

Darya Rostam Ahmed

Similar attitudes toward death among Muslims and Christians in Iraq

Department of Clinical Psychology, Faculty of Science and Health, Koya University, Koya KOY45, Kurdistan Region – F.R. Iraq

*email:darya.144415@gmail.com

Received: 2021-12-05; Accepted: 2022-05-07

DOI: -----

Abstract

Objective: Knowing people's attitudes towards death is useful in examining people's level of flexibility, problem management, and self-care. The religious and related cultural background of a person may affect their attitude towards death. The current study evaluated Christian and Muslim respondents' attitudes towards death in Iraqi society.

Methods: In a cross-sectional study, 100 individuals from the two main religious groups (Muslim and Christian) were group-matched for gender, age, marital status, and personal monthly income. The attitude towards death was measured through a death attitude profile-revised questionnaire, and findings were analysed using SPSS version 20 by applying Pearson correlation and central tendencies.

Results: Findings revealed that both religions' followers have no major fear of death and, at the same time, a reasonable approach to acceptance towards death. Overall, religion had no significant effect on participant attitudes towards death, which means both religions' followers share the same approaches and attitudes towards death.

Conclusion: From the current research work, it can be concluded that there is no significant impact of religion on individual attitudes towards death and both religions' followers have no major death anxiety. Muslims and Christians have reasonably accepting attitudes towards death as indicated by five-dimensional attitudes toward death scores. Future studies should focus on a larger population from different cultures and religious backgrounds to generalise these findings to other populations and cultural settings.

Keywords

Attitude Towards Death, Religion, Muslim, Christian, Approach Acceptance, Death Avoidance, Escape Acceptance, Fear Of Death, Natural Acceptance, Iraq.

INTRODUCTION

Attitudes towards death

Death is unavoidably and irreversible experience and not within our control. It leaves the survivors in grief, distress, and sorrow (Sarbey, 2016). Though death is a universal phenomena, general public responses vary greatly about death, according to the situation and background of a person – such as a study report that nurses have a varied level of death fear depending on their experiences (Khader and others, 2010). Smith and Feldman (2005) report that differences in the attitude towards death varied according to the level of emergency medical technicians, EMTs (EMT basic/EMT intermediate, EMT-B/EMT-I versus EMT paramedics).

Religion and attitudes to death

The varied responses and perceptions of death among

people may also be due to religions and faiths that portray death differently (Clark and Phillips, 2010).

According to scholars from different eras and religions, death has been considered a prime source of the origination of religion (Hayes and others, 2010). Further, different scholars reported different views about death, such as Strenski (2015) quotes Malinowski on religion, “forebodings around death and immortality forms the nucleus of religious belief and practice” (Kaberry, 1948).

Ricoeur defines the second naïveté most succinctly as “a creative interpretation of meaning, faithful to the impulsion, to the gift of meaning from the symbol, and faithful also to the philosopher's oath to seek understanding.” In addition, Dezutter and others (2009) report that religious people may have very positive attitudes towards death since they often believe in life after death (hell and heaven). Evaluating the responses of

followers of different religions of the world such as Greek, Hindu, Christian, Mesopotamian, Islam, and Egyptian revealed that religious belief systems interlink spiritual aspects with physical and psychological views of death (Byrne and Morgan, 2020; Dezutter and others, 2009). Religions have developed a belief system concerning the dead, their likely fate after death, strategies for caring for the corpse, giving the dead new status, finding ways to fill their vacated roles, reaffirming communal togetherness, and re-establishing and comforting the bereaved. Religious institutions and faiths often encourage believers to ponder death and develop knowledge about comprehending and coping with it. Religion established to the concept of salvation, reincarnation, heaven, hell, and rites to deal with death. Religion impacts people's attitudes regarding death-related topics such as euthanasia, suicide, and capital punishment, in addition to dealing with death (Kearl, 1989). Every religion has ideas around mortality and explanations of death that are firmly rooted in teachings and pursuit of faith for a believer.

Christianity and death

Christianity is a monotheistic religion based on Jesus Christ's life and teachings, and the books of the Old and New Testament. There is a significant corpus of written material on faith, tradition, and ritual and the end of life due to the growth of the Christian faith and teaching over two millennia. The *Ars Moriendi*, or 'The Art of Dying Well', was issued by the Roman Catholic Church six centuries ago (Vogt, 2004).

The established association between mortality and religion is evident, according to the fact that most Christian views associate the pursuit of eternal life with God at the centre of belief. The *Ars Moriendi* was published in the 1400s to guide Christian families in planning and creating a pleasant death. It warned against faithlessness, despair, impatience, vanity, and avarice as well as other temptations (Thornton and Phillips, 2009; Leget, 2007).

Islam and death

In Islam, the universality of death is emphasised in the Holy Qur'an (Qur'an 3:156, 3:185, 29:57, and 39:42), and one might infer from its teachings that the moment of death (*al Mawât*) is when the soul (*al ru*; sometimes used interchangeably with *al nafs* meaning self) is separated from the soulless body (*al Mawât*). However, neither the Qur'an nor the Sunnah has a specific definition of death or a description of how to discern *al ru*'s departure at *al Mawât*. Islam explains death as not the ultimate end but only the termination of physical life on earth and a beginning of everlasting life in Allah's realm. Significantly,

present life is the only chance for better prospects after death (Miller and others, 2014).

Aims and objective

This paper investigates whether respondents' religious affiliation affects their attitudes towards death. The following hypothesis were proposed.

H1: Religion affects individual attitudes towards death.

H2: Religion doesn't affect individual attitudes towards death.

METHODS

Selection criteria and samplings

A cross-sectional study was carried out in the cities of Erbil, Koya, and Sulaymaniyah, Iraq. Selected individuals should be in a good mental and physical health, must be a follower of either Islam or Christianity and must currently not be on medication or suffer any chronic medical condition. The exclusion criteria included followers of other religions and population with chronic disabilities, such as those suffering from mental health problems, substance abuse disorder, and chronic physical diseases.

Subjects of both groups have an unbiased and equal probability of being chosen and representing the population. Muslims who participated in this study were Sunnis and followers of the Imam Al-Shafi'i doctrine, and the Christians were all Assyrians.

Mental health assessment

The mental status of the participant was assessed by the trained psychologists. According to the standard procedure, individuals were assessed for anxiety symptoms such as fear of dying, hand trembling, and cold/hot sweats using Beck's Depression Inventory.

Death attitude

The **Death Attitude Profile-Revised (DAP-R)** is a 32-item scale, a self-reported scale that uses a seven-point Likert scale to measure respondents' attitudes towards death. This questionnaire is assigned in five dimensions: "Fear of death, death avoidance, neutral acceptance, approach acceptance, escape acceptance". Questions were offered in two languages: English (since some of the participants studied in English and had lived in English-speaking countries), and Kurdish, and were validated by three experts in the concerned field.

The scale, questions, and calculation

The scale consists of 32 questions that can be divided into five subscales to determine respondents' *fear of death* (negative thoughts and feelings about death, questions 1, 2, 7, 18, 20, 21, and 32), *death avoidance* (avoiding thoughts of death as much as possible, questions 3, 10, 12, 19, and 26), *neutral acceptance* (death is neither welcomed nor feared, questions 6, 14, 17, 24, and 30), *approach acceptance* (death is viewed as a passageway to a happy

afterlife, questions 4, 8, 13, 15, 16, 22, 25, 27, 28, and 31), and *escape acceptance* (death is viewed as an escape from a painful existence, questions of 5, 9, 11, 23, and 29).

Answers to questions are scored based on a Likert scale from 1 (strongly disagree) to 4 (undecided), to 7 (strongly agree).

The average score of each section is used for evaluation.

Table 1: Death Attitude Profile–Revised (DAP-R) questions.

Serial number with dimensions	Questions
1-FD	Death is no doubt a grim experience.
2-FD	The prospect of my death causes anxiety in me.
3-AD	I avoid death thoughts at all costs.
4-AA	I believe that I will be in heaven after I die.
5-EA	Death will bring an end to all my troubles.
6-NA	Death should be viewed as a natural undeniable and unavoidable event.
7-FD	I am disturbed by the finality of death.
8-AA	Death is an entrance to a place of ultimate satisfaction.
9-EA	Death provides an escape from this terrible world.
10-AD	Whenever the thought of death enters my mind, I try to push it away.
11-EA	Death is deliverance from pain and suffering.
12-AD	I always try not to think about death.
13-AA	I believe that heaven will be a much better place than this world.
14-NA	Death is a natural aspect of life.
15-AA	Death is a union with God and eternal bliss.
16-AA	Death brings a promise of a new and glorious life.
17-NA	I would neither fear death nor welcome it.
18-FD	I have an intense fear of death.
19-AD	I avoid thinking about death altogether.
20-FD	The subject of life after death troubles me greatly.
21-FD	The fact that death will mean the end of everything as I know it frightens me.
22-AA	I look forward to a reunion with my loved ones after I die.
23-EA	I view death as a relief from earthly suffering.
24-NA	Death is simply a part of the process of life.
25-AA	I see death as a passage to an eternal and blessed place.
26-AD	I try to have nothing to do with the subject of death.
27-AA	Death offers a wonderful release of the soul.
28-AA	One thing that gives me comfort in facing death is my belief in the afterlife.
29-EA	I see death as a relief from the burden of this life.
30-NA	Death is neither good nor bad.
31-AA	I look forward to a life after death.
32-FD	The uncertainty of not knowing what happens after death worries me.

Note: approach acceptance (AA), fear of death (FD), escape acceptance (EA), neutral acceptance (NA), death avoidance (AD).

Statistical analysis

With the help of SPSS Version 20, the central tendency was used to compare the attitudes of Muslims and Christians to analyse the overall relationships between religion and attitudes towards death. Pearson correlation tests were applied to assess the relationship between individual variables.

RESULTS

After screening 150 individuals, a total of 100 (52 Muslims and 48 Christians) individuals were selected for the current study to enable group matching of the above-mentioned demographic variables.

Table 3 provides the comparison of subscales of the death attitude profile between Muslims and Christians, statistical descriptions includes ranges, means, and standard deviations normalised by the number of

questions in individual subdimensions. The mean value shows the central tendency of the variables and standard deviation. The deviation is a measure of how dispersed data is in relation to the mean.

After normalising for the number of question per dimension (division by the number of questions per dimension) the following averages resulted: mean value (M) and standard deviation (SD) for the variable fear of death (FD) in Christians (M=4.14, SD=2.85) and Muslim (M=3.22, Std. D=0.93), approach acceptance (AA) Christians (M=3.36, Std. D=1.44) and Muslim (M=3.24, SD=1.02), escape acceptance (EA) Christian (M=4.32, SD=3.88) and Muslim (M=3.47, SD=1.59) neutral acceptance (NA) Christian (M=3.10, SD=0.89) and Muslim (M=4.68, Std. D=2.741), death avoidance(DA) Christian (M=4.68, SD=0.99) and Muslim (M=2.67, SD=1.53). None of the variables were significantly different between different religions (p>0.1).

Table 2: demographic characteristics of the participants

	Parameter	Frequency	Percentage
Gender	Male	46	46.0%
	Female	54	54.0%
Age	18-30	60	60.0%
	31-42	22	22.0%
	43-60	18	18.0%
Marital status	Married	51	51.0%
	Single	49	49.0%
Income	<150,000 IQD	25	25.0%
	150,000-400,000 IQD	39	39.0%
	400,000-700,000 IQD	32	32.0%
	>700,000 IQD	4	4.0%
Religion	Muslim	52	52.0%
	Christian	48	48.0%

Table 3: Comparison of subscales of the death attitude profile between Muslims and Christians (man values of dimension scores, individual questions marked from 1 (strongly disagree) to 4 (undecided), to 7 (strongly agree).

Religion dimensions	N		Mean		Std. Deviation	
	Christian	Muslim	Christian	Muslim	Christian	Muslim
Fear of death (7 questions)	48	52	29.02	22.52	19.963	6.884
Approach acceptance (10 questions)	48	52	33.58	32.44	14.474	10.178
Escape acceptance (5 questions)	48	52	21.60	17.35	19.424	7.951
Neutral acceptance (5 questions)	48	52	15.60	23.42	4.433	13.679
Death avoidance (5 questions)	48	52	18.67	13.35	4.948	7.677

DISCUSSION

The topic of the present study is unique and has never been studied in Iraq or anywhere else in the Middle East. A cross-sectional survey was conducted among the Muslim and Christian participants to assess the attitudes towards death by religion.

Both groups had a reasonable attitude toward death, as indicated by mean scores around 4, in other words, undecided. Both religions followers' mean value and standard deviation were around 4, in other words, undecided for the variable fear of death (FD), indicating that neither Muslims nor Christians are extremely afraid of death. Meanwhile, both Muslims and Christians were slightly opposed to approach acceptance (AA). Individuals with higher scores in AA may consider death to be a bridge toward a joyful life as a result of the individual's belief in life after death and rewards in the afterlife and may have a positive relationship with psychological well-being and a negative relationship with depression. When people think about death, they may seek a healthy way to cope and adapt themselves to the fear of dying or thinking about death (Menzies, Sharpe, and Dar-Nimrod, 2019). Considering that both groups were opposed to the ideals of escape acceptance (EA), both followers have no way of escaping death and vice versa. However, both Muslim and Christian values were against the variable of death avoidance (AD), which means that neither group is avoiding the truth of death, also AD refers to the strategies people utilise to avoid speaking and thinking about death in an effort to decrease death anxiety (Nozari and Dousti, 2013). According to the current study's findings, both Muslims and Christians share the same or similar attitudes regarding death. This finding is congruent with the results of Wong and others (2015), who concluded that religion has little effect on people's attitudes and behaviours regarding death (Wong, 2015).

The relationship between a person's attitudes towards death is significantly related to their attitudes towards life. The theories suggests a strong relationship between death attitudes, fulfilment in life, and the ability to accept one's past as meaningful. Moreover, research has shown evidence supporting these theories (Parker, 2013). Though it is widely expected that religiosity plays a vital role in making a difference in individuals' attitudes towards death (Dezutter and others, 2009), the data in the present study indicates no significant difference in death attitudes among both religious faiths. One study suggested that age has a greater influence on death anxiety and fear, which changes attitudes towards death (Thorson and others, 1997). Therefore, the alternative hypothesis is rejected on

the basis of this result which stated that religion affects a person's attitude toward death, while on the other hand the null hypothesis was accepted that states that religion does not have any effect on the individual attitude towards death.

Furthermore, no obvious pattern of association between religious belief and death dread has been identified. It interacts with various circumstances, including religion, cultural history, and situational setting. Almostadi (2018) suggests that vulnerable individuals, like people diagnosed with cancer and their loved ones, emphasise the significance of a comprehensive therapeutic approach that includes a spiritual component. Nurses, who spend more time with cancer patients and other healthcare workers, understand the importance of this comprehensive approach. Nurses can provide much-needed education and emotional support to patients and families and make the necessary referrals by proactively discussing common topics around death and grief with patients.

Regardless of religious belief, death anxiety appears to be a practically universal feeling among cancer patients. Besides this, Afolabi (2014) suggests that culture, hospices, medications, death education, psychotherapy, philosophical belief system, and a suitable environment with proper infrastructure are all used to alleviate or lessen the fear of death. Religion is primarily recommended in this study as a tool for adults to meet several fundamental psychological requirements, such as facing impending mortality, finding and maintaining a sense of meaning and value in life, and accepting the unavoidable losses of old age. But Morris and McAdie (2009) suggested that religion does not affect five personality factors (dominance, liveliness, warmth, apprehension, and sensitivity), general well-being, and death anxiety (Morris & McAdie, 2009).

LIMITATION AND RECOMMENDATION

This study cannot be overgeneralised for all Muslims and Christians because it has focused mainly on Iraqi society. But studies report that culture may influence death anxiety (Hui and Fung, 2008). Therefore, the culture of the individual may affect the religious affiliation and attitudes to death. In addition to this, it should also be noted that followers of different beliefs might internalise or interpret the same religious concepts very differently. Therefore, future studies should test whether these findings are generalised to other groups. Further studies should include a larger sample size and should also be conducted within different religious groups and subgroups and should include diverse cultures and beliefs to expand the results and broaden the research into attitudes towards death.

CONCLUSION

Investigating death attitudes is helpful to examine people's level of resilience, self-care, and the way of coping with life. The current study concluded that the individual's religion does not change a person's attitudes towards death.

Acknowledgments

I would like to convey my appreciation to the participants and my colleagues who gave their time to support this research, as well as to Professor Reinhard Heun for his constructive comments.

Conflict of interest: The author has no conflict of interest to disclose.

Funding disclosures: I certify that no funding has been received for the conduct of this study.

Guarantor of submission: The corresponding author is the guarantor of submission.

Ethical approval: An ethical committee has approved the present study from Kscien Organization for Scientific Research for conduction in Iraq-Erbil.

Informed consent: The author received written consent from the participants to participate in this study.

REFERENCES

- Afolabi, B., Olatunji, A. and Olatunji, S., 2014. Religion as a predictor of death anxiety among adults in Ekiti State, Nigeria. Nigeria (September 18, 2014).
- Almostadi, D., 2018. The Moderating Effect of Religion on Death Distress and Quality of Life between Christian Cancer patients in the United States with Muslim cancer patients in Saudi Arabia.
- Beck, A.T., Steer, RA and Brown, G.K., 1996. Beck depression inventory (BDI-II) (Vol. 10, p. s15327752jpa6703_13). London, UK: Pearson.
- Byrne, C.M. and Morgan, D.D., 2020. Patterns of religiosity, death anxiety, and hope in a population of community-dwelling palliative care patients in New Zealand—what gives hope if religion can't?. *American Journal of Hospice and Palliative Medicine*®, 37(5), pp.377-384.
- Clark, K. and Phillips, J., 2010. End of life care: The importance of culture and ethnicity. *Australian Family Physician*, 39(4), pp.210-213.
- Dezutter, J., Soenens, B., Luyckx, K., Bruyneel, S., Vansteenkiste, M., Duriez, B. and Hutsebaut, D., 2009. The role of religion in death attitudes: Distinguishing between religious belief and style of processing religious contents. *Death Studies*, 33(1), pp.73-92.
- Hayes, J., Schimel, J., Arndt, J. and Faucher, E.H., 2010. A theoretical and empirical review of the death-thought accessibility concept in terror management research. *Psychological Bulletin*, 136(5), p.699.
- Hui, V.K.Y. and Fung, H.H., 2008. Mortality anxiety as a function of intrinsic religiosity and perceived purpose in life. *Death Studies*, 33(1), pp.30-50.
- Kaberry, P. M. (1948). Magic, Science and Religion and Other Essays. *International Affairs*, 24(4), 569–569. <https://doi.org/10.2307/3017623>
- Kearl, M.C., 1989. *Endings: A sociology of death and dying*. Oxford University Press on Demand.
- Khader, K.A., Jarrah, S.S. and Alasad, J., 2010. Influence of nurses characteristics and education on their attitudes towards death and dying: A review of literature. *International Journal of Nursing and Midwifery*, 2(1), pp.1-9.
- Leget, C., 2007. Retrieving the ars moriendi tradition. *Medicine, Health Care and Philosophy*, 10(3), pp.313-319.
- Menzies, R.E., Sharpe, L. and Dar Nimrod, I., 2019. The relationship between death anxiety and severity of mental illnesses. *British Journal of Clinical Psychology*, 58(4), pp.452-467.
- Miller, A.C., Ziad-Miller, A. and Elamin, E.M., 2014. Brain death and Islam: the interface of religion, culture, history, law, and modern medicine. *Chest*, 146(4), pp.1092-1101.
- Morris, G.J. and McAdie, T., 2009. Are personality, well-being and death anxiety related to religious affiliation?. *Mental Health, Religion and Culture*, 12(2), pp.115-120.
- Mowat, H., Swinton, J., Stark, C. and Mowat, D., 2013. Religion and suicide: exploring the role of the church in deaths by suicide in Highland, Scotland. *Health Social Care Chaplaincy*, 9(1), pp.3-7.
- Nozari, M. and Dousti, Y., 2013. Attitude toward death in healthy people and patients with diabetes and cancer. *Iranian journal of cancer prevention*, 6(2), p.95.
- Parker, D.W., 2013. The relationship between ego integrity and death attitudes in older adults. *American Journal of Applied Psychology*, 2(1), pp.7-15.
- Rachel E. Menzies, Louise Sharpe, & Ilan Dar-Nimrod, 2006. The Relationship between Death Anxiety and Severity of Mental Illnesses. *British Journal of Clinical Psychology*, p. 3.
- Smith-Cumberland, T.L. and Feldman, R.H., 2005. Survey of EMTs' attitudes towards death. *Prehospital and Disaster Medicine*, 20(3), pp.184-188.
- Strenski, I., 2015. *Understanding theories of religion: an introduction*. John Wiley & Sons.
- Sarbey, B., 2016. Definitions of death: brain death and what matters in a person. *Journal of Law and the Biosciences*, 3(3), p.743.

Thornton, K. and Phillips, C.B., 2009. Performing the good death: the medieval *Ars moriendi* and contemporary doctors. *Medical Humanities*, 35(2), pp.94-97.

Thorson, J.A., Powell, F.C., Abdel-Khalek, A.M. and Beshai, J.A., 1997. Constructions of religiosity and death anxiety in two cultures: The United States and Kuwait. *Journal of Psychology and Theology*, 25(3), pp.374-383.

Vogt, C.P., 2004. Patience, compassion, hope, and the Christian

art of dying well. Rowman & Littlefield.

Wong, G. T. R. and Gina Gesser, M. A., 1988. *The Death Attitude Profile-Revised (DAP-R)*, Taylor & Francis.

Wong, L.P., Fung, H.H. and Jiang, D., 2015. Associations between religiosity and death attitudes: Different between Christians and Buddhists?. *Psychology of Religion and Spirituality*, 7(1), p.70.