 20 item 5-point Likert scale. This assesses participants' overall life satisfaction using a set of items. 12 items are in a positive direction indicating satisfaction with life and 8 items are in negative direction indicating dissatisfaction with life.

Reliability – the scale was administered and readministered to randomly selected 100 young, middle, and old subjects with an interval of 4 weeks. The split half reliability for young people was 0.79 and test-retest was 0.77; the split half reliability of middle adults was 0.83 and test-retest was 0.73; the split half reliability of people was 0.75 and test-retest was 0.78.

Validity

Construct validity- the present scale was administered on 500 young, middle, and old subjects. All values are significant at 0.01 level of confidence and are also in the presumed direction. Hence the scale carries a high level of construct validity.

Content validity- the items of the scale were submitted to 5 senior university teachers of psychology who were asked to judge whether the items indicated satisfaction and dissatisfaction with life and based on their unanimity the items were finally selected. This implies that the scales fulfil the criterion of content validity.

Brief- coping

The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event on a 4-point scale. It is further divided into 3 scales Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping. The scale is used in health-care settings to determine how patients are emotionally responding to a serious situation. It can be used to measure how someone is coping with a wide range of adversity, including a cancer diagnosis, heart failure, injuries, assaults, natural disasters, financial stress, or mental illness.

Validity- The 60-item COPE scale (Carver et al., 1989) was conceptually developed using a variety of coping models, and the Brief-Cope was created as a shorter version of that scale. The Brief Cope was first validated on a 168-participant community sample impacted by a hurricane (Carver, 1997) and shown to have adequate factor structure.

Reliability- The Brief COPE scale has demonstrated good internal consistency across various populations and contexts. Internal consistency reliability refers to how much the items within the scale are correlated. More internal consistency suggests that the items are accurately measuring the same underlying construct. Studies assessing the internal consistency of the Brief COPE have reported Cronbach's alpha coefficients typically ranging from around 0.70 to 0.90, indicating satisfactory to excellent reliability.

Test-retest reliability assesses the stability of scores over time by administering the scale to the same group of individuals on two separate occasions and correlating the scores obtained at each time point.

Studies examining the test-retest reliability of the Brief COPE have reported acceptable stability of scores over time.

Procedure Statistical Design

The following research was conducted addressing the variables of death anxiety, life satisfaction and coping strategies. Before collection of data, the participants were told about the study's purpose, and their consent was obtained for participation and confidentiality. The data was collected through an online platform where participants were provided with scales and instructions. Data was collected in this way to reach many people in a short period of time and provide cost and time efficiency. Data of 180 participants was analyzed using excel sheet coding of Pearson correlation method to understand the relationship between the variables.

RESULTS

Table 1
Frequency Distributions for Participant Gender, Age, and Education Level

	variables	frequency	percentage
gender	females	104	57.7
	males	76	42.2
Age	18-21	122	67.7
	22-25	58	32.2
occupation	students	121	67.2

Table 2
Mean and standard deviation of the variables

	Mean	Standard deviation
Death anxiety	11.90	3.79
Life satisfaction	62.36	10.12
Coping strategies: -		
Problem focused	20.30	5.11
Emotion focused	28.29	6.35
avoidant	15.45	4.54

Table 3
Correlation of all variables

	Death anxiety	Life satisfaction	Coping strategies		
			Problem focused	Emotion focused	avoidant
Death anxiety	-	-0.1397	- 0.080	0.0037	0.196
Life satisfaction		-	0.258	-0.056	-0.398
Coping strategies			-	-	-

A total of 180 participants were there (females-104 and males-76) between the ages of 18-25.

Table 1 shows the frequency distribution of the participants with 104 females and 76 males. There were 122 participants between 18-21 and 58 between 22-25 out of which 121 were students and the remaining 59 were of other occupations.

Table 2 shows the mean and standard deviation of all the data. The mean and standard deviation of death anxiety came out to be 11.90 and 3.79, respectively. However, the mean and standard deviation of life satisfaction is 62.36 and 10.12, respectively. In addition, the mean and standard deviation of problem focused, emotion focused, and avoidant coping strategies came out to be 20.30, 5.11; 28.29, 6.35 and 15.45, 4.54, respectively.

Table 3 shows the correlation of all the variables. The method to collect the data was through an online platform and data was analyzed using excel sheet Pearson correlation code. The correlation between death anxiety and life satisfaction came out to be -0.1397 indicating low negative correlation. The correlation between death anxiety and problem focused coping strategies was a negative correlation of -0.080 ; with emotion focused coping strategies the correlation was a positive correlation of 0.0037 similarly with avoidant coping the correlation with death anxiety was positive correlation of 0.196 .

The correlation between life satisfaction and problem focused coping strategies came out to be 0.258 , the correlation of emotion focused coping strategies and life satisfaction was a negative correlation of -0.056 similarly the correlation between life satisfaction and avoidant coping strategies came out to be negative correlation of -0.398 .

DISCUSSION

The aim of this study was to see the effects of death anxiety on life satisfaction and coping strategies. The results found out that death anxiety is marginally negatively correlated to life satisfaction ($r = -0.1397$) meaning that a person's life satisfaction would slightly decline as their death anxiety increased and vice versa. Conversely, there is a negligible negative correlation between death anxiety and problem focused coping strategies ($r = -0.080$) which indicates that when a person's death anxiety level rises, their use of problem-focused coping strategies is likely to fall and vice versa. Death anxiety has a merely positive correlation/zero correlation to emotion focused coping strategies ($r = 0.0037$) which means that a person's emotion-focused coping strategies would not change in response to changes in their death anxiety. The correlation of death anxiety and avoidant coping strategies is marginally positively correlated ($r = 0.196$) which means that as a person's death anxiety increases their use of avoidant coping strategies would also increase and vice versa.

The relationship between life satisfaction and coping strategies was also found out that life satisfaction and problem focused coping strategies have a slight positive correlation ($r = 0.258$) which means that as a person's life satisfaction increases so does their use of problem focused coping strategies also increases and vice versa. The barely negative correlation ($r = -0.056$) between life satisfaction and emotion-focused coping strategies indicates that when a person's life satisfaction rises, emotion-focused coping strategies hardly fall, and vice versa. Furthermore, there is a negative correlation between life satisfaction and avoidant coping strategies ($r = -0.398$) which shows that as a person's life satisfaction increases their use of avoidant coping strategies decreases and vice versa.

To further support the data literature review has been given in this paper. Few of the review that support the data are ERMİŞ's (2023) study found that female university students have lower life satisfaction and higher death anxiety compared to male students, with life satisfaction influenced by immunity perception and sleep patterns. Increased life satisfaction can decrease death anxiety. The study by Koniari and Raftoulis (2023) examined death anxiety among 235 high school students and teachers in Thessaly, Greece. The results showed varying attitudes towards death, with females fearing death more due to sensitivity and anxiety. High self-esteem and control over events were found to help resist death anxiety, impacting overall performance. The study by Menzies, Sharpe, and Dar-Nimrod (2019) found that death anxiety significantly predicts psychopathology, including lifetime diagnoses, medications, hospitalizations, distress, depression, anxiety, and stress. The study used various scales and questionnaires to assess participants' experiences. The results showed large to exceptionally large correlations between death anxiety and symptom severity of 12 disorders, with no moderating factors such as meaning in life or attachment style.

CONCLUSION

The study found that death anxiety has a slight negative correlation with life satisfaction ($r = -0.1397$), indicating a slight decrease in life satisfaction. However, it has a barely negative correlation with problem-

focused coping strategies ($r = -0.080$), emotion-focused coping strategies ($r = 0.0037$), and avoidant coping strategies ($r = 0.196$). Life satisfaction and problem-focused coping strategies are slightly positively correlated ($r = 0.258$), while emotion-focused coping strategies are barely negatively correlated ($r = -0.056$). Conversely, life satisfaction and avoidant coping strategies are negatively correlated ($r = -0.398$).

LIMITATIONS AND FUTURE SCOPE

The study's limitations can be that because of the age and demographic restrictions, and the people's availability and willingness to participate, the sample size is much smaller. Self-report measures can be prone to response biases due to participant dishonesty, which could have an impact on the study's findings. The questionnaires might have been lengthy for the participants which would have led them to be disinterested in participating in the study or not giving answers in full awareness. Further, the study did not delve into more depth about which gender or occupation participants had higher relationship between death anxiety, life satisfaction and coping strategies. Moreover, the study was also not able to get information about the factors that influence death anxiety, life satisfaction and coping strategies in people. Future research can delve into research about the relationship between death anxiety, life satisfaction and coping strategies in other age groups and what might be the factors that influence these variables at a depth. Moreover, further research can also study which coping strategies and lifestyle choices reduce death anxiety and increase life satisfaction to help people transition easily into middle adulthood and old age.

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