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## Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholics and Protestants<sup>☆</sup>

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### Abstract

One way in which religiosity could promote well-being is by reducing fear of death. The objective of this study was to explore relationships between intrinsic and extrinsic religiosity, afterlife belief, death anxiety and life satisfaction in young Catholics and Protestants. Questionnaires were administered to 375 adolescents and young adults. Data analysis was limited to 134 Protestants and 149 Catholics. Measures included Allport and Ross' (1967) Intrinsic and

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Extrinsic Religiosity scales, Templer's (1970) Death Anxiety scale, Osarchuk and Tatz' (1973) belief in the afterlife scale, and the satisfaction with life scale (Diener, Emmons, Larsen, & Griffin, 1986). As hypothesized, religion moderated relationships between intrinsic and extrinsic religiosity scales with death anxiety and afterlife belief. These results support a recent argument that scales to measure intrinsic and extrinsic religiosity reflect Protestant notions of religiosity and are most suited for use in Protestant subjects.

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## 1. Introduction

Religiosity, often operationalized in terms of frequency of church attendance or prayer behavior, is related to higher levels of physical health, mental health, self-esteem, and well-being (Fry, 2000; Holt & Dellmann-Jenkins, 1992; Idler, 1987; Johnson, 1995; Kehn, 1995; Koenig, Kvale, & Ferrel, 1988; Koenig, McCullough, & Larson, 2001; Krause, 1995; Levin & Chatters, 1998; McFadden, 1995; Myers & Diener, 1995; Ochsmann, 1984; Paloutzian & Kirkpatrick, 1995). In most studies, variables such as social support and healthy lifestyles were shown to be partial mediators of relationships between religiosity and health outcomes—both physical health and mental health, including well-being (Argyle, 1999; Argyle & Beit-Hallahmi, 1997; Husaini, Blasi, & Miller, 1999; Idler, 1987; Koenig et al., 2001). However, such mediators did not explain all of the relationship between religiosity and health and well-being, pointing to the possible importance of other mediators. One such mediator may be religious belief. Links between religious belief and well-being are beginning to be investigated. Preliminary findings suggest surprisingly strong relationships between religious belief and well-being, particularly among Christians, for whom religious beliefs may be especially salient aspects of religious membership (Cohen, 2002; Cohen, Hall, Koenig, & Meador, *in press*; Cohen, Siegel, & Rozin, 2003).

One way in which religious belief could promote well-being is by reducing fear of death (Aday, 1984–1985; Alvarado, Templer, Bresler, & Thomas-Dobson, 1995; Cicirelli, 1999, 2001, 2002; Fry, 2000; Ochsmann, 1984; Richardson, Berman, & Piwo-warski, 1983; Swanson & Byrd, 1998; Thorson, 2000; Thorson & Powell, 1989, 2000). Fear of death is a strong motivator of human behavior, including cultural affiliation. Terror management theory proposes that reminders of our mortality (which result in “mortality salience”) produce strong anxiety that people are motivated to reduce (Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989). One typical mortality salience manipulation is for participants to write essays about what they think will happen to them as they die, and about their thoughts and feelings about death. Control participants typically write essays about some other anxiety-producing topic, such as about an upcoming exam or a visit to the dentist. People who have been reminded of their mortality (mortality salience participants) punish a person who has violated their cultural ideals, such as a person guilty of prostitution, more harshly than do people who have not been reminded of their mortality (control participants). Because control participants often write essays about anxiety-producing topics,

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