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How death anxiety influences coping strategies during the COVID-19 pandemic: investigating the role of spirituality, national identity, lockdown and trust

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ABSTRACT

The COVID-19 pandemic has created a highly stressful environment in which reminders of death are constant. This context of permanent mortality salience is likely to arouse death anxiety in individuals around the world that they must manage. This study investigates the effects of death anxiety on the adoption of different coping strategies during the COVID-19 pandemic in five different countries (N = 721, mean age = 32.83). The results show that higher levels of death anxiety mainly lead to the adoption of avoidance coping strategies and that spirituality and national identity moderate this effect, whereas lockdown does not. Moreover, trust in institutions is a mediator in the relationship between death anxiety and avoidance strategies.

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COVID-19 pandemic; death anxiety; coping strategies; spirituality; national identity; trust

Introduction

Coronavirus disease (hereafter COVID-19), which started in China in late December 2019, has affected millions of people around the world, challenging individuals, communities, organisations, countries and policies in several domains (Usher et al., 2020). From an individual standpoint, the COVID-19 pandemic threatens the physical and psychological health of persons. In terms of physical health, the SARS-CoV-2 virus is associated with a high mortality rate, and its potential long-term effects on the body remain unknown (Li et al., 2020). Regarding psychological health, the pandemic creates a situation of constant and salient vulnerability (Boyras et al., 2020) for two main reasons. First, the imposed hygienic requirements (living with masks, using hydroalcoholic gels) represent recurring reminders of individuals' vulnerability, highly accentuated by daily media coverage of the guidelines, the cases of contaminations and the number of deaths (Pyszczynski et al., 2021). Second, social isolation due to lockdowns imposed to slow the transmission of the virus has been experienced as an extreme form of social distancing with profound negative psychological consequences (Benke et al., 2020; Tuzovic & Kabadayi, 2021).

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Overall, COVID-19 augments the lack of control, creating a highly anxious environment in which organisations are pushed to cope with new challenges in their marketing, human resources, and cost-saving strategies (Smart et al., 2021) and individuals must adopt behaviours to cope with the pandemic (Silva et al., 2021).

Moreover, COVID-19 is a calamity that has strongly impacted people's feelings about the imminence of death, generating death anxiety, as underlined by terror management theory (TMT) (Silva et al., 2021). TMT posits that the juxtaposition of human death awareness and the fundamental instinct of self-preservation creates a potential for anxiety. To counter their anxiety about death, people adopt several defence mechanisms (Landau et al., 2006). More precisely, the TMT literature suggests proximal (i.e. denying one's vulnerability or distracting oneself) and distal (i.e. keeping faith in one's cultural worldview and enhancing self-esteem) defences that individuals adopt to manage existential terror (Pyszczynski et al., 1999). As far as the COVID-19 pandemic is concerned, and because of the prominent risk of dying from the virus, recent studies suggest that people employ both defences. The literature gives specific examples such as excessive eating, drinking, media consumption, denial, belief in political conspiracy, reaffirmation of one's ideology, and exacerbation of the political divide; Pyszczynski et al., 2021). From this perspective, the coping literature also brings interesting insights into the cognitive and behavioural efforts that individuals use when facing a stressful situation (Lazarus & Folkman, 1984). Coping is a set of processes that individuals set up between themselves and a perceived threatful event to manage and decrease the impact of this threat on their physical and psychological well-being (Echeverri & Salomonson, 2019). Therefore, the first objective of the present research is to investigate the direct effect of death anxiety on coping strategies in the wake of the COVID-19 pandemic. Moreover, as recent studies suggest that trust in institutions plays an important role in the way individuals manage the pandemic (Van Bavel et al., 2020), this study also explores the indirect effect of death anxiety on coping strategies through trust in institutions. More precisely, a positive relationship between high levels of death anxiety, increase of trust and specific coping strategies is investigated. From a managerial perspective, a better understanding of the effects of death anxiety during the COVID-19 pandemic brings interesting insights on the best ways to communicate and promote services and products in an anxiety-inducing context.

Coping-related studies emphasise that the use of coping strategies depends on both individuals' internal (i.e. personality traits) and external resources (i.e. social environment, types of stressful events) (Hobfoll, 1988). In the same vein, the TMT literature highlights several resources that serve an existential function for reducing death anxiety, including spiritual beliefs (Jonas & Fischer, 2006) and cultural belongingness (Landau et al., 2004). Moreover, death awareness activates the need for control (Fritsche et al., 2008), leading individuals to increase control motivation through the potential adoption of specific coping strategies. Hence, the present research's second objective is to investigate the roles of contextual (i.e. lockdown), individual (i.e. spirituality) and collective variables (i.e. national identity) as moderators that help individuals regain meaning and control over their lives when facing death anxiety in the COVID-19 pandemic context.

The paper's contributions are threefold. First, the research empirically identifies the coping strategies adopted in the COVID-19 context, elucidating the role played by death anxiety inherent in the responses to the pandemic (Courtney et al., 2020). For instance, high

death anxiety triggered mainly avoidance-focused coping strategies through which individuals implemented proximal defence mechanisms. Second, the research provides more granular insights into the ways people manage pandemic-related anxiety about the feeling of the possibility of death (Rosenfeld et al., 2020). Individuals adopted spirituality as a defensive process to manage death anxiety. A high national identity activated more avoidance-focused coping strategies, rendering distal defences irrelevant. Trust acted as a control mechanism that helped individuals better manage the high level of death anxiety through their use of avoidance-focused coping strategies. Third, through an original large-scale data set of 721 responses collected during April-June 2020 from five different countries (Algeria, France, Iran, Italy, Turkey), this study brings novelty to TMT research by providing empirical (i.e. real-world and cross-country) evidence, as the majority of TMT studies are conducted under laboratory conditions (Menzies & Menzies, 2020).

The article is structured as follows. The first part presents the literature review focusing on TMT and coping theories. The second part details the methodology. The third section then presents the main results, and the fourth section presents a discussion and implications of the study. Finally, conclusions, limitations and areas for future research are presented.

Literature review

Terror management theory, death anxiety and coping strategies during the COVID-19 pandemic

TMT (Greenberg et al., 1986) is a psychosocial theory that enables us to understand how individuals cope with the idea of their own death. TMT posits that human beings are the only animals that have the ability to symbolically think about death, which generates an awareness of the fragility of existence. Death is a source of several representations and perceptions and is an unpredictable and uncontrollable event. This consciousness associated with a biological instinct for self-preservation makes the world seem insignificant and unordered and creates a potential for existential anxiety (Arndt & Solomon, 2003; Greenberg et al., 1986). Therefore, existential terror is the emotional manifestation of the self-preservation instinct.

In the literature, death anxiety specifically has been defined as one of the main types of existential anxiety, which also includes the fear of absurdity or the fear of insignificance. However, they are all derived from death anxiety, as death is closely related to the lack of meaning in one's life (Baldwin & Wesley, 1996). This existential anxiety arouses several needs, such as the need for order, the need for control, the need for meaning and stability, and the need for forecasting. The literature shows that fulfilling these needs in one's life contributes to reducing existential anxiety (Greenberg et al., 1986) and leads to the adoption of different defence mechanisms.

According to TMT, to preserve psychological well-being and to manage existential terror, people invest in proximal and distal defence strategies. On the one hand, proximal defences occur immediately after being reminded of death, when death thoughts are conscious. They are mainly oriented towards the denial of death and distractions. On the other hand, distal defences occur after a delay, when death thoughts are outside consciousness but highly accessible. TMT specifically suggests the existence of two main

distal defence mechanisms: maintaining faith in a cultural worldview and enhancing one's self-esteem (Pyszczynski et al., 1999). First, the cultural worldview mechanism imbues the world with order, control, and meaning and provides a set of standards of values and the promise of immortality from death (Solomon et al., 1991). Second, efforts geared towards increasing self-esteem (for example, by living up to cultural standards of value) enabled death anxiety and perceived vulnerability to be reduced (Rosenblatt et al., 1989).

Death anxiety is conceptualised as a multidimensional concept that includes the fear of being forgotten, the fear of darkness and decomposition of the body, and the fear of dying, including the fear of pain, suffering and sensory loss (Neimeyer & Moore, 1994). The COVID-19 virus and its potential effects on physical health remain a source of mystery around which there are many interrogations, and the pandemic mainly concerns the fear of dying, as it created an anxious context that emphasised the vulnerability of the human body and the lack of control and predictability of human life. The literature shows that virus or other outbreaks increase the accessibility of death thoughts and defensive behaviours (Arrowood et al., 2017; Van Tongeren et al., 2016). As such, the COVID-19 pandemic arouses death anxiety, whose levels differ among individuals (Newton-John et al., 2020). While death anxiety drives a number of human behaviours, it appears to be more relevant in the context of this current pandemic, which influences coping mechanisms in daily life (Menzies & Menzies, 2020).

Lazarus (1966) defines coping as a set of cognitive and behavioural responses adopted to face stressful situations or events. Lazarus and Folkman (1984) suggested the existence of two types of coping strategies: problem-focused (i.e. problem-solving, planning, positive reframing, seeking instrumental support) and emotion-focused (i.e. seeking emotional support, venting, humour). For instance, in the context of COVID-19, problem-focused strategies may relate to behaviours oriented towards the elimination of the perceived threat, such as defining a positive meaning for the pandemic (defined as a challenge in one's life) or planning successive steps for getting rid of the virus (vaccination); and emotion-focused strategies may relate to behaviours oriented towards the search for positive emotions (ask for others' emotional support, use of humour). Carver et al. (1989) suggested the existence of a third category, avoidance-focused coping, defined as actions to avoid a stressful experience, such as distraction, denial, disengagement or drug use. The latter strategy – avoidance – is defined in the literature as being very similar to emotion-focused strategy (Srivastava & Tang, 2018). However, because of its implication in the TMT proximal defence mechanism as a way to reduce death anxiety, this paper investigates the specific role of the three coping strategies (problem-focused, emotion-focused, and avoidance-focused) in facing the COVID-19 pandemic. Lazarus and Folkman's (1984) transactional model of coping suggests that when individuals assess a specific situation as significant and stressful, it arouses stress-related emotions that lead to the adoption of coping strategies. Depending on the quality and availability of the adopted strategies, individuals become either more vulnerable or more resistant to stressful situations (Falchetti et al., 2016). The present research adapts this model in the COVID-19 context and investigates the effects of death anxiety on coping strategies.

Fredrickson (2001) suggests that when death thoughts are salient, they are likely to arouse actions towards survival. According to Becker (1973), the denial of death is at the root of human behaviours; death must be denied and suppressed to keep on living. Death suppression includes the process of denying and forgetting its existence but also

maintaining a sustainable psychological effort to control its attention. Similarly, TMT suggests that when individuals are presented with reminders of death, they are motivated to push these thoughts out of their awareness to avoid acknowledging their own mortality. Individuals tend to adopt proximal defence strategies such as suppression or distraction from death thoughts, which help to reduce death anxiety by providing a feeling that death is distant (Greenberg et al., 1994). Therefore, we suggest that high levels of death anxiety aroused by the COVID-19 crisis would lead to more frequent use of avoidance-focused coping strategies compared to problem-focused and emotion-focused strategies, and hypothesis 1 is formulated as follows:

Hypothesis 1: Higher levels of death anxiety lead to greater use of avoidance-focused coping strategies than emotion-focused and problem-focused coping strategies.

The moderating roles of spirituality, national identity and lockdown

Religion and spirituality play a critical role in today's society, influencing individuals' behaviours and thoughts (Laurin et al., 2012). The literature shows that both religious beliefs and spirituality are closely related to the sacred and to perceptions of life and death in one's life (Hill & Pargament, 2003). However, they are separate constructs. Spirituality refers to a source of motivation, representing the effort of an individual to give personal meaning within a psychological context (Piedmont, 1999). In the face of finiteness and the inevitability of death, searching for answers to existential questions leads humans to develop a '*spiritual transcendence*', i.e. the capacity to stand outside of the immediate sense of time and space (Piedmont, 1999). Spiritual transcendence leads individuals to see life in a more objective way and to find an underlying fundamental unity, which gives meaning and coherence to the different manifestations of nature (Husemann & Eckhardt, 2019).

The literature highlights that both religious and supernatural beliefs serve an existential function to manage death anxiety (Jonas & Fischer, 2006; Norenzayan & Hansen, 2006; Vail et al., 2010). Moreover, spirituality would also help to protect oneself against death-related thoughts and reduce other worldview defences (Dong et al., 2019). This effect may be explained by the fact that spirituality relates to a transcendent feeling of compassion (Saslow et al., 2013), the value of universalism (Saroglou & Galand, 2004) and a belief in ultimate justice (Dong et al., 2017). Likewise, spirituality transcends concerns related to individuals and specific social groups, allowing individuals to connect with a larger and more sacred reality (Piedmont, 1999; Piff et al., 2015; Van Cappellen et al., 2013). Therefore, high levels of spirituality are associated with meaning-making and greater feelings of purpose in life, enabling people to obtain symbolic immortality by connecting self-worth with transcendence (Piff et al., 2015; Van Cappellen et al., 2013). The literature on coping also suggests that coping strategies used for dealing with a stressful event are mainly influenced by subjective appraisals of the source of stress (Kim, 2020; Tomaka et al., 1993), which are likely to be less threatening for spiritual individuals (Piff et al., 2015). Consistent with this body of research, we expect that people high in spirituality would better respond to death anxiety because of its existential function to protect oneself against death thoughts

(Dong et al., 2017). Therefore, for these individuals, we contend that a high level of spirituality would lead to the adoption of more adapted coping strategies, such as problem-focused strategies, which focus more on the management of the COVID-19 threat than on its related negative emotions.

Hypothesis 2: Among highly spiritual individuals, higher levels of death anxiety lead to greater use of problem-focused coping strategies (than emotion-focused and avoidance-focused coping strategies).

National identity refers to a person's expressed preference for and identification with their country instead of others (Steenkamp & Geyskens, 2006). At the supra-individual level, collective identity is a shared representation of collectivity (DiMaggio, 1997). National identity brings together the collective and individual levels (Edensor, 2020). Individuals are aware that they belong to a community with a specific identity (Steenkamp & Geyskens, 2006). National identity encompasses topics such as *'how close individuals feel to their respective countries, national pride, preference to their own country's films and programs, and willingness to move outside their country'* (Steenkamp & Geyskens, 2006, p. 142).

The nation (and its boundaries) represents and remains a key entity around which identity is shaped (Edensor, 2020). In modern times, nations have been found to be relevant for identification, especially through a sense of belongingness and self-esteem (Edensor, 2020; Steenkamp & Geyskens, 2006). Individuals high in national identity display a positive bias towards their country's symbols, language, traditions, emblems, and festivals (Steenkamp & Geyskens, 2006). These elements are visible, they distinguish 'us' from 'them', and they are shared among members (Edensor, 2020).

Because nations are becoming more complex, mobile, and culturally hybrid, the symbols through which national identity is built are constantly revised and challenged (Edensor, 2020), especially in threatening and indeterminate contexts (Solomon et al., 1991). Nevertheless, under specific circumstances, when individuals are aware that they evolve in uncontrollable, uncertain, unstable, and indeterminate environments (Solomon et al., 1991), they tend to reproduce established symbols (Edensor, 2020) as a means to reinforce national identity and decrease anxiety. For instance, when individuals are confronted with tragedy, they create symbolic and perceptual constructions that are collectively shared by the group to minimise the anxiety associated with the awareness of death (Solomon et al., 1991). These cultural constructions lead to meaning, order, stability, and permanence; hence, they hamper death anxiety through symbolic immortality (Solomon et al., 1991). In particular, this sense-making process that undermined national identity is a process of interpretations and actions in which meaning is constantly discussed and constructed (Fischer-Preßler et al., 2019). Consistent with this body of research, we expect that people high in national identity would respond to death anxiety by reframing or reinterpreting the threatening situation of COVID-19 as a sense-making process. Therefore, when national identity is high, we posit in hypothesis 3 that a high level of death anxiety would lead to the adoption of more adapted coping strategies, such as problem-focused strategies, compared to emotion-focused or avoidance-focused strategies.

Hypothesis 3: Among individuals with a strong national identity, higher levels of death anxiety lead to greater use of problem-focused coping strategies (than emotion-focused and avoidance-focused coping strategies).

TMT studies highlighted the function of close relationships to buffer existential death concerns, showing that these relationships are critical in moderating individuals' reactions to death (Mikulincer, 2018). The COVID-19 pandemic created an unprecedented highly anxious context in which people experienced the deaths of their loved ones and their fellow, or even unknown, human beings daily. Moreover, lockdowns (also called confinements and mass quarantines) radically limit social relationships and access to parents, relatives, and friends, creating social distancing. As such, death anxiety is incompatible with maintaining social distance or being forced to stay home during the imposed lockdowns. Indeed, people tend to form stronger close relationships during a crisis as a way for them to buffer their death anxiety (Ahmed et al., 2020).

On another note, during lockdowns, people faced a higher level of loneliness with less life satisfaction and poorer mental health (Benke et al., 2020). Such challenging situations in which there is a lack of flexibility push individuals to adopt more avoidance coping strategies (i.e. distraction, denial, disengagement or drug use) (Dawson & Golijani-Moghaddam, 2020). Maladaptive behaviours (e.g. increased smoking and alcohol consumption) were also observed because of the social isolation imposed by lockdowns and their related boredom, disruption of routines and psychological distress (Rahman et al., 2020). Kim (2020) also highlighted that, while under restrictions, individuals might try to adopt behaviours oriented towards restoring their sense of freedom, which relates to avoidance behaviours. Consistent with this body of research, we expect that for people facing a lockdown situation (i.e. contextual variable), the effect of death anxiety on avoidance-focused coping strategies would be higher than those not facing such a situation. Therefore, we posit the following hypothesis:

Hypothesis 4: The positive effect of death anxiety on avoidance-focused coping strategies is greater in a lockdown context (vs. a nonlockdown context). In a lockdown context (vs. nonlockdown), higher levels of death anxiety lead to greater use of avoidance-focused coping strategies than emotion-focused and problem-focused coping strategies.

The mediating role of trust in institutions

Trust is 'a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another' (Rousseau et al., 1998, p. 395). It is one's willingness to take a risk and be vulnerable to the other's actions, based on one's expectation that the other will perform a particular behaviour (Mayer et al., 1995). People choose whom to trust, making it a cognitive and emotional process that 'discriminates among persons and institutions that are trustworthy, distrusted, and unknown' (Lewis & Weigert, 1985, p. 970). In this research, we adopt a general view of trust in which the micro (i.e. interpersonal trust) and macro (i.e. institution-based trust) are interconnected, and trust is viewed as confidence in 'the reliability of a person or system, regarding a given set of outcomes or events' (Giddens, 1990, p. 34). In particular risky contexts, such as the

COVID-19 outbreak, individuals need to trust and thus comply with what scientists and politicians advise, avoiding being influenced by conspiracy theories (Van Bavel et al., 2020). Therefore, in this study, we adopt the definition of trust in institutions suggested by Murtin et al. (2018) from the OECD, which focuses on trust in different private and public entities.

Past research has suggested that trust is situational and highly dependent on relationship demands and challenges (Koranyi & Rothermund, 2012). Additionally, trust and stress follow an inverted relationship (Carlander & Johansson, 2020). Individuals facing adversity tend to develop social connectedness, resilience and a sense of vulnerability (Sibley et al., 2020). Trust may act as a coping mechanism when individuals confront stressors (Carlander & Johansson, 2020). They tend to increase trust as a coping response during stressful moments, which allows them to overcome uncertainties and threats (Koranyi & Rothermund, 2012). Studies have found that coping mechanisms are greatly associated with trust (Jonason et al., 2020). As such, trust, complemented by coping strategies, helps reduce individuals' stress (Carlander & Johansson, 2020). In the medical context, for example, people who are stressed because of their chronic diseases adapt their coping strategies depending on their trust in external sources, such as trust in medical help and information (Büssing et al., 2010). Regarding the current COVID-19 pandemic, recent studies have found that individuals tend to display more trust in science, politicians and other government bodies (Sibley et al., 2020). Moreover, according to Folkman (1984), perceived control of a situation influences the adoption of specific coping strategies. In particular, the literature introduces the effect of locus of control on coping strategies, showing that the internal locus of control is associated with adaptive coping responses (Parkes, 1986), whereas the external locus of control (i.e. belief in external forces as the main determinants of outcomes) is significantly and positively related to avoidant coping behaviours (Scott et al., 2010). Therefore, we suggest that when death anxiety is high, individuals are likely to enhance their trust in institutions (Sibley et al., 2020), and this external source of control positively affects the use of avoidance strategies. We posit the following hypothesis:

Hypothesis 5: Trust in institutions has a mediating role in the effect of death anxiety on avoidance-focused coping strategies. In particular:

H5a: Higher levels of death anxiety are associated with greater trust in institutions.

H5b: Greater trust in institutions leads to more frequent use of avoidance-focused coping strategies than emotion-focused and problem-focused coping strategies.

Figure 1 presents the conceptual framework of this study.

Methodology

Data and sample

For our study, we collected 1,304 responses in total from five different countries: Algeria, France, Iran, Italy and Turkey. These countries were chosen because at the beginning of data collection (April 2020), they displayed higher numbers of contaminations on different

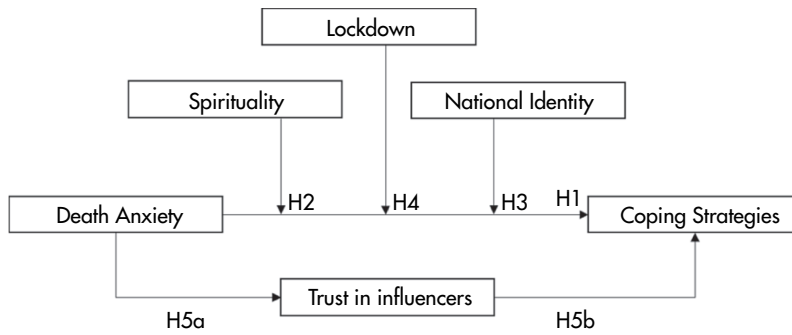


Figure 1. Conceptual framework.

continents, and they had all started to establish partial or full lockdowns.¹ The questionnaires were originally created in the English language using the relevant literature to identify the measurement scales. Then, researchers translated them into French, Italian, Persian, and Turkish for the targeted populations. We used Amazon Mechanical Turk as the major data collection platform. The respondents were rewarded with \$0.75 for participation. Out of the total questionnaires completed, we retained 721 (55.3%) valid cases after eliminating incomplete and invalid questionnaires. The elimination of responses was based on a number of factors. Psychometric studies confirm that response speed could reveal the response quality (Wood et al., 2017). Here, as no fully completed survey had a duration over 177 seconds, no responses were included below this level. Unfinished, incomplete cases were not taken into account. In addition to removing the incomplete questionnaires, we relied on the response quality in open-ended questions by retaining the relevant responses and excluding invalid/inaccurate responses. As proposed by Ziegler (2021), using this type of elimination provides greater accuracy than attention checks.

Participants had an average age of 32.83 (SD = 11.94). According to the self-reported occupations, 41.2% of participants were employed, 24.8% held managerial and professional positions and 16.4% were staff employees. Students represented 18.6% of participants, whereas entrepreneurs represented 10.3%. Unemployed and retired participants represented 8.3% and 3.3% of our sample, respectively. Participants revealed their highest level of education completed as follows: up to high school (6.2%), high school diploma (20.2%), undergraduate diploma (36.6%), and graduate or higher diploma (30.1%). A total of 389 (53.9%) participants identified themselves as male, 283 (39.3%) as female and the remaining 49 of them (6.8%) as unspecified/other. In response to the question about whether they were in a state of lockdown in the city where they live, 599 of the participants revealed that they were in full compliance with lockdown stipulations (83.1%), whereas the remaining 122 (16.9) reported that they did not comply with lockdown requirements.

Measurement scales

Death anxiety

Using a 7-point Likert scale (1 = Totally disagree, 7 = Totally agree), the death anxiety construct was measured with 5 items constructed by Dickstein (1972). Sample items include 'I am afraid of dying' and 'The prospect of my own death depresses me'. The

Cronbach's alpha score for this construct was calculated as 0.93. Furthermore, we also calculated the reliability scores for each language in which the survey was administered. This ensures that no translation-related errors could distort the measurement scales. The Cronbach's alpha scores for each language were higher than 0.91.

Coping strategies

We measured participants' coping strategies with stress with 28 items on a 7-Likert scale (1 = Totally disagree, 7 = Totally agree) with the Brief COPE measure developed by Carver (1997). This scale is composed of three subdimensions: problem-focused strategies (active coping, planning, positive reframing, acceptance), emotion-focused strategies (use of emotional support, religion, venting), and avoidance strategies (self-distraction, denial, disengagement, drug use). Sample items include, 'I have been saying to myself this is not real', 'I have been getting emotional support from others', and 'I have been using alcohol or other drugs to help me get through it'. The calculated reliability scores for each of the avoidance, problem-focused and emotion-focused strategies reached higher than 0.76, ensuring acceptable levels of internal consistency for each subdimension.

Spirituality and national identity

We measured the spirituality and national identity of each participant. As measured by Endeshaw et al. (2017), we asked participants the following question to measure the level of spirituality: 'To what extent do you consider yourself a spiritual person?'. The responses ranged from 1 = *not at all* to 7 = *totally*. The national identity construct contained two items: 'I have a strong sense of belonging to (my country)' and 'I strongly identify with being (Algerian/French/Iranian/Italian/Turkish)', as proposed by White and Dahl (2007). This construct was also measured using the same Likert scale from 1 to 7. The reliability scores of the national identity measure for each language were higher than 0.80.

Trust in institutions

Finally, we adapted the scale used in the European Quality of Life Survey to measure general trust in a cross-cultural setting (González & Smith, 2017). Therefore, we asked the following question: 'To what extent do you trust the sources below regarding COVID-19?'. Participants responded on a 7-point Likert scale (1 = Not at all, 7 = Totally) for the following sources: peers, family, influencers, religious institutions, local politicians, national politicians, the European Union, the president of the country, business representatives, police, experts, doctors/medical professions and the World Health Organization. The trust in institutions scale with 13 items yielded a high-reliability score with a Cronbach's alpha equivalent to 0.87. The reliability scores for each language were higher than 0.71.

Control variables

Finally, we collected data on various demographic information that are relevant to our study. We controlled for participants' age and gender (male = 1; female = 2), education levels and employment status. We also asked participants whether they left their homes during the first wave of the pandemic to measure its potential impact.

Measurement scales for dependent, independent, moderating and mediating variables used in this study are presented in the [Appendix](#).

Table 1. Correlation matrix.

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
(1) Death Anxiety	4.00	1.77	(.93)	.359*	.270*	.052	.444*	.184*	.371*	-.116*	-.073	.124*
(2) Trust in Institutions	4.23	1.13		(.87)	.335*	.229*	.489*	.350*	.477*	-.107*	-.152*	.133*
(3) Spirituality	4.38	2.00			-	.194*	.272*	.288*	.427*	-.091	-.071	.050
(4) National Identity	4.79	1.79				-	.056	.239*	.109*	.112*	.009	-.005
(5) Avoidance	3.39	1.17					(.82)	.362*	.714*	-.185*	-.142*	-.163*
(6) Problem-Focused	4.55	1.01						(.81)	.538*	.083	-.017	.043
(7) Emotion-Focused	3.63	1.17							(.76)	-.160*	-.079	.142*
(8) Age	32.83	11.94								-	.129*	-.097
(9) Gender (male = 1; female = 2)	1.42	.49									-	-.101*
(10) Lockdown (yes = 1; no = 2)	1.17	.38										-

* $p < 0.01$; $N = 721$; Cronbach's alpha reliability scores in brackets.

Results

Means, standard deviations, and correlations for all study variables are presented in Table 1. To calculate the descriptive and inferential statistics, we used IBM SPSS v.26. For moderation analyses of the structural equation modelling, we relied on AMOS v. 26. The correlational analyses confirmed that all our study variables were significantly correlated with each other ($p < 0.01$), with the exception of the correlation between death anxiety and national identity. Bivariate correlations among the key study variables showed that death anxiety and trust in institutions were significantly and positively correlated with the subdimensions of coping with stress: avoidance, problem-focused and emotion-focused strategies. Therefore, we included these study variables in our mediation analyses.

Mediation analysis

Using structural equation modelling, simultaneous regressions were performed to examine trust in institutions as a mediator in the relationship between death anxiety and avoidance strategies of coping with stress, as exhibited in our conceptual model (see Figure 1). As Figure 2 illustrates, the standardised regression coefficient between death anxiety and trust in institutions was statistically significant, as was the standardised regression coefficient between trust in institutions and avoidance strategies. The standardised indirect effect was $(.39)(.45) = .18$. In addition, we also tested the significance of this indirect effect using bootstrapping procedures with a bias-corrected percentile method. Standardised indirect effects were computed for each of 10,000 bootstrapped samples, and the 95% confidence interval was computed by determining the indirect effects at the 2.5 and 97.5 percentiles. The bootstrapped unstandardised indirect effect was .107, and the 95% confidence interval ranged from .127 to .233. Thus, the indirect effect was statistically significant. Taking all effects together, H1 and H5 (a,b) were supported in our structural equation model.

To test the remaining hypotheses, H2, H3 and H4, which propose the effects of spirituality, national identity and lockdown on the relationship between death anxiety and coping strategies, we conducted moderation analyses. These moderation estimates are presented in Tables 2, 3 and 4. First, Table 2 demonstrates the moderation estimates of spirituality on death anxiety and problem-focused coping with stress. The results confirm that the level of the spirituality of our participants significantly moderates this relationship

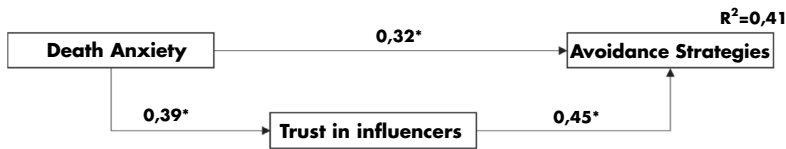


Figure 2. Standardised regression coefficients for the relationship between death anxiety and avoidance strategies as mediated by trust in institutions.

Table 2. Moderation estimates of hypothesis 2.

DV: Problem-Focused Coping Strategy	Estimate	SE	95% Confidence Interval		Z	p
			Lower	Upper		
Anxiety	0.062	0.02001	0.0231	0.1015	3.11	< .01
Spirituality	0.138	0.01776	0.1035	0.1732	7.79	< .01
Anxiety * Spirituality	.022	0.00932	0.0039	0.0404	2.37	< .02

* refers to the interaction effect, i.e. to the simultaneous effect of anxiety and spirituality on the dependent variable.

Table 3. Moderation estimates of hypothesis 3.

DV: Avoidance-Focused Coping Strategy	Estimate	SE	95% Confidence Interval		Z	p
			Lower	Upper		
Anxiety	0.285	0.0219	0.2421	0.3280	13.01	< .001
National Identity	0.032	0.0217	-0.0108	0.0742	1.46	< .143
Anxiety * National Identity	0.038	0.0111	0.0157	0.0594	3.37	< .001
DV: Problem-Focused Coping Strategy						
Anxiety	0.0955	0.0202	0.05586	0.1352	4.72	< .001
National Identity	0.1329	0.0200	0.09371	0.1722	6.64	< .001
Anxiety * National Identity	0.0122	0.0103	-0.00797	0.0324	1.19	0.236

* refers to the interaction effects, i.e. to the simultaneous effect of anxiety and national identity on the dependent variable.

Table 4. Moderation estimates of hypothesis 4.

DV: Avoidance-Focused Coping Strategy	Estimate	SE	95% Confidence Interval		Z	p
			Lower	Upper		
Anxiety	0.250	0.0247	0.2020	0.2985	11.119	< .001
Lockdown	-0.017	0.0876	-0.1890	0.1544	-0.197	0.844
Anxiety * Lockdown	-0.004	0.0496	-0.1010	0.0937	-0.071	0.943

* refers to the interaction effects, i.e. to the simultaneous effect of anxiety and national identity on the dependent variable.

($p < 0.05$). Thus, we found support for H2. Similarly, we find evidence that national identity moderates the relationship between death anxiety and avoidance-focused coping strategy (and not ‘problem-focused’ strategy), which does not support H3. Finally, the lockdown condition did not yield any significant results, which delivered no support for H4.

Discussion

The results of this study provide interesting insights to understand the role of death anxiety during the COVID-19 pandemic and the way individuals react to this anxiety while trying to maintain stable well-being. They also provide interesting insights into individual resources that help better understand how individuals respond to the stressful situation of COVID-19 and manage their related death anxiety.

First, the findings support the idea that the level of death anxiety is an explanatory factor of the types of coping strategies individuals use during the COVID-19 pandemic. As such, when death anxiety is high, avoidance strategies are mainly used. These results are consistent with the literature, which shows that anxiety levels are associated with avoidance behaviours (Al Najjar et al., 2016). Moreover, in line with the TMT literature, avoidance appears to be a proximal defence mechanism, as the COVID-19 crisis has created a context in which death is constantly salient (Greenberg et al., 1994). This first result is also in line with recent pandemic-related studies that show that, although completely avoiding the virus issue is impossible, individuals use different avoidance and diversion behaviours, such as alcohol consumption (Furnari, 2020), excessive eating (Ammar et al., 2020) and binge-watching television (Dixit et al., 2020). Denial of the virus' contagiousness or lethality is also an avoidance strategy that individuals tend to use (Srikanth, 2020).

Second, the results highlighted the moderating role of spirituality on the relationship between death anxiety and problem-focused strategy, which is in line with the TMT literature. As such, spirituality has a defensive function and helps to manage death anxiety (Dong et al., 2019). While spiritual individuals better manage this anxiety, they focus on how they could manage the problem using problem-focused strategies. In the same vein, the literature confirms the buffering function of spirituality on stress, showing a positive relationship between high levels of spirituality and the use of adaptive coping methods (Yun et al., 2019).

Third, in the context of the COVID-19 pandemic, national identity does not serve a defensive function in managing death anxiety. People with high national identity do not seem to use problem-focused coping strategies when facing high death anxiety. Further analyses revealed that, instead, they use avoidance-focused coping strategies. Contrary to what the TMT literature suggests, the symbolic immortality process may not be relevant in such a specific context (Solomon et al., 1991). One way to explain this result may be related to the very particular features that are characteristic of the COVID-19 crisis in which individuals are directly and constantly confronted with death-related thoughts, which makes the adoption of distal defences impossible. As such, respondents emphasised the fact that the virus remains the focus of their conscious thoughts, which may lead some of them to face psychological disorders afterwards (Courtney et al., 2020). On another note, from a TMT viewpoint, people tend to uphold their political ideology when confronting the possibility of death (Landau et al., 2006). Recent studies highlight the polarisation tendency of political orientations during the pandemic, which concerns both proximal and distal reactions to the death anxiety aroused by the virus (Pyszczynski et al., 2021). Additionally, the health crisis has provoked nationalist moves in many countries. As such, people display a tendency to support countries' nationalist policies when they are aligned with the beliefs of their governments and behave in an opposite manner when these policies contradict such beliefs (Su & Shen, 2020). Hence, adopting avoidance-focused coping strategies is a way for individuals to demonstrate their lack of support (and even hostility) towards the

policies of their countries. Finally, as the COVID-19 pandemic is a global threat, the nation and its boundaries (Edensor, 2020) may fade away when people are facing constant death anxiety with daily media worldwide coverage.

Fourth, as far as lockdown is concerned, although the COVID-19 context has proven to affect individuals' mental health (Husky et al., 2020), the pandemic's effects on the way individuals manage their death anxiety do not vary whether they are facing lockdowns or not. Interestingly, further analyses did not find any moderating role played by lockdown with any type of coping strategy. COVID-19 is a pandemic displaying unprecedented economic, social, political, and personal implications (Pyszczynski et al., 2021). This global pandemic called for various responses from governments to the crisis with different degrees of lockdowns and social distancing requirements in different periods. As such, when the COVID-19 virus was identified in Wuhan (China) in December 2019, lockdown appeared to be an extreme solution adopted by the governments to fight against the pandemic. By the end of March 2020, over 100 countries worldwide had applied full or partial lockdowns, impacting billions of individuals (Dunford et al., 2020). Moreover, recent studies are increasingly expounding the intensely negative impact of COVID-19 on the general population's mental health (Rettie & Daniels, 2020). As such, the pandemic context, also coined 'coronavirus anxiety' (Jungmann & Witthöft, 2020), surpassed the effects of lockdowns on the way individuals coped with their death anxiety.

Finally, the results emphasised the mediating role of trust between death anxiety and avoidance-focus coping strategies. Previous studies conducted during other pandemics displayed mixed findings related to the increase in trust in external actors during the pandemic (Sibley et al., 2020). Our findings suggest that, in the wake of feelings of high death anxiety, individuals display a higher trust level in others, such as family members and peers, information sources or key stakeholders of the pandemic, such as medical professionals. As such, the high level of trust mainly provoked by the level of anxiety associated with the sanitary context helped individuals regain control in the COVID-19 pandemic context (Sigurvinsdottir et al., 2020). Additionally, trust acts as an underlying mechanism to explain the link between death anxiety and avoidance-focused coping strategies. As such, in the COVID-19 context, the more people display trust towards others, the greater they use avoidant (i.e. denial, disengagement, distraction, and drug use) coping behaviours. Past health research explored the phenomenon of powerful other loci of control and its ambiguous effect (Step toe & Wardle, 2001). Such an external locus of control explains why individuals holding strong beliefs in powerful others might comply with recommended precautions provided by medical professionals. At the same time, these individuals may take fewer precautions, believing that any health issues can be handled well by health structures and authorities (Step toe & Wardle, 2001). In the same vein, the increased trust displayed by individuals in the wake of the COVID-19 pandemic may explain why, instead of strictly following sanitary recommendations (e.g. wearing masks, respecting social distancing and complying with lockdowns), individuals adopted more distraction- (e.g. video streaming and binge-watching), disengagement- (e.g. attending forbidden parties, going to clandestine restaurants in the middle of lockdowns), denial- (e.g. distorting facts about the pandemic's contagiousness and lethality), and drug use-oriented (e.g. alcohol consumption) behaviours, as reported by the latest studies (Alessandri et al., 2020; Götman n & Bechtoldt, 2021; Harris, 2020; Rahman et al., 2020; Silva et al., 2021).

Concluding remarks

Despite the fact that individuals perceive the COVID-19 pandemic in different ways, it has unquestionably created a context in which death reminders are constant and overwhelming. Therefore, as death awareness helps to explain behaviours in various contexts (Becker, 1973), this study aims to specifically understand how individuals manage death anxiety in the context of the COVID-19 pandemic, focusing on the effect of death anxiety on coping strategies. The results highlighted that individuals mainly adopt avoidance behaviours oriented towards denial or disengagement when death anxiety is high and that this effect is mediated by trust in institutions. These behaviours are even stronger when national identity is high, showing that national identity does not help facing death anxiety in an adaptive way in the specific context of the COVID-19 pandemic. On the other hand, spirituality seems to have a protective function, leading to the adoption of more adaptive coping strategies when death anxiety is high. However, surprisingly, lockdown as a contextual variable has no effect on this relationship, showing that social bonds are not an important resource when facing the overwhelming death anxiety related to the COVID-19 pandemic.

The results of this study have several contributions and implications. From a theoretical perspective, the article offers a fine-grained understanding of death anxiety and coping mechanisms in contexts characterised by mortality salience and continued uncertainty about the future (Silva et al., 2021). Bridging two theoretical areas of research that are mainly studied separately (i.e. TMT and coping strategies), this research contributes to recent studies that show that individuals tend to use both proximal and distal defences during the particular context of the COVID-19 pandemic (Pyszczynski et al., 2021). It also challenges recent studies (Bonetto et al., 2020) on the role of national identity as a resource that helps buffer death anxiety in the specific context of the COVID-19 pandemic. Specifically, in the context of being constantly overwhelmed with reminders of death, where people live with a heightened sense of near death (Pavia & Mason, 2004), a high level of death anxiety will trigger avoidance-focused coping strategies. Moreover, our findings which relate death anxiety and coping mechanisms during the COVID-19 pandemic contribute to the existing literature in marketing on social distancing and more specifically, on psychological distancing. Several studies in marketing focused on the effects of psychological distancing on consumption and business practices. Kim et al. (2008) analysed two dimensions of psychological distance: temporal distance which stands for the perceived temporal proximity of an event; and social distance which stands for the perceived proximity between individuals in society. Moreover, Trope and Liberman (2003) define psychological distance as the subjective perceived distance between an actor and an event. Based on the theoretical foundations of TMT, death anxiety stands for a manifestation of both: a low psychological distance between individuals and the imminent virus' threat and a high social distance between individuals as others are perceived as potential virus' transmitters. Therefore, this study focuses on the psychological aspects of distancing during the COVID-19 pandemic and brings interesting insights on the way individuals manage this distance thanks to coping mechanisms, spirituality and national identity.

From a managerial perspective, the results of this study enable us to better understand how individuals respond to the pandemic in light of their level of death anxiety. These results bring meaningful insights to managers. Death anxiety levels affect individuals' coping strategies to relieve their vulnerability (Echeverri & Salomonson, 2019). Companies should display more consideration of consumers' levels of anxiety in outbreak contexts.

Furthermore, consumption plays a reflexive role in coping with crises (Pavia & Mason, 2004). In pandemic contexts, individuals will try to regain the loss of control through their consumption decisions. Marketers may support consumers through communication campaigns and promotion-framed messages (Avnet & Higgins, 2006), conveying a greater sense of individual empowerment (Baker et al., 2005). Marketers may also anticipate hoarding and other unusual consumer behaviours triggered by feelings of death anxiety by providing products and services that help customers increase their self-preservation and self-esteem, two regulatory mechanisms usually triggered by death anxiety (Urien, 2003). Moreover, as results show that during the COVID-19 pandemic, death anxiety leads to the adoption of avoidance coping mechanisms, this study brings insights on the way to formulate arguments in public campaigns. Indeed, during the pandemic, several campaigns have been created in order to encourage people to follow sanitary recommendations (like wearing masks, using hydroalcoholic gel, respecting social distancing, complying with lockdowns). As these recommendations stand for potential reminders of death threats, likely to arouse death anxiety, an avoidance-focused formulation should be emphasised in the ads in order to enhance their efficiency. In a broader perspective, it also suggests how health-promoting behaviours should be presented in advertising in order to increase individuals' engagement. The positive relationship between death anxiety and avoidance strategies also suggests cues to promote mid-term or long-term products or services such as insurance, financial products or intimate objects that are aimed to be transmitted to future generations. As these products stand for means for self-extension and individual symbolic immortality (Price et al., 2000), they should be specifically promoted during the COVID-19 pandemic in order to reduce death anxiety. Moreover, results related to death anxiety enable to better understand risky behaviours that are adopted during the pandemic despite the inner self-preservation instinct and how they can be managed. Finally, our results also have interesting insights for public policies intended to implement measures to help individuals manage their anxiety and enhance mental well-being. For example, it could be interesting to integrate spirituality into health care structures, which would help individuals better face death anxiety, focusing on self-worth, meaning and purpose in one's life for a global understanding of one's well-being during the COVID-19 pandemic.

Finally, this study has several limitations that represent future research avenues. One limitation stands in the use of some measurement tools, such as the measure of lockdown context or national identity. Lockdown has been measured with a binary variable (yes/no), whereas the reality of confinement is much more granular with different degrees of lockdown. National identity has also been measured with two items (belongingness and identification), whereas the use of a multidimensional measure would probably help grasp to what extent cultural worldviews may help to better face the crisis and the related death anxiety while emphasising possible cultural difference effects (i.e. individualistic versus collectivistic countries) (Hofstede, 2001). It would be interesting to investigate potential cultural differences in regard to defence mechanisms facing the COVID-19 pandemic. Moreover, future research could more deeply explore the role of trust in influencers in the coping mechanisms facing the COVID-19 pandemic, distinguishing trust among peer groups and among institutional entities. The different channels used by individuals to obtain information should also be considered, as they could imply different levels of trust among individuals.

Because of the almost unprecedented context, future research could use a longitudinal approach and/or mixed methods to better grasp the present phenomenon. For instance, qualitative research could bring pertinent insights to investigate the way individuals perceive the lockdown and how they cope with death anxiety. Hopefully, the results of this study will lead to a deeper investigation of coping behaviours during pandemics.

Note

1. www.who.int

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Appendix. Items' details of measurement scales

Variable	Authors	Items
Dependent and Independent Variables		
Death Anxiety	Dickstein (1972)	<p>Please indicate your level of (dis)agreement with the following statements (Absolutely disagree = 1, Absolutely agree = 7)</p> <ul style="list-style-type: none"> • The prospect of my own death arouses anxiety in me. • The prospect of my own death depresses me. • I envision my own death as a painful, nightmarish experience. • I am afraid of dying. • I am afraid of being dead.
Coping Strategies	Brief-COPE (Coping Orientation to Problem Experienced) (Carver, 1997)	<p>How did you react facing the COVID-19 pandemic? (Absolutely disagree = 1, Absolutely agree = 7)</p> <ol style="list-style-type: none"> 1. Turned to work or other activities to take my mind off things 2. Concentrated my efforts on doing something about the situation I'm in. 3. Said to myself "this isn't real." 4. Used alcohol or other drugs to make myself feel better. 5. Got emotional support from others. 6. Gave up trying to deal with it. 7. Tried to find comfort in my religion or spiritual beliefs. 8. Accepted the reality of the fact that it has happened. 9. Said things to let my unpleasant feelings escape. 10. Got help and advice from other people. 11. Tried to see it in a different light, to make it seem more positive. 12. Criticised myself. 13. Tried to come up with a strategy about what to do. 14. Got comfort and understanding from someone. 15. Gave up the attempt to cope. 16. Made jokes about it. 17. Did something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. 18. Expressed my negative feelings. 19. Tried to get advice or help from other people about what to do. 20. Took action to try to make the situation better. 21. Refused to believe that it has happened. 22. Used alcohol or other drugs to help me get through it. 23. Learned to live with it. 24. Thought hard about what steps to take. 25. Blamed myself for things that happened. 26. Looked for something good in what was happening. 27. Prayed or meditated. 28. Made fun of the situation.
Mediator		
Trust in Influencers	González and Smith (2017)	<p>Who do you trust regarding the COVID-19 pandemic? (Not at all = 1, Very Important = 7)</p> <ul style="list-style-type: none"> • Peers • Family • Influencers • Religious institutions • Local politicians • National politicians • European Union • President of the country • Business representatives • Police • Experts • World Health Organization • Doctors/medical professions
Moderators		

(Continued)

(Continued).

Variable	Authors	Items
Spirituality	Endeshaw et al. (2017)	Do you consider yourself a spiritual person? (Not at all = 1, Very Important = 7)
Lockdown	-	What is your current situation regarding the lockdown? <ul style="list-style-type: none"> ● I am currently confined: yes/no ● Other (please specify)
National Identity	White and Dahl (2007)	Please indicate your level of (dis)agreement with the following statements regarding your national identity (Not at all = 1, Very Important = 7) <ul style="list-style-type: none"> ● I have a strong sense of belonging to _____. ● I strongly identify with being _____.