

Research Article

MODERATIONAL ROLE OF AFTERLIFE BELIEF IN RELATIONSHIP BETWEEN RELIGIOSITY AND APEIROANXIETY

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Abstract

Fear of infinity or aerophobia in terms of rational fear is known as apeiroanxiety. Islam has emphasized a lot upon the infinity of afterlife including infinite rewards and infinite punishments. More often it is observed that more religious a person becomes, more knowledge of its teachings he gains and hence a clear understanding of infinite afterlife is made which is most often a source of fear and anxiety for most of the people. The present study was aimed at exploring the role of afterlife belief in relationship between religiosity and apeiroanxiety among Muslims. The study was conducted using correlational survey research design where convenient sampling technique was used for data collection. Sample comprised of 800 Muslim participants. Self-report measures were used including Apeiroanxiety Scale, Positive and Negative subscales of Afterlife Belief Scale for Muslims and Short Muslim Practice and Belief Scale Urdu version to measure apeiroanxiety, afterlife belief, and religiosity. Findings of the study revealed that religiosity had significant positive relationship with apeiroanxiety ($r=0.15^{**}$). Results also showed significant results for the interactional effect of positive afterlife belief and religiosity which means moderation occurred. The significant moderation showed that positive relationship between religiosity and apeiroanxiety is weakened by positive afterlife belief. Whereas non-significant results for the interactional effect of negative afterlife belief and religiosity were found which means no moderation occurred by negative afterlife belief. Finally, conclusion, limitations and suggestions, and implications were discussed. *ASEAN Journal of Psychiatry, Vol. 23(2) February, 2022; 1-12.*

Keywords: Religiosity, Infinity, Apeiroanxiety, Afterlife Belief, Moderation.

Introduction

Religiosity is not an easy phenomenon to be understood and measured due to its varied definitions, components, and multifaceted nature [1] but most of the times it is conceptualized as being a part of an organized religion in terms of its beliefs and practices [2]. Religiosity is a set of beliefs with established norms, rituals and its practices and mostly acquired from its worship places [3]. Religiosity is considered to be the most common variable of interest for people due to its nature of providing identification, social support, strength and comfort in circumstances of crises. Among many conceptualizations,

religiosity is most suitably conceptualized by [4] AlMarri et al. and that is the measure of extent of Muslims' engagement in their religious activities in terms of practices and beliefs. Religiosity has been found to be a noteworthy aspect of possibly impacting people's mental and psychological states [5,6]. Religiosity is found to have varied direction of correlation with psychological symptomatology [7]. A positive correlation has been noticed between religiosity and multiple mental health aspects [2] including life satisfaction, meaning in life [8] and cognitive functioning [9]. While religiosity was found to lower the levels of anxiety and depression [10,11], suicidal tendencies [12] and substance

abuse [13]. However, the pattern changes in some cases reporting a negative or no correlation between religiosity and mental health aspects [2].

Similar patterns had already been identified in Evolutionary Threat Assessment Systems (ETAS) by Flannelly et al. [14]. According to this theory, different psychiatric symptoms emerge based upon different neurological mechanisms occurring in the brain and the role different kinds of beliefs play influencing these neurological mechanisms and as a result produce different psychiatric symptomatology [14]. ETAS are a combination of MacLean's [15] neural model and cognitive model presented by Gilbert [16] and Beck et al. [17].

The ETAS model has originated from MacLean's [15] scientific work. According to him, our brain parts have evolved into three different and distinct yet inter-related structures. This evolution of brain parts has taken place in sequence with the brain part basal ganglia being the most primitive brain part. Animals have used it to defend and protect themselves against any perceived or actual threat to their survival. Later on limbic system and then prefrontal cortex evolved as brain parts. Despite having the same purpose i.e., providing the animals mechanism for self-defence, these three structures have evolved with the evolution in nature of threats.

The ETAS model explains that the psychiatric symptomatology is basically the result of threat assessments made by our brain parts. Based on this, three possible reasons are postulated that actually process behind this causal relationship. First-most, as explained by Gilbert [16], threat assessment is carried out by a number of brain structures, and the conflict arises when the same natured threat is assessed differently by these structures. This resultant conflict in assessment leads towards the development of psychiatric symptoms. Secondly, with the advancement of world and generations, some brain functions have become useless and less adaptive in the current world that once used to be more adaptive in the ancient times. Thirdly and lastly, sometimes threat system appears to assess a situation more threatening when in actual it is less threatening or not at all. This scenario has

become more common in the current era when we are confronted with different threats and there is a need to take prompt decision, the threat assessment system tends to falsely assume the normal situations also as threatening ones. Few psychological disturbances due to belief effects are also mentioned to be more vulnerable as compared to the ones with cognitive input involvement.

ETAS model has recently been used in explaining the connection between mental health and religious beliefs [18]. Based upon ETAS theory, religious beliefs have been proven to be a key factor behind the determination of various psychiatric symptomatology's that is associated with different high cognitive processes including anxiety and depression. ETAS theory is not solely connected with God, rather many other religious beliefs including after-life belief [19]. In their study, Flannelly and his colleagues [19] have illustrated the relationship of mental health with pleasant and unpleasant afterlife belief wherein pleasant afterlife belief were associated with lower levels of psychiatric symptoms and unpleasant afterlife beliefs were linked with relatively higher levels of psychiatric symptoms in an adult sample. This was found to be because of the sense of safety that pleasant afterlife belief provides for future and the gloominess unpleasant afterlife belied causes.

Though majority of the recent research area has inclined towards studying mental health in relation with religious beliefs [19-26]. However, some of the similar researches have highlighted the research gap in validating the ETAS theory for certain religious beliefs [21]. Considering those highlighted gaps, current study is aimed at exploring and validating how ETAS theory explains the relationship between religiosity and apeiroanxiety among Pakistani Muslims.

Apeiroanxiety is the rational fear of living an infinite and eternal life after death especially when torments, tortures and sufferings are associated with that life [27]. The term anxiety has been used due to the logical and rational nature of fear that is not in the case of phobia. In the Muslim context, infinity and eternity stand for something that will last for an immeasurable

and unimaginable time period. In Qur'an, the infinity and eternity of afterlife is represented with word 'abada'. This word symbolizes something that will go on for a very lengthy and unspecified time period with no interruption or pause implied. There are 28 different occasions where 'abada' is used to signify the timelessness of afterlife. In 11 verses this word has been paired with Arabic word 'khalidina fiha' as a phrase 'Khalidina fiha abada', appearing for three times (4:169, 33:65 and 72:23) to mention that the disbelievers and disobeyers will dwell in fire of hell for a very long time.

“Those who reject faith—neither their possessions nor their (numerous) progeny will avail them aught against Allah: They will be companions of the fire, dwelling therein forever.”

Al Qur'an 3:116

While at other eight occasions (4:57, 4:122, 5:119, 9:22, 9:100, 64:9, 65:11 and 98:8) this phrase mentions that those who believe in Allah and do good deeds will be entered into heaven where they will live for a very long time:

“But the ones who believe and do righteous deeds—we will admit them to gardens beneath which rivers flow, wherein they will abide forever. It is the promise of Allah, which is truth, and who is more truthful than Allah in statement.”

Al Quran 4:122

In the current study, apeiroanxiety is studied in the context of two infinite lives. One the life of Barzakh with its sufferings and agonies and pains, starting from one's death and continuing for an unknown and unlimited time period. The holy Prophet Muhammad (P.B.U.H) also narrated about the infinity of Barzakh as:

“The place of Barzakh is a place of torture for the non-believers and sinners. Their moment in Barzakh could be as long as thousands of years. The time and life in Barzakh are not like that in this world.”

While second, the life of Akhirah either in Heaven or Hell for an uninterrupted and immeasurable time, starting on the day of

resurrection when every creature will be raised and presented in front of The Allah Almighty where a day will be equal to fifty thousand years that goes beyond one's imagination and grasping power. This timelessness induces fear and anxiety among people and in extreme cases it takes over their daily functioning.

Apeiroanxiety sufferers may exhibit mild cognitive, emotional, and behavioural symptomatology but in extreme cases, it might incapacitate people from living normal life and execute their daily life functioning and might also lead them to develop any kind of biological ailment just like in other anxiety related extreme cases. But this very fear of eternity and infinity compels people to set directions of their lives. The promise of eternal life in the form of living in heaven or hell depending upon one's actions makes people think and reflect upon their lives. And this very idea of an unending life induces an anxiety in them and then leads them to develop apeiroanxiety.

Apeiroanxiety shares some of its tenets with afterlife belief as well or we can say that it is more detailed and in-depth form of afterlife belief. Afterlife belief is conceptualized as belief in any form of life after death that is also known as literal immortality [28]. This belief is most widely found to have an impact on individual's life. It is the kind of afterlife belief that determines one's psychological life [28]. Strong afterlife belief has been found to have a positive impact on psychological well-being of people [29-31]. Flannelly et al. [24] also found that the nature and strength of afterlife belief influences our mental and psychological state accordingly. Optimistic afterlife beliefs (union with God, reward, and reunion with family) found to be negatively correlated with the psychiatric symptoms [19, 22, 23, 24, 28]. On the other hand, pessimistic afterlife is found to be positively correlated with the psychiatric symptoms [23,28]. People who have a firm belief in being woken up one day after they have died and being presented before god for the evaluation of their deeds and then be rewarded accordingly, also have belief in an eternal life starting ahead. They believe that the decision of hell or heaven is based upon their actions and the

life of heaven or hell is not time bounded. So with the concept of heaven and hell, people feel terrified even with a thought of “what if they had to live in hell forever?” or “what if they get tired of living in heaven for long after they have done everything they wanted?. But belief in afterlife is still somewhat different from apeiroanxiety. Such thoughts and fears need to be grasped that what is the actual thing that fear them of eternity and living forever.

Significance of the Study

Despite being the least known concept to people, apeiroanxiety is unknowingly influencing the lives of people in one way or another. Regardless of firm belief in a departure from this temporary world, in death, Barzakh, and the day of resurrection and then never dying, people still fear it. With this fear, though they start mending their ways as per their religious teachings, yet they fear of the kind of life they will have to live forever. In the current times, especially in current scenarios, where life has become even a more uncertain thing, people are being more inclined towards religions, they have seen deaths around them happening in masses which have led them to visualize and take a deep look at an infinite life that might start very soon for them as well. Their belief in an infinite life has become even more clear and firm and most of the times it is the negative and painful side of infinite life that comes to people’s mind and hence affect their mental health in one way or another. Despite the significance this concept holds, there is scarcity of literature on it. No proper study has been done to grasp or explain it nor has any scale been constructed to measure it. The available literature has studied and measure hell anxiety [32], and belief in afterlife as well [28] but not fear of infinity which is a relatively broader construct. Besides this, only subjective statements have been used to identify if someone is having apeiroanxiety or not but there is a great need for a standardized instrument to psychometrically measure it and differentiate among phobic and normal people. The current study is aimed at exploring the nature of relationship between religiosity and apeiroanxiety among Pakistani Muslims and furthermore to understand the role of afterlife belief in their relationship.

Hypotheses

Following hypotheses were generated for the current study:

- There would be significant correlation of religiosity with apeiroanxiety.
- Afterlife belief will moderate the relationship between religiosity and apeiroanxiety.

Methodology

Participants

Sample of the study was comprised of 800 Pakistani Muslims above the age of 16 years (M=35.10 years, SD=8.57 years). Data were collected using convenience sampling technique. All the participants were Muslim including both men and women. Literacy level at minimum was matriculation ensuring all participants were literate. Female individuals (n=450) were greater in number as compared to male individuals (n=350).

Instruments

Apeiroanxiety Scale. Apeiroanxiety Scale, developed by Bilal et al. (in press) was used. It had 5 items with 5-point Likert response format, ranging from 1 (strongly disagree) to 7 (strongly agree). All the items were positively phrased. Scoring was carried out by adding responses. Higher score represented higher level of apeiroanxiety and vice versa. Potential score can range from 5 to 25. The scale has .90 internal consistencies.

Positive belief and negative belief subscales from afterlife belief scale for Muslims. The 8-item Positive afterlife belief subscale was used to assess the positive expectation among people towards afterlife. While 4-item Negative afterlife belief subscale was used to assess the negative emotions associated with concept of afterlife. The response format ranged between 1 and 5 wherein 1=Never and 5=Always. The scale had no negative item. The scale has been reported to have internal consistency ranging between 0.65 and 0.78 [28].

Short Muslim practice and belief scale. Urdu translated version of short Muslim practice and belief scale [28] was used to assess the religious beliefs about Islam among Muslims. The scale was originally developed by AlMarri et al., [4] and translated and validated by [28].

The scale comprised of 9 items on 5-point Likert scale ranging from 1=strongly disagree to 5=strongly agree. The internal consistency of full original scale was .83, whereas in case of translated version the internal consistency of the full scale is 0.78, for subscale practice 0.80 and subscale belief it is 0.70.

Procedure

After finalization of scales, permission was taken from the authors for using the scales. For the purpose of data collection, some of the

participants were approached directly while some were approached *via* online means of communication and an online goggle document was shared with them. After their consent for participation, they were briefed about the objectives and nature of the study. They were ensured that the confidentiality of their provided information will be maintained and it will only be used for research purpose.

Then, test booklet including all the scales and demographic sheet was given to participants and they were asked to fill every portion of the questionnaire correctly, sincerely and honestly. There was no time limit for filling the scales. Data was collected from a sample of 800 participants. Then, data was entered in IBM-SPSS and different statistical analyses were run on it to test the proposed hypotheses. After analyses results were compiled and discussed.

Results

After careful analyses, following results were concluded for the study. Table 1 shows the distribution of various demographic characteristics.

Table 1. Distribution of demographic characteristics of the participants (N=800).

Demographic variables	n
Gender	
Male	350
Female	450
Education	
Matric	38
Intermediate	93
Graduation	296
Post-graduation	291
Above post-graduation	82
Marital status	
Unmarried	383
Married	417
Sect	
Ahle sunnat	366
Ahle hadees	98
Deo band	155
Ahle tashee	16
None	165

Table 2. Mean, standard deviation, alpha reliability and descriptive statistics of apeiroanxiety scale (N=800).

Variables	M	SD	α	Range	
				Actual	Potential
REL	38.93	4.47	0.79	11-45	Sep-45
APS	16.59	6.2	0.91	5-25	May-25
PAB	31.3	6.81	0.86	8-40	Aug-40
NAB	16.18	3.95	0.86	4-20	Apr-20

Note. REL: Religiosity; APA: Apeiroanxiety; PAB: Positive Afterlife Belief; NAB: Negative Afterlife Belief

Table 2 shows the value of mean, standard deviation, alpha reliability, and range of religiosity, apeiroanxiety, negative belief, and positive belief. The value of Cronbach alpha for

religiosity is 0.79, for apeiroanxiety is 0.91, for positive belief is 0.85, and for negative belief is 0.86, which shows a very good internal consistency of all the scales used in the study.

Table 3. Correlation of religiosity with apeiroanxiety, positive after life belief and negative afterlife belief (N=800).

Variables	REL	APS	PAB	NAB
REL	--	0.15**	0.27**	0.32**
APS	--	--	0.02	0.69**
PAB	--	--	--	0.22**
NAB	--	--	--	--

*Note. REL: Religiosity; APA: Apeiroanxiety; PAB: Positive Afterlife Belief; NAB: Negative Afterlife Belief; **: $p < 0.01$*

Results of Table 3 show correlations between religiosity, apeiroanxiety, positive afterlife belief, and negative afterlife belief. Religiosity has a significant positive relationship with Apeiroanxiety Scale ($r=0.15$, $p < .01$), positive afterlife belief ($r=0.27$, $p < 0.01$) and negative afterlife belief ($r=0.32$, $p < 0.01$). Apeiroanxiety

Scale has a significant positive relationship with negative afterlife belief ($r=0.69$, $p < 0.01$) and a non-significant relationship with positive afterlife belief ($r=0.02$, $p > 0.05$). Positive afterlife belief has a significant positive relation with negative afterlife belief ($r=0.22$, $p < 0.01$).

Table 4. Positive Afterlife Belief as Moderator in relationship Between Religiosity and Apeiroanxiety (N = 800).

Variables	B	SE	95% CI		p
			LL	UL	
Constant	16.17	0.28	15.62	16.71	0
Religiosity	0.16	0.07	0.02	0.29	0.01
Positive after life belief *religiosity	-0.02	0.01	-0.03	0	0.02

Table 4 demonstrates the moderation analysis when positive afterlife belief was treated as a moderator for the relationship between religiosity and apeiroanxiety among Pakistani Muslims. This table shows significant results for the

interactional effect of positive afterlife belief and religiosity which means moderation occurred. The significant moderation shows that positive relationship between religiosity and apeiroanxiety is weakened by positive afterlife belief.

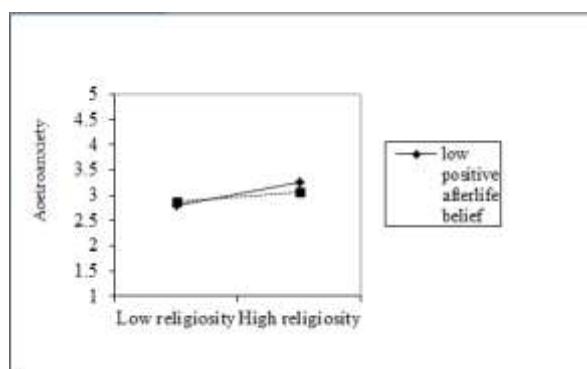


Figure 1. Graphical representation of moderating role of positive afterlife belief in the relationship of religiosity with apeiroanxiety.

Figure 1 depicts that positive relationship between religiosity and apeiroanxiety is strong when level of positive afterlife belief is low while

this relationship is weak when the level of positive afterlife belief is high.

Table 5. Negative afterlife belief as moderator in relationship between religiosity and apieroanxiety (N=800).

Variables	B	SE	95% CI		p
			LL	UL	
Constant	6.62	4.09	-1.41	14.65	0.11
Religiosity	-0.21	0.11	0.43	0	0.05
Negative after life belief *religiosity	0.01	0.01	-0.01	0.02	0.3

Table 5 demonstrates the moderation analysis when negative afterlife belief was treated as a moderator for the relationship between religiosity and apeiroanxiety among Pakistani Muslims. This table shows non-significant results for the interactional effect of negative afterlife belief and religiosity which means no moderation occurred.

Discussion

Afterlife belief is one of the basic pillars in most of the creeds in the world [21,28]. The worldly life is temporary and transient and the afterlife is said to be eternal fate. For some people, the idea of living forever and infinite life is pleasant as they anticipate to be living in heaven with endless bounties. While the coin has another side too. Many people find the concept of living an infinite life dreadful especially when it is associated with the torments and pains of graves and hell. They do not fear the afterlife; rather what haunts them is the fear of living a life that will have no time limit. In line with Islamic teachings, the fear of

infinity becomes justified and reasonable. Islamic teachings tell us that the afterlife is the real and infinite life and only the righteous people will be sent into heaven while the evildoers, disbelievers, and sinners will be thrown into hell for an infinite time [28,33,34], It has been consistently been emphasized that there will be no means of escape and no help.

Religion being a significant hallmark is determinant of many aspects in an individual's life. Researchers have studies how people revert to religion in times of crises and hardships and make use of their religious beliefs and practices to cope up with those critical situations [35]. In most of the studies, depression has been studied in link with religious variables and has found significant relationship among them. Religious beliefs have been found to influence mental health in two distinct ways. If it can lower the psychiatric symptoms, it can also cause developing of psychiatric symptoms at the same time [36].

In order to explore the nature of relationship between religiosity and apeiroanxiety it was hypothesized that religiosity would be significant correlate of apeiroanxiety. Religiosity is a combination of religion based beliefs, feelings and its practices [37] and has been found to increase anxiety [38]. A negative or no correlation between religiosity and mental health aspects has also been found [2]. It is in human nature as well as have become more common pattern in current era to take things more seriously when there is some kind of threat and pain is associated with them rather than when they are neutral or have positive reward with them. In our daily lives as well, we usually try our best to refrain from committing any crime because it will lead towards punishment rather than doing any good for positive reinforcement. Similarly, as per Islamic teachings in Qur'an and hadith, Muslims are told the eternal difficulties and torments in such a way that induces fear in them. There is an intentional effort of Allah Almighty to awake fear in the hearts of believers as well as non-believers so that they might return to Allah's path. The more the people are indulged into religious teachings, following it, and practicing it, the more the anxiety is developed in them, because they are aware of and afraid of the consequences they would encounter for a never ending time in case of wrong doings and sinning.

The second hypothesis of the study stated that Afterlife belief will moderate the relationship between religiosity and apeiroanxiety. The significant moderation shows that positive relationship between religiosity and apeiroanxiety is weakened by positive afterlife belief just as supported by ETAS theory that different threat assessment underlying different psychiatric symptoms are modulated by different beliefs [14,18] As discussed above, the more the religious a person is, the more fearful and anxious he/she will be of the eternal consequences in afterlife. The religious orientation and following of teachings, gives an individual the clear picture of afterlife rewards and punishments. On one hand, if living in hell forever with its pains and torments haunts the person, the idea being forgiven and entered into heaven minimize this anxiety. Many researches have also supported this notion. For example, Flannelly et al. [19]

found in his study that the psychiatric symptomatology is reduced when afterlife is viewed with positive and optimistic beliefs. Ellison et al. [20] has also reported similar results wherein an afterlife belief particularly a positive and rewarding and problems free afterlife exert salutary effects on anxiety and other psychiatric symptoms. Wink and Scott [39] has also found the lower levels of anxiety among religious people who had consistency in their beliefs and behaviours *i.e.* if the believe in an infinite afterlife, they must act in ways that will lead them to positive infinite rewards and hence will have lower anxieties. Ellison et al. [20] and Flannelly et al. [24] has narrated afterlife belief a buffer against anxiety and other psychiatric symptoms by putting afterlife into an "eternal perspective". These studies second our findings of the study that considering the eternal positive rewards of afterlife, the anxiety and fear of being only punished and tormented is reduced.

Conclusion

Current study was aimed at exploring the moderating role of afterlife belief in the relationship between religiosity and apeiroanxiety among Pakistani Muslims. The findings showed that religiosity has significant positive association with apeiroanxiety and this relationship is significantly moderated by positive afterlife belief. Results also validate the postulates of ETAS theory which states that our beliefs play significant role in our psychiatric symptomatology. It is revealed that religiosity and its impact on mental health is not that simple to be understood and measures, rather it depends upon the tool being used to measure it. Also that this relationship is not that simple in nature as it seems, rather we need to go through different moderating and mediating pathways to understand it.

Limitations and Suggestions

This study failed to maintain the equal gender distribution which can greatly influence the results. The data was collected using online resources that are why it was not possible to keep an equal number of both male and female

members. Hence a diverse yet equally proportioned data need to be collected in future researches. Secondly, various religious groups in the form of sects could not have been given equal representation which can greatly influence the content of variables of the study.

Implications

The revealed relationship can be helpful in Madrassas and other religious institutes in identifying the nature of beliefs being strengthened among Muslim. Though Qur'an has emphasized upon the eternal life of pain too but there is more depiction of Allah's mercy and benevolence as compared to the pain and punishment. Religious preachers can play a significant role in highlighting the positive aspects of infinite life among general populations. They can guide the people that it is up to our deeds and Mercy of ALLAH that what aspect of infinity we are going to face. Boosting the belief in the kindness of Allah will make people to look at the positive side of infinity and it will eventually help in improving the mental health of people.

References

1. Hackney CH, Sanders GS. Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*. 2003; 42(1): 43-55.
[Crossref], [Goggle Scholar].
2. Koenig HG. Religion, spirituality and health: The research and clinical implications. *International Scholarly Research Notices*. 2012; 2012.
[Crossref], [Goggle Scholar], [Indexed].
3. Zullig KJ, Ward RM, Horn T. The association between perceived spirituality, religiosity and life satisfaction: The mediating role of self-rated health. *Social Indicators Research*. 2006; 79(2):255-74.
[Crossref], [Goggle Scholar].
4. AlMarri TS, Oei TP, Al-Adawi S. The development of the short Muslim practice and belief scale. *Mental Health Religion and Culture*. 2009; 12(5): 415-26.
[Crossref], [Goggle Scholar].
5. Levin J. Religion and mental health: Theory and research. *International Journal of Applied Psychoanalytic Studies*. 2010; 7(2):102-15.
[Crossref], [Goggle Scholar].
6. Hefti R. Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. *Religions*. 2011; 2(4): 611-27.
[Crossref], [Goggle Scholar].
7. Malinakova K, Tavel P, Meier Z, van Dijk JP, Reijneveld SA. Religiosity and mental health: A contribution to understanding the heterogeneity of research findings. *International Journal of Environmental Research and Public Health*. 2020; 17(2): 494.
[Crossref], [Goggle Scholar].
8. George LK, Ellison CG, Larson DB. Explaining the relationships between religious involvement and health. *Psychological Inquiry*. 2002; 13(3): 190-200.
[Crossref], [Goggle Scholar].
9. Reyes-Ortiz CA, Berges IM, Raji MA, Koenig HG, Kuo YF, Markides KS, et al. Church attendance mediates the association between depressive symptoms and cognitive functioning among older Mexican Americans. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. 2008; 63(5): 480-6.
[Crossref], [Goggle Scholar], [Indexed].
10. Kim NY, Huh HJ, Chae JH. Effects of religiosity and spirituality on the treatment response in patients with depressive disorders. *Comprehensive Psychiatry*. 2015; 60: 26-34.
[Crossref], [Goggle Scholar], [Indexed].
11. Paine DR, Sandage SJ. Religious involvement and depression: The mediating effect of relational

- spirituality. *Journal of Religion and Health*. 2017; 56(1): 269-83.
[Crossref], [Goggle Scholar], [Indexed].
12. VanderWeele TJ, Li S, Tsai AC, Kawachi I. Association between religious service attendance and lower suicide rates among US women. *JAMA Psychiatry*. 2016; 73(8): 845-51.
[Crossref], [Goggle Scholar], [Indexed].
 13. Yonker JE, Schnabelrauch CA, DeHaan LG. The relationship between spirituality and religiosity on psychological outcomes in adolescents and emerging adults: A meta-analytic review. *Journal of Adolescence*. 2012; 35(2): 299-314.
[Crossref], [Goggle Scholar], [Indexed].
 14. Flannelly KJ, Koenig HG, Galek K, Ellison CG. Beliefs, mental health, and evolutionary threat assessment systems in the brain. *The Journal of Nervous and Mental Disease*. 2007; 195(12): 996-1003.
[Crossref], [Goggle Scholar], [Indexed].
 15. MacLean PD. *The triune brain in evolution: Role in paleocerebral functions*. Springer Science and Business Media. 1990.
[Crossref], [Goggle Scholar], [Indexed].
 16. Gilbert P. Evolutionary approaches to psychopathology and cognitive therapy. *Journal of Cognitive Psychotherapy*. 2002; 16(3): 263-94.
[Crossref], [Goggle Scholar].
 17. Beck AT, Emery G, Greenberg RL. *Anxiety disorders and phobias: A cognitive perspective*. Basic Books. 2005.
 18. Flannelly KJ, Galek K. Religion, evolution, and mental health: Attachment theory and ETAS theory. *Journal of Religion and Health*. 2010; 49(3): 337-50.
[Crossref], [Goggle Scholar], [Indexed].
 19. Flannelly KJ, Ellison CG, Galek K, Koenig HG. Beliefs about life-after-death, psychiatric symptomology and cognitive theories of psychopathology. *Journal of Psychology and Theology*. 2008; 36(2): 94-103.
[Crossref], [Goggle Scholar].
 20. Ellison CG, Burdette AM, Hill TD. Blessed assurance: Religion, anxiety, and tranquillity among US adults. *Social Science Research*. 2009 Sep; 38(3): 656-67.
[Crossref], [Goggle Scholar], [Indexed].
 21. Flannelly KJ, Flannelly S. Religious beliefs, evolutionary psychiatry, and mental health in America. Massapequa, NY: Springer; 2017.
 22. Flannelly KJ. Beliefs about Life-After-Death and Psychiatric Symptoms. In *Religious Beliefs, Evolutionary Psychiatry and Mental Health in America 2017*; pp: 173-182.
 23. Flannelly KJ, Ellison CG, Galek K, Silton NR. Belief in life-after-death, beliefs about the world, and psychiatric symptoms. *Journal of religion and health*. 2012; 51(3): 651-62.
[Crossref], [Goggle Scholar], [Indexed].
 24. Flannelly KJ, Koenig HG, Ellison CG, Galek K, Krause N. Belief in life after death and mental health: Findings from a national survey. *The Journal of Nervous and Mental Disease*. 2006; 194(7): 524-9.
[Crossref], [Goggle Scholar], [Indexed].
 25. Krause N, Ellison CG. Forgiveness by God, forgiveness of others, and psychological well-being in late life. *Journal for the scientific study of religion*. 2003; 42(1): 77-93.

- [Crossref], [Goggle Scholar], [Indexed].
26. Patrick JH, Kinney JM. Why believe? The effects of religious beliefs on emotional well being. *Journal of Religious Gerontology*. 2003; 14(2): 153-70.
[Crossref], [Goggle Scholar].
27. Ghayas S, Batool SS. Construction and validation of afterlife belief scale for Muslims. *Journal of Religion and Health*. 2016; 56(3): 861-75.
[Crossref], [Goggle Scholar], [Indexed]
28. Harding SR, Flannelly KJ, Weaver AJ, Costa KG. The influence of religion on death anxiety and death acceptance. *Mental Health, Religion and Culture*. 2005; 8(4): 253-61.
[Crossref], [Goggle Scholar].
29. Lundh LG, Radon V. Death anxiety as a function of belief in an afterlife. A comparison between a questionnaire measure and a Stroop measure of death anxiety. *Personality and Individual Differences*. 1998; 25(3): 487-94.
[Crossref], [Goggle Scholar].
30. Silton NR, Flannelly KJ, Ellison CG, Galek K, Jacobs MR, Marcum JP, et al. The association between religious beliefs and practices and end-of-life fears among members of the Presbyterian Church (USA). *Review of Religious Research*. 2011; 53(3): 357-70.
[Crossref], [Goggle Scholar].
31. Cranney S, Leman J, Fergus TA, Rowatt WC. Hell anxiety as non-pathological fear. *Mental Health, Religion and Culture*. 2018; 21: 867-83.
[Crossref], [Goggle Scholar].
32. Chittick WC. Your sight today is piercing: The Muslim understanding of death and afterlife. In H. Obayashi (Ed.), *Death and afterlife: Perspectives of the world religions*. New York: Greenwood Press. 1992.
33. Smith JI, Haddad YY. *The Islamic understanding of death and resurrection*. Oxford University Press. 2002.
34. McDonald A, Gorsuch RL. A multivariate theory of God concept, religious motivation, locus of control, coping, and spiritual well-being. *Journal of Psychology and Theology*. 2004; 32(4): 318-34.
[Crossref], [Goggle Scholar]
35. Ghayas S, Batool SS, Adil A. Relationship between religiosity and depression level of Pakistani elderly population: Mediatonal role of afterlife belief. *Trends in Psychology*. 2021; 29(1): 1-1.
[Crossref], [Goggle Scholar].
36. Ho DY, Ho RT. Measuring spirituality and spiritual emptiness: Toward ecumenicity and transcultural applicability. *Review of General Psychology*. 2007; 11(1): 62-74.
[Crossref], [Goggle Scholar].
37. Homans GC. Anxiety and ritual: The theories of Malinowski and Radcliffe-Brown. *American Anthropologist*. 1941; 43(2): 164-72.
[Crossref], [Goggle Scholar].
38. Jong J, Ross R, Philip T, Chang SH, Simons N, Halberstadt J, et al. The religious correlates of death anxiety: A systematic review and meta-analysis. *Religion, Brain and Behaviour*. 2018; 8(1): 4-20.
[Crossref], [Goggle Scholar].

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