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THE IMPACT OF RELIGIOSITY ON DEATH ANXIETY: MEDIATING ROLE OF EMOTIONAL REGULATION AMONG MADRASSAH STUDENTS

Original Research

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ABSTRACT

Background: Death anxiety, a profound existential concern, can significantly affect emotional well-being. Religiosity, particularly within Islamic contexts, is believed to offer cognitive and emotional frameworks for coping with mortality. Despite increasing global interest, limited research has explored how religiosity influences death anxiety through emotion regulation strategies among madrassah students—a population deeply immersed in religious teachings and often excluded from mainstream psychological research.

Objective: This study aimed to examine the relationships among religiosity, emotion regulation (cognitive reappraisal and expressive suppression), and death anxiety, and to determine whether emotion regulation mediates the association between religiosity and death anxiety in madrassah students.

Methods: A cross-sectional study was conducted with 250 madrassah students (125 males, 125 females) aged 12–20 years, recruited from five urban centers in Pakistan. Participants completed the Centrality of Religiosity Scale, Emotion Regulation Questionnaire, and Death Anxiety Scale. Descriptive statistics, Pearson correlations, multiple regression, and Hayes' PROCESS macro (Model 4) with 5,000 bootstrap samples were used to assess direct and indirect effects.

Results: Religiosity was significantly negatively correlated with death anxiety ($r = –0.38$, $p < 0.001$) and expressive suppression ($r = –0.30$, $p < 0.001$), and positively correlated with cognitive reappraisal ($r = 0.37$, $p < 0.001$). Regression analysis confirmed religiosity ($\beta = –.27$, $p < 0.001$) and cognitive reappraisal ($\beta = –.23$, $p < 0.001$) as significant negative predictors of death anxiety. Mediation analysis revealed that cognitive reappraisal partially mediated the relationship (95% CI = [–0.18, –0.03]), while expressive suppression did not (95% CI = [–0.09, 0.02]). Females reported significantly higher death anxiety than males ($p = 0.02$), with no gender or age differences in religiosity or regulation strategies.

Conclusion: Religiosity reduces death anxiety in madrassah students primarily through adaptive emotional regulation, especially cognitive reappraisal. Integrating psychoeducational approaches within religious education may enhance emotional resilience in this population.

Keywords: Adolescent Psychology, Cognitive Reappraisal, Death Anxiety, Emotion Regulation, Expressive Suppression, Religiosity, Students.

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INTRODUCTION

Death anxiety, defined as the fear and apprehension of death and dying, is a deeply rooted human experience that significantly impacts psychological well-being (Sania et al., 2021). Understanding the factors that buffer or exacerbate this fear is a central concern in psychological research. Religiosity—characterized by beliefs, emotions, and practices associated with organized religion—has long been recognized as a potential source of comfort in the face of mortality (Koenig et al., 2012). In Islamic contexts, where faith is intricately woven into the fabric of daily life, religiosity can provide robust frameworks for understanding life, death, and the afterlife. Religious belief systems often provide shared values, moral guidelines, and cognitive-emotional tools that help individuals navigate existential threats and psychological distress (Shilpa et al., 2023). Despite widespread assumptions that religiosity alleviates death anxiety, empirical findings remain inconclusive. Some studies have reported negative correlations, others have found positive or null relationships, and a few have identified curvilinear patterns (Ellis et al., 2013). This variability suggests that the relationship between religiosity and death anxiety is multifaceted, likely shaped by cultural, cognitive, and emotional factors. Within Islamic religious institutions, such as madrassahs, where religious instruction often explores themes of mortality and divine judgment, understanding the psychological effects of religiosity becomes particularly pertinent.

Religiosity is a multidimensional construct encompassing religious beliefs, rituals, spiritual experiences, communal involvement, and identity commitment (Koenig et al., 2012; Maria et al., 2023). These elements collectively shape how individuals interpret adversity, regulate emotions, and construct meaning. Emotional regulation—particularly cognitive reappraisal and expressive suppression—has been identified as a key psychological process in this context. Cognitive reappraisal, the reinterpretation of emotionally charged situations in a more neutral or positive light, is associated with reduced anxiety and improved well-being, whereas expressive suppression is linked to psychological distress (Gross & John, 2003; Garland et al., 2011; Hofmann et al., 2012). Theoretical frameworks such as the process model of emotion regulation (Gross, 2015), death apprehension theory (Ellis et al., 2013), terror management theory (Solomon et al., 1991), and religious coping theory (Pargament, 2013) provide a robust basis for examining how religiosity interacts with death anxiety. These models suggest that religiosity may influence death anxiety through cognitive and emotional mechanisms, including how individuals regulate emotional responses to mortality-related thoughts. Religious practices, such as prayer and communal worship, may serve as structured avenues for adaptive emotional regulation, especially when confronting existential uncertainty.

Empirical research supports these theoretical perspectives. Intrinsic religiosity has been linked to adaptive emotional regulation and psychological well-being (Singh, 2024), while positive religious coping has been shown to have beneficial effects on adolescent mental health (Mannion, 2023). Other studies have emphasized the moderating roles of psychological distress, cultural context, and gender in the relationship between religiosity and death anxiety (Zafeera et al., 2023; Saleem & Saleem, 2019; Fatima et al., 2021). However, despite a growing body of literature, most existing research has focused on general populations, clinical groups, or university students, often within non-Muslim-majority settings. The madrassah context—a unique environment of intense religious immersion—remains underexplored. Given these gaps, the present study aims to investigate the associations among religiosity, emotional regulation, and death anxiety among madrassah students. Specifically, it examines whether emotional regulation, via cognitive reappraisal and expressive suppression, mediates the relationship between religiosity and death anxiety. The study also examines demographic variations, including age and gender, within these constructs. By focusing on a culturally significant yet empirically understudied population, the study aims to enhance our understanding of the psychological functions of religiosity, with implications for culturally sensitive educational and mental health interventions.

METHODS

This study adopted a cross-sectional, quantitative research design. It employed a non-probability convenience sampling technique to investigate the relationships among religiosity, emotion regulation, and death anxiety in madrassah students across Pakistan.

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Participants

An a priori power analysis conducted using G*Power 3.1 (Faul et al., 2009) determined that a minimum sample size of 200 participants was required to achieve adequate statistical power (0.80) for detecting medium effect sizes ($f^2 = 0.15$) at an alpha level of .05, in line with Cohen's (1988) guidelines. The participants were recruited in equal numbers (n = 50) from five urban centers in Pakistan: Hafizabad, Gujranwala, Faisalabad, Kamoki, and Sialkot. Inclusion criteria specified that participants must be (a) current madrassah students, (b) aged between 12 and 20 years, (c) fluent in either Urdu or English, and (d) without self-reported psychiatric or neurological conditions. Exclusion criteria comprised individuals outside the 12–20 year age range or those with known psychological or neurological disorders, as such factors could potentially affect emotion regulation and anxiety responses. The final sample consisted of 250 madrassah students, with equal gender representation (125 males and 125 females), aged 12–20 years. Demographic details are presented in Table 1, including distributions by age, gender, education level, and residential background.

Table 1: Demographic Characteristics of the Sample (N=250)

Variables	***n***	***%***
Age in years		
12-16	105	42%
17-20	145	58%
Gender		
Male	125	50%
Female	125	50%
Education		
Uneducated	2	0.8%
Middle	84	33.6%
Matric	67	26.8%
Intermediate	38	15.2%
Islamic education	59	23.6%
Residential area		
Rural	113	45.2%
Urban	127	54.8%

Note. n = frequency of sample, *%* = percentage

RESEARCH INSTRUMENTS

The Centrality of Religiosity Scale (CRS)

Developed by Huber and Huber (2012), the Centrality of Religiosity Scale assesses religiosity across five dimensions: intellect, ideology, public practice, private practice, and religious experience. The 15-item scale contains three items per domain and is rated on a 5-point Likert scale (1 = never, 5 = very often). Higher scores indicate stronger religiosity. The scale has demonstrated strong internal consistency in previous studies, with a reported Cronbach's alpha of .87.

Emotion Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) comprises 10 items that measure two primary strategies of emotional regulation: cognitive reappraisal (six items) and expressive suppression (four items). Items are rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree), with higher scores indicating greater use of each respective strategy. The ERQ demonstrates excellent reliability, with internal consistency coefficients around $\alpha \approx .93$.

Death Anxiety Scale (DAS)

The Death Anxiety Scale (DAS; Templer, 1970) is a 15-item self-report measure designed to assess anxiety related to death and the dying process. Responses are recorded in a proper/false format, with higher scores representing greater death anxiety. The scale has been widely used and has demonstrated acceptable reliability, with Cronbach's alpha values reported at approximately .76.

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Procedure

Ethical approval for the study was obtained from the Institutional Review Board (IRB), and all procedures adhered to the ethical principles of the Declaration of Helsinki. Madrassah administrators granted institutional permissions, and informed consent was obtained from participants, with parental consent secured for minors. Participants were briefed about the study's objectives, confidentiality protocols, and their right to withdraw at any time without consequence. Data collection was conducted via paper-based questionnaires in classroom settings under direct supervision. Participants first completed a demographic form, followed by the CRS, ERQ, and DAS. Average completion time ranged from 10 to 15 minutes.

Data Cleaning and Handling Missing Data

All data were screened for accuracy, typographical errors, and outliers. Minor typographical inconsistencies (approximately 1% of cases) were corrected by cross-referencing with original paper forms. Univariate outliers were identified via boxplots and further assessed for their influence on the data. Only complete and valid cases (N = 250) were included in the final dataset. Minimal missing data were handled using listwise deletion.

Data Analysis Plan

Statistical analyses were performed using IBM SPSS version 27. Descriptive statistics, including means, standard deviations, and score ranges, were calculated for all significant variables. Internal consistency of each scale was evaluated using Cronbach's alpha. Bivariate Pearson correlations were computed to examine associations among religiosity, emotional regulation strategies, and death anxiety. Independent samples t-tests and one-way ANOVAs were conducted to assess differences across gender and age groups. To evaluate mediation hypotheses, Hayes' (2018) PROCESS macro (Model 4) was utilized to test whether cognitive reappraisal and expressive suppression mediated the relationship between religiosity and death anxiety. Significance of indirect effects was assessed through bootstrapping with 5,000 samples and 95% confidence intervals. A p-value of less than .05 was considered statistically significant.

RESULTS

Descriptive statistics (means, standard deviations, ranges) and internal consistency reliabilities (Cronbach's alpha) were calculated to confirm that the measures reliably assessed religiosity, emotion regulation, and death anxiety.

Table 2: Psychometric Properties of Study Variables (N=250)

Variables	k	M	SD	Range	Cronbach's α
TCRS	15	64.14	8.42	20-73	.89
CRS	6	27.38	7.52	6-40	.80
ESS	4	17.79	2.02	10-25	.72
DAS	15	48.71	9.98	20-75	.77

Note: TCRS =The centrality of religious scale, CRS = Cognitive reappraisal scale, ESS = Expressive suppression scale, DAS = death anxiety scale

As shown in Table 2, all scales demonstrated acceptable to excellent reliability (α = 0.72 to 0.89), confirming that the measures were psychometrically sound and suitable for subsequent analyses. Correlation analyses were then conducted to examine the bivariate associations among religiosity, cognitive reappraisal, expressive suppression, and death anxiety, providing foundational insight for subsequent predictive and mediation analyses (Tabachnick & Fidell, 2013).

Table 3: Pearson Correlations Among Religiosity, Emotion Regulation, and Death Anxiety (N = 250)

Variable	TCRS	CRS	ESS	DAS
TCRS	1	.37**	-.30**	-.38**
CRS		1	-.19**	-.35**
ESS			1	.22**
DAS				1

Note: TCRS =The centrality of religious scale, CRS = Cognitive reappraisal scale, ESS = Expressive suppression scale, DAS = death anxiety scale

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As presented in Table 3, religiosity exhibited a significant positive correlation with cognitive reappraisal ($r = 0.37$, $p < 0.001$) and significant negative correlations with both expressive suppression ($r = -0.30$, $p < 0.001$) and death anxiety ($r = -0.38$, $p < 0.001$). Cognitive reappraisal was inversely correlated with expressive suppression ($r = -.19$, $p < .001$) and death anxiety ($r = -.35$, $p < .001$). Conversely, expressive suppression showed a positive association with death anxiety ($r = .22$, $p < .001$). These findings suggest that higher levels of religiosity and greater use of cognitive reappraisal are associated with lower death anxiety, whereas reliance on expressive suppression corresponds with increased death anxiety.

Hypothesis 2: Cognitive reappraisal will significantly negatively predict death anxiety, whereas expressive suppression will significantly positively predict death anxiety. To test whether cognitive reappraisal would negatively predict death anxiety. In contrast, expressive suppression would positively predict death anxiety; a multiple linear regression analysis was conducted with religiosity (TCRS), cognitive reappraisal (CRS), and expressive suppression (ESS) as predictors of death anxiety.

Table 4: Multiple Linear Regression Analysis Predicting Death Anxiety from Religiosity and Emotion Regulation (N = 250)

						95%CI	
Variables	B	β	SEB	t	p	LL	LL
Constant	69.39	---	7.98	8.70	< .001	34.66	58.74
TCRS	-0.32	-.27	0.08	-4.24	< .001	-0.59	-0.32
ESS	0.46	.09	0.30	1.55	.123	0.18	1.35
CRS	-0.31	-.23	0.08	-3.76	< .001	-0.58	-0.27
F (3, 246)	20.97				< .001		
R^2	.20						

Note: CRS = Cognitive Reappraisal Scale; ESS = Expressive Suppression Scale; TCRS = Total Centrality of Religious Scale; B = unstandardized coefficient; β = standardized coefficient; SEB = standard error of B; CI = confidence interval; LL = lower limit; UL = upper limit; R^2 = coefficient of determination.

The overall model was significant, $F (3, 246) = 20.97$, $p < .001$, accounting for approximately 20.4% of the variance in death anxiety ($R^2 = .20$). TCRS emerged as a significant negative predictor ($B = –0.32$, SE B = 0.08, $\beta = –.27$, $t = –4.24$, $p < .001$), indicating that higher religiosity is associated with lower death anxiety. CRS (cognitive reappraisal) was also a significant negative predictor ($B = –0.31$, SE B = 0.08, $\beta = –0.23$, $t = –3.76$, $p < .001$), indicating that greater use of positive emotional regulation strategies is associated with lower death anxiety. In contrast, ESS (expressive suppression) was not a significant predictor ($B = 0.46$, SE = 0.30, $\beta = 0.09$, $t = 1.55$, $p = 0.123$), indicating that negative emotional regulation did not significantly contribute to predicting death anxiety in this model. Overall, these results highlight the protective roles of religiosity and cognitive reappraisal in reducing death anxiety, whereas expressive suppression does not appear to have a significant effect.

Hypothesis 3: Emotion regulation (specifically cognitive reappraisal and expressive suppression) would mediate the relationship between religiosity and death anxiety.

To test this hypothesis, mediation analyses were conducted using the PROCESS Macro (Model 4; Hayes, 2018), with 5,000 bootstrap samples, to estimate the indirect effects. Religiosity (TCRS) was entered as the independent variable, cognitive reappraisal (CRS) and expressive suppression (ESS) as parallel mediators, and death anxiety (DAS) as the dependent variable.

Table 5: Mediation Analysis of Religiosity on Death Anxiety via Cognitive Reappraisal (N = 250)

	M (Cognitive reappraisal)			Y (Death Anxiety)		
Antecedent	Coeff	SE	P	Coeff	SE	p
Constant	5.92	3.40	.083	79.68	4.40	< .001
TCRS (a)	0.33	0.05	< .001	-0.35	0.07	< .001
Cognitive reappraisal (b)	---	---	---	-0.32	0.08	< .001
	$R^2 = .14$			$R^2 = 0.20$		
	$F = 40.47$, $p < .001$			$F = 30.09$, $p < .001$		

Note: TCRS = Total Centrality of Religiosity Scale; CRS = Cognitive Reappraisal Scale; DAS = Death Anxiety Scale.

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Results demonstrated that religiosity was a significant positive predictor of cognitive reappraisal (B = 0.33, SE = 0.05, p < .001), accounting for 14% of the variance (R^2 = .14, F(1, 248) = 40.47, p < .001). When controlling for religiosity, cognitive reappraisal significantly negatively predicted death anxiety (B = –0.32, SE = 0.08, p < .001), and the overall model accounted for 20% of the variance in death anxiety (R^2 = .20, F (2, 247) = 30.09, p < .001). Critically, the indirect effect of religiosity on death anxiety via cognitive reappraisal was statistically significant, as the bootstrapped 95% confidence interval [–0.18, –0.03] excluded zero, indicating that cognitive reappraisal partially mediates the relationship between religiosity and death anxiety. These findings support the hypothesis that religiosity reduces death anxiety in part by enhancing adaptive emotion regulation strategies.

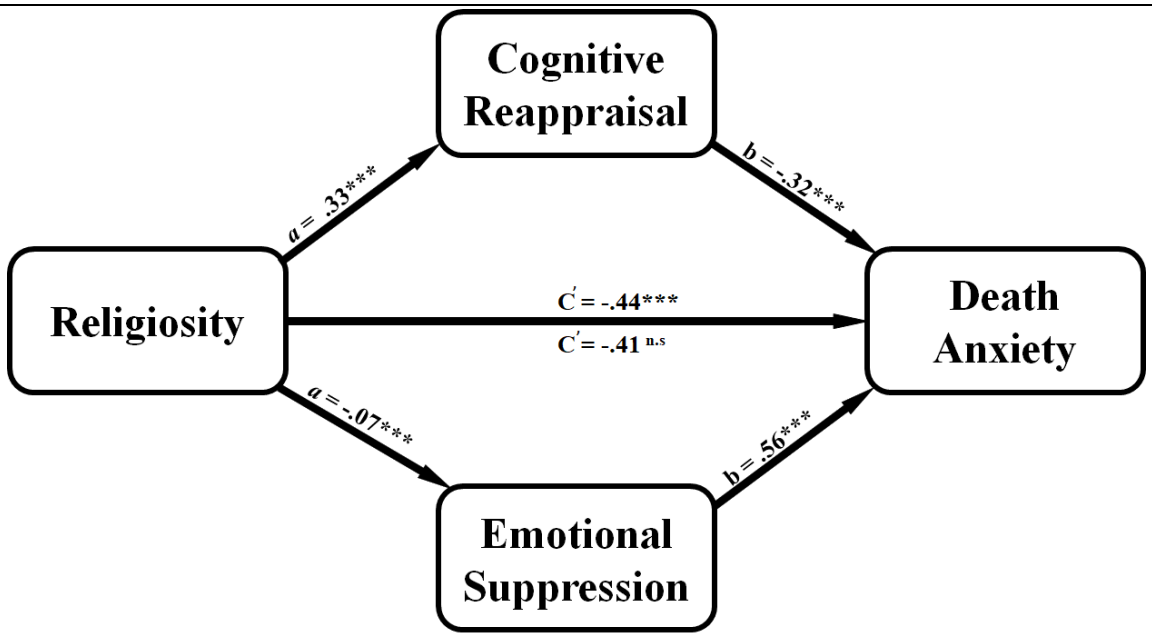
Table 6: Mediation Analysis of Religiosity on Death Anxiety Through Emotion Suppression (N = 250)

	M (Emotion suppression)			**Y (Death Anxiety)**		
Antecedent	Coeff	SE	p	Coeff	SE	p
Constant	22.34	.94	<.001	65.29	8.11	<.001
TCRS (a)	-.07	.02	<.001	-.41	.07	<.001
Emotion suppression (b)	---	---	---	.56	.30	.07
	R^2= .09			R^2= .16		
	F = 23.79, p < .001			F = 23.16, p < .001		

Note: TCRS = Total Centrality of Religiosity Scale; Emotion Suppression = mediator; DAS = Death Anxiety Scale; 95% CI = [–.09 to .02].

Results showed that religiosity significantly negatively predicted expressive suppression (B = –0.07, SE = 0.02, p < .001), explaining 9% of the variance (R^2 = .09, F (1, 248) = 23.79, p < .001). When controlling for religiosity, expressive suppression did not significantly predict death anxiety (B = 0.56, SE = 0.30, p = .07), though the overall model accounted for 16% of the variance in death anxiety (R^2 = .16, F (2, 247) = 23.16, p < .001). Importantly, the bootstrapped indirect effect of religiosity on death anxiety through expressive suppression was non-significant, as the 95% confidence interval [–0.09, 0.02] included zero. These findings indicate that while religiosity is related to lower expressive suppression, this emotion regulation strategy does not significantly mediate the link between religiosity and death anxiety. Figure 1 represents the overall model of the mediation analysis results.

Figure 1: Parallel Mediation Model of the Relationship Between Religiosity and Death Anxiety via Cognitive Reappraisal and Emotional Suppression



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Hypothesis 4: There would be significant gender and age differences in religiosity, emotion regulation (cognitive reappraisal and expressive suppression), and death anxiety. To test this, independent samples t-tests were conducted comparing males and females.

Table 7: Independent Samples t-Test Comparing Males and Females on Religiosity, Emotion Regulation, and Death Anxiety (N = 250)

	Males		**Females**				
Variables	M	SD	M	SD	t(df)	P	Cohen's d
TCRS	63.90	8.94	64.39	7.90	.46(248)	.64	---
CRS	27.28	7.36	27.48	7.70	.21(248)	.83	---
ESS	17.77	2.10	17.82	1.94	.19(248)	.85	---
DAS	47.27	10.23	50.14	9.56	2.29(248)	.02	.29

Note. TCRS = The centrality of religious scale, CRS = Cognitive reappraisal scale, ESS = Expressive suppression scale, DAS = death anxiety scale

Results indicated a significant gender difference in death anxiety, with females (M = 50.14, SD = 9.56) reporting higher levels compared to males (M = 47.27, SD = 10.23), t(248) = 2.29, p = .02, Cohen's d = .29 (small effect size). No significant gender differences were found for religiosity, cognitive reappraisal, or expressive suppression (all p > .05).

Further independent samples t-tests were conducted comparing younger (12–16 years) and older (17–20 years) age groups on all study variables.

Table 8: Independent Samples t-Test Comparing Age Groups (12–16 vs. 17–20 Years) on Religiosity, Emotion Regulation, and Death Anxiety (N = 250)

	12-16 years		**17-20 years**				
Variables	M	SD	M	SD	t(df)	P	Cohen's d
TCRS	64.14	9.48	64.14	7.60	-.00(248)	1	.00
CRS	28.05	7.09	26.90	7.81	1.20(248)	.23	.15
ESS	17.90	2.20	17.71	1.87	.75(248)	.45	.10
DAS	49.12	10.45	48.41	9.66	.56(248)	.58	.07

Note. TCRS = Total Centrality of Religious Scale; CRS = Cognitive Reappraisal Scale; ESS = Expressive Suppression Scale; DAS = Death Anxiety Scale

The independent samples t-test examined age group differences (12–16 years vs. 17–20 years) on religiosity, emotion regulation, and death anxiety. No statistically significant differences were observed between younger and older participants on the centrality of religiosity t (248) = –0.00, p = 1.00, d = 0.00), positive emotion regulation t (248) = 1.20, p = .23, d = 0.15), negative emotion regulation (t(248) = 0.75, p = .45, d = 0.10), or death anxiety (t(248) = 0.56, p = .58, d = 0.07). These findings indicate that age group (within this adolescent and young adult sample) does not significantly influence levels of religiosity, use of cognitive or suppressive emotion regulation strategies, or death anxiety.

DISCUSSION

The present study investigated the associations among religiosity, emotion regulation (cognitive reappraisal and expressive suppression), and death anxiety among madrassah students in Pakistan, a culturally and religiously distinct population underexplored in existing psychological research. Drawing upon terror management theory (Solomon et al., 1991), religious coping theory (Pargament, 1997), and the process model of emotion regulation (Gross, 2015), this study aimed to clarify the mechanisms through which religiosity may buffer existential fears and whether adaptive or maladaptive emotion regulation strategies mediate this protective relationship. Consistent with Hypothesis 1, the results demonstrated a significant negative association between religiosity and death anxiety, supporting the core assertion of terror management theory that religious worldviews provide individuals with symbolic immortality, meaning, and reassurance in the face of mortality (Pyszczynski et al., 1999). These findings align with prior research, which shows that religious beliefs concerning divine justice, the afterlife, and transcendence reduce existential concerns, particularly within Islamic and collectivist

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contexts where religious identity is deeply embedded in social and cultural life (Koenig et al., 2012; Sabwah & Khalek, 2006; Shilpa et al., 2023). By extending this literature to madrassah students, the present study provides culturally specific evidence that religiosity continues to serve as a meaningful buffer against death-related fears among youth receiving intensive religious education.

Supporting Hypothesis 2, cognitive reappraisal emerged as a significant negative predictor of death anxiety, in line with the process model of emotion regulation, which posits that reinterpreting emotional stimuli promotes adaptive outcomes (Gross, 2015). This finding reinforces prior work demonstrating that positive cognitive strategies, such as reframing existential threats, are associated with reduced anxiety and increased psychological resilience (Garland et al., 2011). Conversely, expressive suppression did not significantly predict death anxiety, suggesting that inhibiting emotional expression alone is insufficient to alleviate internal distress, a result consistent with studies indicating that suppression may be culturally normative but not necessarily beneficial for long-term emotional outcomes (Hofmann et al., 2012). Crucially, mediation analyses testing Hypothesis 3 revealed that cognitive reappraisal partially mediated the relationship between religiosity and death anxiety, whereas expressive suppression did not. This supports the assertion of religious coping theory that the protective effects of religiosity arise not merely from belief, but through its influence on psychological and emotional processes (McCullough & Willoughby, 2009). Specifically, the findings suggest that religious frameworks may encourage adaptive reinterpretations of mortality, for example, viewing death as a spiritual transition rather than an annihilation, thereby reducing anxiety. This aligns with recent research emphasizing cognitive reappraisal as a central mechanism through which religious engagement enhances well-being (Singh, 2024; Mannion, 2023; Graça & Brandão, 2024). The nonsignificant mediation role of expressive suppression, despite its cultural relevance in collectivist societies, highlights that not all regulatory strategies equally explain how religiosity mitigates death anxiety, echoing previous findings that suppression can sometimes have neutral or even maladaptive effects (Hofmann et al., 2012).

Regarding Hypothesis 4, the study identified significant gender differences, with female students reporting higher levels of death anxiety compared to males, aligning with global patterns of women's heightened emotional sensitivity to existential and relational threats (Fatima et al., 2021; Saleem & Saleem, 2019). However, no significant differences emerged across gender or age in religiosity or emotion regulation, suggesting that the protective psychological benefits of religiosity function similarly across demographic subgroups within this sample.

This study offers a modest but meaningful contribution by showing that religiosity may reduce death anxiety not only through broad worldview assurances, as proposed by terror management theory, but also through specific cognitive-emotional mechanisms, particularly cognitive reappraisal. It refines religious coping theory by distinguishing between adaptive (reappraisal) and less impactful (suppression) strategies, offering insight into how religious beliefs shape mental health. Applying the process model of emotion regulation in a non-Western religious context, the study adds to cross-cultural understandings of emotional functioning. Practically, the findings suggest that integrating adaptive cognitive strategies, such as reappraisal, into religious education and youth counseling may better help madrassah students manage existential concerns, whereas relying solely on suppression offers limited benefit. Overall, this work offers both theoretical and practical insights, highlighting how religious, cognitive, and emotional processes intersect to foster resilience in religious youth and lays the groundwork for culturally informed interventions and future research.

Limitations and Future Directions

This cross-sectional, self-report study limits causal inferences and may be subject to response biases. Its urban, religious sample restricts generalizability to rural or non-religious populations. Future research should employ longitudinal or experimental designs, include more diverse samples, and integrate qualitative approaches to deepen understanding of how religiosity and emotional regulation interact across different contexts and demographics.

CONCLUSION

This study set out to explore how religiosity influences death anxiety among madrassah students and whether emotion regulation strategies help explain this relationship. The findings highlight that religiosity serves not only as a source of spiritual reassurance but also promotes healthier emotional coping, particularly through cognitive reappraisal. This adaptive strategy helps individuals reinterpret and manage their fears. While expressive suppression was found to be less effective, the overall results underscore the nuanced ways in which faith and emotional processes intersect. Importantly, these insights suggest that religious education and counseling programs can be enriched by incorporating simple, culturally attuned psychological tools that empower students to navigate existential fears more

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constructively. By bridging spiritual belief with emotional well-being, this study contributes to a deeper, contextually grounded understanding of mental health within religious youth populations.

AUTHOR CONTRIBUTION

Author	Contribution
Waleeja Fatima	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Hira Fatima	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Atia Ghafoor	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Maham Arshad	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Suleman Ahmed*	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published

REFERENCES

1. Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. Clinical Psychology Review, 30(2), 217-237. https://doi.org/10.1016/j.cpr.2009.11.004
2. Ellis, L., Wahab, E. A., & Ratnasingan, M. (2013). Religiosity and fear of death: a three-nation comparison. Mental Health, Religion & Culture, 16(2), 179–199. https://doi.org/10.1080/13674676.2011.652606.
3. Fatima, S., Mehmood, N., & Shakil, M. (2021). Mediated Associations Between Religious Coping, Self-Regulation, and Psychological Distress Vary for Young Muslim Men and Women in Lahore, Pakistan. Journal of Religion and Health. https://doi.org/10.1007/s10943-021-01413-4
4. Gross, J. J., & Thompson, R. A. (2007). Emotion regulation: Conceptual foundations. In R. A. Thompson (Ed.), Encyclopedia of cognitive science (Vol. 1, pp. 341-346). Nature Publishing Group.
5. Gross, J. J. (2015). Emotion regulation: Current status and future prospects. Psychological Inquiry, 26(1), 1-26. https://doi.org/10.1080/1047840X.2014.940781
6. Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. Journal of Personality and Social Psychology, 85(2), 348-362. https://doi.org/10.1037/0022-3514.85.2.348
7. Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of a need for self-esteem: A terror management theory. In R. F. Baumeister (Ed.), Public self and private self (pp. 189-212). Springer.
8. Ghafoor, H., Nordbeck, P., Ritter, O., Pauli, P., & Schulz, S. M. (2021). Can Religiosity and Social Support Explain Effects of Trait Emotional Intelligence on Health-Related Quality of Life: A Cross-Cultural Study. Journal of Religion and Health. https://doi.org/10.1007/s10943-020-01163-9
9. Koenig, H. G., King, D. E., & Carson, V. B. (2012). Handbook of Religion and Health. Oxford University Press.
10. Karimi Afshar, E., SHabanian, G., Saed Taleshi, L., & Manzari Tavakoli, V. (2018). The effectiveness of emotion regulation intervention on resilience and death anxiety of women with breast cancer. Health Psychology, 7(25), 95–105. https://hpj.journals.pnu.ac.ir/article_4761_en.html
11. Lehto, R. H., & Stein, K. F. (2009). Death anxiety: An analysis of an evolving concept. Research and Theory for Nursing Practice, 23(1), 23-41. https://doi.org/10.1891/088971809787611878
12. Nadler, A., & Liviatan, I. (2006). Intergroup reconciliation: Effects of adversary's expressions of empathy, responsibility, and recipients' trust. Personality and Social Psychology Bulletin, 32(4), 459-470. https://doi.org/10.1177/0146167205282153.
13. Pargament, K. I., Exline, J. J., & Jones, J. W. (2013). The psychological and spiritual benefits of religious coping. Journal of Behavioral and Cognitive Psychotherapy, 11(1), 35-46

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14. Sania Sadaf, Mamoona Ismail Loona, & Saima Waqar (2021). Religiosity and death anxiety among madrasa and college students. Rawal Medical Journal, 46(3), 664-667.
15. Saleem, T., & Saleem, S. (2019). Religiosity and Death Anxiety: A Study of Muslim Dars Attendees. Journal of Religion and Health, 59(1), 309–317. https://doi.org/10.1007/s10943-019-00783-0
16. Templer, D. I. (1970). The construction and validation of a Death Anxiety Scale. Journal of General Psychology, 82(2), 165-177. Lester, D. (1994). The Collected Works of David Lester. Ablex Publishing Corporation.
17. Vishkin, A., Bigman, Y., & Tamir, M. (2014). Religion, Emotion Regulation, and Well-Being. Cross-Cultural Advancements in Positive Psychology, 247–269. https://doi.org/10.1007/978-94-017-8950-9_13
18. Choudhury, D., Choudhury, D., & Wildschut, R. (2010, May 1). Religiosity and psychological well-being in South Asian Muslim women. Eprints.soton.ac.uk. https://eprints.soton.ac.uk/175715/.
19. Mannion, L. (2023, September 29). Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools: an empirical enquiry. Dspace.mic.ul.ie. https://dspace.mic.ul.ie/handle/10395/3133
20. Aggarwal S, Wright J, Morgan A, Patton G, Reavley N. Religiosity and spirituality in the prevention and management of depression and anxiety in young people: a systematic review and meta-analysis. BMC Psychiatry. 2023;23(1):729.

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