KONSELING RELIGI

Religious Maturity and Death Anxiety in Covid-19 Survivors: Is there a relationship?

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Abstract

Death is the biggest event that is different for everyone. Some of them believe that it is just another phase of human life. While others think that death represents the end of all forms of life. Death anxiety is not only as a set of emotions but it also has a cognitive vision which implies the regulation of negative responses which indicate the loss of someone related to his or her presence. The religious maturity asumted reduce the level of death anxiety because it helps people find the meaning of death for their lives The purpose of this study is to examine the relationship between religious maturity and death anxiety in Covid-19 survivors. This study involves 64 participants who have been confirmed as Covid-19 survivors living in Central Java and Yogyakarta. The sampling technique used is convenience sampling. The data collection technique used in this study is a questionnaire in the form of a scale. Data analysis in this study is carried out using correlation techniques. Based on the results of the analysis test, it is found that religious maturity has a negative correlation with death anxiety as r =-0.300; p=0.016.

Keyword; religious maturity, death anxiety and Covid-19 survivors

Introduction

The World Health Organization (WHO) determined Coronavirus Disease (COVID-19) as a pandemic on March 11th, 2020. Referring to the Great Indonesian Dictionary (KBBI), a pandemic is an epidemic that spreads out simultaneously everywhere, covering a wide geographical area and across continents. The determination of the pandemic status was carried out due to the massive spread of the virus which geographically had reached more than 200 countries, including Indonesia.

Based on the data on August 1st, 2021, quoted from kompas.com (1/08/2021) citing from Covid-19 Response Task Force, it was explained that there were 1,604 additional patients who died after being tested positive for the corona virus. So the number of died patients due to Covid-19 has

risen to 95,723 people recently. In addition, there were 30,738 new patient cases confirmed positive for Covid-19. Therefore, accumulatively there are 3,440,396 positive cases of Covid-19 in Indonesia now. This addition was obtained from the tested results of 178,375 specimens. The government also noted that there were 39,446 additional patients who had been declared cured. Thus, the total number of recovered patients from Covid-19 was 2,809,538. They were declared negative for COVID-19 based on the swab results using the Polymerase Chain Reaction (PCR) analysis method and asymptomatic patients who had completed a 14-day isolation period (COVID-19 Task Force, 2021). This group of patients who have passed the isolation and treatment period are referred to as COVID-19 survivors.

In the history of global pandemics, widespread disease outbreaks and causing many casualties had impacts not only on physical health aspects but also on mental and social health aspects. When the Black Death pandemic occurred in Europe in 1346-1353, the Jews were persecuted for being accused of poisoning the wells. In fact, this outbreak was caused by the Yersinia pestis bacterium (Ravando, 2020). The COVID-19 pandemic cannot be separated from social stigma. At the beginning, COVID-19 was called the Chinese Virus, because this virus spread massively for the first time in Wuhan, China (Ravando, 2020). In fact, at first COVID-19 spread massively in Wuhan, but there was no strong evidence to justify that COVID-19 was an artificial virus which was deliberately spread by certain countries, including China (Shereen, Khan, Kazmi, Bashir, Siddique, 2020). This kind of social stigma also had an impact on the psychological condition of the community, especially for patients and survivors (Kurniawan & Susilo, 2021).

In research related to mapping the psychological risk picture of COVID-19 in Indonesia, according to Hakim as quoted by Kuriawan and Susilo (2021), there are four main aspects of the pandemic which trigger distress, namely: social restrictions, lack of basic needs, threat of infection, and behavioral adjustments. The threat of infection includes the patient's close family and the patient who is positive for COVID-19 himself. This situation is prone to create psychological imbalances for the community on a micro and macro scale. Then, 27 percent of the 1,319 research's participants developed acute stress, while 72 percent of them were able to develop positive coping mechanisms to reduce stress. It should be further psychosocial services for participants experiencing acute stress, so that they can minimize the risk of mental health problem appeared on them, especially COVID 19 patients and survivors.

The COVID 19 confirmed positive patients can experience several emotional problems such as anxiety, despair, deep sadness, depressive symptoms, sleep problems, and helplessness. In the initial report of COVID-19 responses in Wuhan, there were also several cases of panic attacks experienced by patients. In the case in Wuhan, psychological evaluations carried out in isolation rooms showed that 48 percent of COVID-19 positive patients experienced psychological distress since they were first admitted to the hospital. Emotional problems are triggered by the patient's

response to stress. From critical patients, symptoms of delirium (a disturbance in mental abilities that cause confusion and lack of awareness to the environment) are also found. There are even reports of encephalitis (brain inflammation due to infection) triggered by SARS-CoV-2 causing psychological symptoms such as irritability and unconsciousness (Kurniawan and Susilo, 2021).

Moreover, the death number occurred on COVID-19 survivors makes them experience anxiety in various ways, especially death anxiety. Anxiety about death is an important psychological problem for individuals who suffer the disease, especially Covid-19 survivors.

There is no doubt that for some people, death has some mysterious aspects that are in vague or great secrets to overcome. In humans, there is a strong tendency to fear to the unknown and unexpected things. Moreover, the feeling that one's opportunity to continue living which comes to end is another cause of death anxiety, which will cause distress and boredom (Ahmad & Gaber, 20190.

On the other hand, the history of human life proves that certain events, which are not under control or unthinkable, occur and lead one to his inevitable destiny. Death is the biggest event that is different for everyone. Some of them believe that it is just another phase of human life. While others think that death represents the end of all forms of life. Whatever they think about death, both are concerned and think about death (Mowlaei, Dousti, Asafjir, & Pashky, 2015).

Death anxiety is defined as the fear of death. It symbolizes the basic and definitive sentiment of loneliness. It is a feeling of pity about losing oneself and the inevitable limits of displeasure. In addition, it is a sad feeling about circumstances over which one has no control. Thus, death anxiety is not only as a set of emotions but it also has a cognitive vision which implies the regulation of negative responses which indicate the loss of someone related to his or her presence (Dadfar & Lester, 2017).

According to Belsky (Henderson, 2002) death anxiety is defined as thought, fear, and emotion about the end events of life experienced by individuals. It can be associated with a person who is afrraid of loneliness or being in a limited environment. Fear of death can be caused by a very mysterious death, a life after death that is perceived as bad or thinking about the condition of relatives who will be left behind.

Kastenbaum (1996) stated that low levels of death anxiety in most people may increase dramatically when a person experiences a period of stress or threat, such as health problems, illness, or the death of someone close. In line with Kastembaum, Mosher & Danoff-Burg (2007) argued that someone with physical illness can fail to adjust to their expectations of living in the world, besides seeing illness or disability suffered by others can also trigger fear of experiencing the same fate. Observing the others' fragile condition can undermine defenses against resistance to death

consciousness, therefore it can produce greater death anxiety and social avoidance in the affected one.

Researchers in medical, psychology and sociology are interested in studying the psychological impact of disease on the mental and physical health of patients. All of them agreed that some illnesses cause a strong or severe threat to her psychology by affecting her mental health. Their main aim is to study the psychological variables associated with the characteristics of physical illness. Brown (2011) and Naderi & Shokouhi (2009) have conducted previous studies which found a negative correlation between death anxiety and optimism. Especially, both studies concluded that understanding the characteristics of the relationship between death anxiety and optimism within the limitations of personal construction theory requires understanding that people typically expect future experiences through a range of ways, as optimism and death anxiety.

Relationship between Religious Maturity and Death Anxiety

According to Florian and Kravetz (1983) death anxiety is a multidimensional thing, in which each dimension can be treated as a separate and independent thing and together will form a kind of fear structure to death. It is a complex phenomenon which represents many thoughts and emotions regarding fear of death, physical and mental damage, feelings of loneliness, sadness at the loss of oneself, extreme anger, and despair over uncontrolled situations (Firestone & Catlett, 2009).

Florian and Kravetz (1983) stated that death anxiety is a concern and worry related to the death consequences for the mind and body, worries about the death effects which is painful on interpersonal interactions of ones and close people and personal worries related to the afterlife. Death anxiety is a feeling of fear of something that will happen, worry, fear associated with death or dying (death process) (Newfield, Hinz, Tilley, Sridaromont & Maramba: 2007). Firestone & Catlett, (2009) explained that anxiety and fear of death have almost the same meaning as extreme fear and worry, excessive anxiety, and various kinds of fear of death.

Thus, the death anxiety is a complex emotion about death, including thoughts about the fear of loneliness, emptiness, loss of loved ones, changes of poor physical condition and the process of death. The anxiety facing death is an unpleasant fear or worry as a signal in facing death which is characterized by physical symptoms such as physical tension and worries about the end of life which has psychological effects on social interactions, mind, and body.

Meanwhile, maturity is defined as the growth of personality and intelligence freely and naturally along with relevant developments (Allport, 1953). It is also a process of self adjustment to guide and suppress instincts and things which come from outside (Freud, in Sehuster and Ashbun, 1980). Meanwhile, Rogers (in Sehuster and Ashbun, 1980) defined religious maturity as a process which occurs continuously from exciting and threatening.

Jalaludin (2000) defined religiosity as a series of rules and obligations carried out and tie individuals or groups to their relationship with God, humans and the natural surroundings. Religiosity is a human spiritual experience in relationship with God referring to the understanding of human experience in seeking spiritual truth and is a level of diversity (Ancok and Suroso, 2011). It is further explained that a religious person is a person who specializes and dedicates himself and lives fully for the sake of God.

Talking about faith, it cannot be separated from the terms of the five religiosity dimensions, Glock & Stark (1965), among of tthem:

a. *The ideological dimension* is a level to which a person accepts and acknowledges dogmatic things in his religion. For example, belief in the existence of God's characteristics, the existence of angels, heaven, prophets, and so on.

b. *The ritualistic dimension* is a level to which a person fulfills ritual obligations in his religion, for example shalat, zakat, fasting, hajj, and so on.

c. *The experiential dimension* is a religious feeling experienced and felt by ones, such as feeling close to God, peaceful when praying, being touched by hearing Quran recitation, afraid of making sin, happy to have the answered prayer and so on.

d. *The intellectual dimension* is how far a person knows and understands the religion teachings, especially those in Quran, hadith, knowledge of fiqh and so on.

e. T*he consequential dimension* is a level to which the implications of religious teachings which influence a person's behavior in social life, for example, donating wealth for religious and social purposes, visiting sick people, strengthening friendships, and so on.

Maturity is achieved by one through the development of life which accumulates with various experiences. In experiencing this life phase, people acquire and process various life experiences, both physical, psychological, social and spiritual experiences. That accumulation of life experiences is then reflected in the view of life, attitudes, and daily behavior (Allport, 1953). One of religious maturity form introduced by Jalaludin (1997) mentioned that ones who have religious maturity can be seen from their ability to understand, appreciate and apply the religious values in daily life.

Meanwhile, Ahyadi (2001) stated that religious maturity is only found in people who have a mature personality but a mature personality is not necessarily accompanied by religious maturity. Allport (1953) mentioned the characteristics of mature personality, among of them developing social, physiological, and spiritual needs, and interest directions which lead to the ideal satisfaction

of socio-cultural values beyond biological needs or passions. Therefore, it can be said that people who have a mature personality will be able to control his biological impulses and desires. Satisfaction cannot be separated from the socio-cultural norms which exist in his environment.

Bergin (1980) argued that religious orientation can have several positive consequences, including on personality variables such as: anxiety, irrational beliefs, depression and other personality traits. Based on the results of Meclain's research (Bergin 1987) showed that religious orientation is positively correlated with self-control. Moreover, the study also found a relationship between religious orientation and positive personality. Another characteristic is being able to do self-reflecting introspection, seeing oneself objectively and being able to understand life.

Allport (1953) has indicated the characteristics of people who have religious maturity, which include being open-minded to every fact, value and giving direction to their life framework, both theoretically and practically. These characteristics are that individuals who are religiously mature provide human services which are expressed in prosocial sentiments and activities to love and be fair (horizontal religiosity) and focus on obtaining a relationship between themselves and their God (vertical diversity). Religious maturity can be identified as maturity in faith because the essence of religion is faith

The word "faith" comes from the Arabic language "*amana-yu'minu-imanan*" which means to believe, while in Hebrew terms, faith means safe. In English it is known as "*faith*" and in Greek it is often called *Credo or credere*. The word *faith* is often interpreted as "*believe*" (Madjid, 1992). Madjid (1992) stated that the word faith comes from the same root and meaning as the word "safe" (Arabic term "safe" which means prosperity and peace) thus they have very close relation which is an obligation. Faith is the self personality to Allah and Rasul in accordance with the Quran and Hadith. It means placing oneself independently, and freeing oneself from all ties.

A faithful person has the characteristics that he believes in the existence of God, is always positive to God, hopefull, confidence, always maintains his attitude and behavior, always speaks good words, always leans everything on God, is never afraid , never feel worried, not easily offended and prejudiced. All these characteristics appear and radiate in believers because they are always surrounded by a sense of security without ever worrying and fearing in life (Madjid, 1992).

A believer is a person who has a strong soul and mind, so he is never afraid to face life which has full of temptations. Their strength is obtained because of hope to Allah, so that he is never discouraged, stressed, frustrated because he believes that Allah is always with him. Faith produces hope. When there is no hope in ones, it gives an indication of the faith absence or low religious maturity. They always rely on Allah and believe that everything faced in this life is not alone, for him only Allah, because Allah is the best place to lean on (Alwali). They will always be motivated to do good and right deeds.

Basically, faith is dynamic because it involves the attitude of the mind and heart and in Arabic it is called "*gaib*" (in Indonesian it becomes kalbu, heart) which means alternating, going back and forth. Therefore, humans must grow faith in themselves in such a way because faith is something which may increase and sometimes decrease. It means that faith demands a continuous and relentless struggle. Struggle in faith like this will produce individual maturity in religion.

In other words, the religious maturity is a proof of one's faith as a form of self-actualization of his belief in God which is carried out continuously. Thus, it can be said that the religious maturity is formed through life experience including coming from the his religious teachings and from others then criticizing these facts and values and making them as a frame of reference in everyday life. From the descriptions above, it can be concluded that what is meant by the level of religious maturity is the level of self-orientation to Allah and Rasul in accordance with the Qur'an and Hadith. People should always improve themselves with love and submission, carry out all commands and avoid what Allah forbids only to worship and serve Allah, all of which are manifested in the form of piety, trust and sincerity.

The religious maturity is able to provide awareness to humans about the truly life, besides stimulating humans to be more resistant to all sorrow, pain, daily life routines, emotional crises and depression. Ones who have high religious maturity tend to have low levels of anxiety, this is further explained by Henderson (2002) who stated that religiosity can affect the level of anxiety about death. He defined religiosity as one's consistency in practicing his religion. Those who have a low level of religious maturity will tend to experience anxiety in facing death. The anxiety characteristics which appear such as physical characteristics (palpitations, sweating, dizziness, difficulty sleeping and decreased appetite), behavioral traits (avoidance) and cognitive traits (worried about the future, confused, afraid and always being alert). This is further explained by the research conducted by Hawari (2004) which stated that those who have a high level of religiosity will be more though and calm in facing death.

In Qur'an, it has been explained about the death which will be experienced by all men, one of the Qur'an verses regarding death is written in Surah Al-Ankabut verse 57 which states "Every soul will taste death then only to Us you will be returned." Furthermore, Ancok and Suroso (2001) stated that with maximum comprehension, ones are able to become calmer and reduce various anxiety which arise. The research conducted by Mar'ati and Chaer (2016) which stated that listening to the Qur'an verses therapy is able to reduce anxiety, has a high awareness that humans live in the world will have final destination which is death. Ancok and Suroso, (2011) argued that when the comprehension and implementation of religious values increase, it will create happiness, pleasure, satisfaction and refers to inner peace. Thus it is hoped that this will be able to reduce the faced anxiety, especially in facing death.

Donovan's study results (1994) showed that of 137 studies, 78 provided the evidence of a negative relation between death anxiety and religiosity, while 13 provided the evidence of a positive relation, and the remaining 46 presented contradictory, null, or irreliable findings. The apparent contradiction between the studies found that there is a positive and negative correlation, he suspected that an important factor is the difference of the religiosity sample: highly religious samples tend to produce negative correlations while highly non-religious samples tend to produce positive correlations. Similarly, to explain the null effect, he argued that this is consistent with an untested negative square relationship: in a mixed sample, positive and negative linear relationships between non-religious and religious participants could cancel each other.

Meanwhile, the study results by Ellis and Wahab (2013) reviewed 84 articles, extracting 108 relationships. Of these, 40 showed a negative correlation between death anxiety and religiosity, 27 showed a positive correlation, 32 showed no significant correlation.

On the other hand, the study results of Jong, Ross, Philip, Chang, Simons & Halberstadt (2018) argued that death anxiety motivates religious belief in which then it will reduce death anxiety, predict that religiosity increases with death anxiety among non-believers, and death anxiety decreases when religiosity increases among believers. This study found high heterogeneity and weakly negative associations between death anxiety and religiosity.

Based on the descriptions, it can be emphasized that the religious maturity is related to the anxiety in facing death. Thus, the purpose of this study is to re-examine the relationship between religious maturity and death anxiety for Covid-19 survivors.

Method

This study involves 64 participants who are confirmed already and has been exposed to the virus COVID-19 spread in Central Java and Yogyakarta. The sampling technique uses *convenience sampling* that is researchers take subjects because they want and are willing to be researched. This is conducted by researchers because not all of them are willing to get information regarding patients exposed to the corona virus.

The number of participants in this study are 64 participants which are divided into 29 men and 35 women. The age of them in this study is mostly 35-55, in a percentage of 46.8%. The most dominant educational background is Bachelor Degree (51.6%), Master Degree and more (39.1%) and Senior High School and below (9.4%). Islam is 100%. For more details can be seen in table 1 below:

Table 1. Characteristics of Participants (N=64)

Variable	Percentage (n)
Sex:	
Woman	54.7 (35)
Man	45.3 (29)
Age:	
25-34	40.6 (26)
35-54	46.8 (30)
>55	12.5 (8)
Education:	
<Senior High School	9.4 (6)
Bachelor Degree (S1)	51.6 (33)
>Master Degree (S2)	39.1 (25)

Religious maturity is interpreted as a religious sentiment/respondent formed through his experience, including his well-differentiated and dynamic traits, moral consistency with religious values, comprehensive-integral and heuristic. The scale used here is an adaptation of the religious maturity scale which refers to the five aspects proposed by Allport (1953) which consists of five aspects, namely well-differentiated, dynamic characteristics, consistency, comprehensive-integral, and heuristic. An example of a scale is that *I feel restless when doing something that is forbidden by religion and I try to improve the quality of my worship.* Based on the test results obtained 28 items with a reliability coefficient of 0.900.

Meanwhile, the anxiety in facing death, such as thoughts, fears, and emotions about the final events of life experienced by ones. The used scale of death anxiety is based on a death anxiety scale developed and adapted based on Templer, Awadalla, Al-Fayez, Frazee, Bassman, Connelly, et al. (2006). This measuring instrument consists of 18 in Indonesian using a Likert scale. An example of a scale item is that *I am very afraid of death and I am afraid of painful death.* Based on the test results, the reliability coefficient is 0.87.

The data analysis technique in this study is carried out using the Pearson correlation technique. Data are analyzed by SPSS.

Research result

Before testing the hypothesis, descriptive research data for each variable will be presented first. The statistical description of the research data is summarized in table 2 below:

Table 2. Description of research data

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Religious Maturity	64	4	25	13,83	5,616
Death Anxiety	64	9	31	23,45	4,619

Based on table 2 above, it is known that the religious maturity variable gets the empirical mean as 13.83, with a standard deviation of 5.616. While death anxiety gets the empirical mean as 23.45 with a standard deviation of 4.619.

The next step is looking at the results of the correlation test between religious maturity and death anxiety. Based on the analysis results, it is found that religious maturity has a negative correlation direction with death anxiety as r =-0.300; p=0.016. It means that the patient COVID-19 who have high religious maturity will have low death anxiety. The correlation test results can be seen in table 3 below:

Table 3: Correlation Test Results

		Religious Maturity	Death Anxiety
Religious Maturity	Pearson Correlation	1	-,300[*]
	Sig. (2-tailed)		,016
	N	64	64
Death Anxiety	Pearson Correlation	-,300[*]	1
	Sig. (2-tailed)	,016	
	N	64	64

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

The Adjusted R Square value is obtained as 0.076 which shows the contribution of the religious maturity variable to explain death anxiety in COVID-19 patients by 7%. Thus, the rest 93% can be explained as predictors of other variables besides the variable of religious maturity. The results of the regression test can be seen in table 4.

Table 4: Regression Test Results

Model	R	R Square	Adjusted R	Std. Error of the

		Square	Estimate
1	,300[a]	,090	,076	4,441

a. Predictors: (Constant), Religious Maturity

b. Dependent Variable: Death Anxiety

Discussion

This study results indicate that there is a significant negative relationship between religious maturity and death anxiety in COVID-19 survivors. It means that the higher the religious maturity, the lower the death anxiety for COVID-19 survivors.

Relating to religious maturity, it cannot be separated from the benefits of religion and religiosity for individuals. First, it unites people through beliefs and values. Second, it helps people deal with life and death issues by providing a framework for experiencing life. Third, providing psychological and emotional support at crisis and instability time (Chan & Yap, 2009). Religiosity is considered as a guiding framework for human behavior. Religion helps people to know the life essence. It regulates human relations. Briefly, religion fulfills higher needs such as the need for comfort and social welfare. It helps a person to actualize himself (Maslow & Lewis, 1987).

Religiosity plays a role in social integration and therefore, it causes its members to have better mental health or well-being (Idler & Kasl, 1992), especially those who have maturity in religion. Other researchers argued that religion acts as a consolation for those who are going through difficult times (Richardson, Berman, & Piwowarski, 1983). Religion is very useful in terms of offering comfort and support people who are dying or afraid to die (Malinowski, 1965 as cited in Richardson, Berman, & Piwowarski, 1983). People who are intrinsic-oriented are less likely to experience death anxiety than those who are extrinsic-oriented because of their beliefs. The intrinsic-oriented people may believe that their religious behavior in this life will cause them to be rewarded in akhirah.

Regarding to religious maturity and death anxiety, Fakhrurrozi (2008) explained that there is a negative relationship between religiosity and death anxiety in which people with high religiosity have low death anxiety. The results of Wen's research (2012) stated that there is a relationship between religiosity variables and death anxiety as well as the results of Wen's research (2010) which previously stated that individuals with low levels of religiosity show high levels of death anxiety while people with high religiosity show low levels of death anxiety.

Religious maturity is one of the important factors which influence death anxiety. Behavior and beliefs in religion have a positive effect on increasing the meaning of one's life. Behaviors which reflect high religiosity such as believing in God, praying, visiting holy places and so on can provide hope and encouragement to be positive. This will produce inner peace which reduces death anxiety on those people (Ziapour, Dusti & Asfajir, 2014).

According to Jalaluddin (2001), those who are soleh will respond death calmly. However, for religious people, attitudes in facing death are more influenced by faith values. Those who feel that they have done goodness, as religious teachings, will be calmer in facing death. It can also be emphasized that people who have high religious maturity will have low anxiety in facing death.

Based on the explanation above, it can be emphasized that the religious maturity can reduce the level of death anxiety because it helps people find the meaning of death for their lives. The hope of afterlife in religion is also able to reduce the death anxiety. Religious maturity also helps individuals accept the fate of death, overcome worries about the process of death and fear of death or can reduce death anxiety.

Conclusion

Based on the results of the conducted study, it can be concluded that there is a significant relationship between religious maturity and death anxiety in Covid-19 survivors. It is found that religious maturity has a negative relationship with death anxiety in COVID-19 survivors as r=-0.300; p=0.016. Thus it can be stated that the more individual Covid-19 survivors have high religious maturity, the lower the death anxiety is.

This study results can be a more specific guide for COVID-19 survivors that the religious component is very important in knowing anxiety about death. The position of religious maturity can reduce the level of death anxiety because it helps ones find the meaning of death for their lives. The hope about life after death contained in religion is also able to reduce death anxiety. Religious maturity also helps ones accept the fate of death, overcome worries about the process of death and fear of death. Besides, religion provides teachings which are useful both in understanding and practice to reduce death anxiety.

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