

Mediating Role of Attachment to God in the Relationship between Religious Coping Strategies and Death Anxiety in Older Adults

Mohsen Ghorbani¹, Atefeh Montazer², Arezoo Shafiee Rayhani³, Neda Mardani⁴, Aghdas Javadi^{5*}

1. Department of Psychology, Faculty of Psychology and Social Sciences, Roudehen Branch, Islamic Azad University, Roudehen, Iran

2. Department of Psychology, Sari Branch, Islamic Azad University, Mazandaran, Iran

3. Department of psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran

4. Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran

5. Department of Psychology, Faculty of humanity, Shahid Beheshti University, Tehran, Iran

* **Corresponding author:** Aghdas Javadi, Department of Psychology, Faculty of humanity, Shahid Beheshti University, Tehran, Iran Department of Psychology, Faculty of humanity, Shahid Beheshti University, Tehran, Iran. Email: ag.javadi@gmail.com

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Abstract

Background: Aging is a biological phenomenon and one of the critical stages of life. In this regard, one of the indisputable facts of aging is approaching death.

Objectives: The present study aimed to assess the mediating role of attachment to God in the relationship between religious coping strategies and death anxiety in older adults.

Methods: This descriptive cross-sectional correlational research was conducted based on structural equation modeling. The statistical population of this research included all older adults residing in Tehran from May to July 2023. A total of 298 cases were selected via the multistage cluster method. The research instruments included Pargament's Religious Coping Styles Questionnaire, Templar's Attachment to God Inventory, and Templar's Death Anxiety Survey. Descriptive statistics were analyzed using SPSS software (version 27), while SmartPLS software (version 4) was utilized to analyze data trends and standard coefficients.

Results: Based on the obtained results, the effect of positive religious coping strategies on death anxiety was not significant ($\beta=-0.032$; $P=0.212$). Positive religious coping strategies demonstrated a direct significant effect on attachment to God ($\beta=0.728$; $P<0.001$). Moreover, negative religious coping strategies had a positive and significant impact on death anxiety ($\beta=0.131$; $P=0.036$).

Conclusion: The results of this study suggested examining the mediating role of attachment to God in the relationship between religious coping strategies and death anxiety in older adults. In brief, spiritual and psychological factors, including attachment to God and religious coping strategies, play a critical role in death anxiety among elderly persons.

Keywords: Anxiety, Attachment, Coping, death, Elderly, God, Religious

1. Background

Aging is a biological phenomenon and one of the stages of life, usually beginning between ages 60-65 (1). According to official statistics, older adults constitute 10% of the population in Iran (2). It is a sensitive period in human life during which older adults face potential threats, such as increasing chronic diseases, loneliness, isolation, and lack of social support (3). Psychological and physical changes at the end of life as we approach the last days of life and death place tremendous pressure on elderly people, one of the most important of which is death anxiety (4). It is defined as an unusual and great death anxiety accompanied by apprehension when thinking about the process of death or the things that happen after death (5). In this context, the results of a study by Bakhshi et al. revealed that death anxiety has a significant negative relationship with the psychological well-being of older adults; therefore, it is necessary to pay attention to the antecedents of death anxiety (6). The results of a study conducted by Haji Hosni et al. also documented that spiritual health and perceived social support from family can negatively predict death anxiety in older adults (7). Another study by Khalvati et al. pointed out that women are more inclined to express emotions, such as fear.

Furthermore, they found that behavioral and spiritual treatments have an impact on older adults, helping them find meaning in life and ultimately reducing their death anxiety (8). In a similar vein, another research revealed that self-healing training can empower individuals and decrease their death anxiety while also improving sleep quality among older adults in nursing homes (9). Along the same lines, Zhang Ji et al. underscored that self-esteem plays a significant role in mediating death anxiety in older individuals (10). In addition, findings indicated that spiritual beliefs and mental health are correlated with reduced levels of death anxiety (11). Another research by Bala et al. in 2019 concluded that there exists a moderate and significant positive relationship between death anxiety and depression (12).

In societies with religious beliefs, utilizing those beliefs can serve as an effective means of coping with death anxiety (13). One particular belief, known as an attachment to God, involves perceiving God as a constant companion during challenging situations and relying on Him. This reliance enables individuals to employ spiritual methods in facing their problems (14). Experimental studies have pinpointed that attachment to God and expressing gratitude towards Him yield positive psycho-emotional outcomes. These benefits include enhanced emotional capacity, psychological well-being, increased happiness, self-

control, improved resilience to failure, and other related factors (15). Individuals who have a secure attachment to God tend to exhibit lower levels of anxiety, loneliness, depression, and psychological disturbances (16). In a study conducted by Aghajani et al. in 2019, attachment to God and psychological resilience depicted a significant negative correlation with death anxiety among retired elderly men (4). In the same vein, in their study, Kalantari et al. (2014) reported that attachment to God and life orientation demonstrated a significant association with an individual's tolerance for failure (15). The study conducted by Nasiri et al. (2019) also revealed that a higher degree of secure attachment to God plays a vital role in fostering a positive attitude towards death and generating mental peace among the elderly (1). In addition, Bradshaw et al. in 2018 stated that secure attachment to God is linked to improved optimism (17). Furthermore, Seyed Nouhi et al. (2014) indicated that effective positive emotion regulation strategies and a strong attachment to God act as significant predictors of psychological well-being among the elderly (18).

In their research, Hatfi et al. also highlighted that the intensity of pain had a strong connection with the level of attachment to God and religious methods of coping in older adults (19). The findings of a study by Gal et al. also proposed that having a secure attachment to God might aid women in directly facing the challenges associated with breast cancer and diagnostic procedures (20). In addition, a study by Parentio et al. demonstrates that the dimensions of attachment to God are linked to psychological adjustment through the application of specific coping strategies (21). Religion and religious coping methods serve as another influential factor that positively contributes to filling the void in one's life, providing social support for the elderly, effectively managing stress, adapting to circumstances, and attributing significance to life and death (22).

Religious coping involves individuals utilizing their religious beliefs and rituals to confront problems and pressures. Within the realm of

religious coping, people rely on religious resources, such as prayer, trust, and seeking guidance from God, to navigate life's difficulties (23). In this religious experience, individuals benefit from positive assessments and changes and embrace events with the assistance of the Lord. For instance, an individual holds the belief that God will not forsake them when confronted with a distressing event (24). Studies have demonstrated that retirees' well-being can be enhanced by their stable personality traits and the coping strategies they use to manage stress (25). Furthermore, adopting religious values can strengthen older people's emotional bonds, subsequently improving their mental health and overall quality of life (26). In the same way, religious involvement promotes happiness, hope, and satisfaction in older people while alleviating feelings of loneliness (22). In addition, there is a relationship between religious well-being, religious coping, and anxiety levels (27). Furthermore, Naz et al. (2021) highlighted the positive and significant relationship among mindfulness, religious confrontation, and inner peace (28).

2. Objectives

Population aging around the world has become a prominent and challenging problem due to a sharp rise in the elderly population. Old age often brings about anxiety as it is a time filled with feelings of shortcomings and limitations. While sporadic studies have been conducted in this field, no research has addressed the topics of attachment to God, religious coping strategies, and death anxiety in older individuals. In light of the aforementioned issues, the present study aimed to assess the mediating role of attachment to God in the relationship between religious coping strategies and death anxiety in older individuals. The objective is to determine whether attachment to God and religious coping strategies impact the level of death anxiety experienced by older adults. Subsequently, the researcher illustrated the conceptual model of the research in [Figure 1](#).

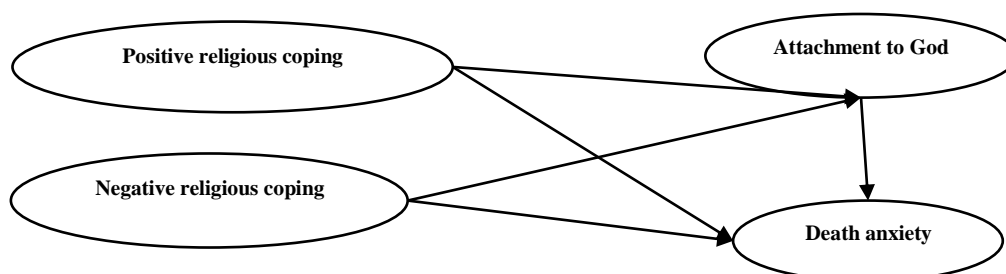


Figure 1. Conceptual framework of the research

3. Methods

This descriptive cross-sectional correlational research was conducted based on structural equation

modeling. The statistical population included all older adults residing in Tehran from May to July 2023. They were selected from 11 geriatric care centers in Tehran. The names of these centers are not revealed

to maintain confidentiality. The size of the statistical population was 780 cases. The sampling method in this study was the multistage cluster method. To carry out sampling, firstly, Tehran was grouped into 11 regions based on urban areas; thereafter, a list was prepared of all elderly care centers in Tehran. Following that, 11 geriatric care centers were randomly selected from the regions of the city. In the next step, research participants were randomly selected from these 11 centers. The authors performed randomization, and urban areas were selected by a coin toss. The sample size was determined based on the number of research variables and the statistical model. The number of structural equation modeling parameters was calculated based on the number of direct paths, exogenous variables, and error variances.

According to Loehlin et al. (29), the number of paths and variables of 250-350 participants is sufficient to test the proposed model and research hypotheses. Therefore, the researcher selected a sample size of 350 cases. In the next step, the research community was identified based on the inclusion and exclusion criteria. Firstly, all elderly people who had cases in these centers were selected and other people were excluded from the investigation. In general, the inclusion criteria were informed consent, answering all questions, and sufficient understanding of material, while the exclusion criteria were a failure to complete all questionnaires and unwillingness to take part in the study. The research was carried out in such a way that the university approvals required for the research were first obtained and, in the next step, the implementation of the research was coordinated with the geriatric care centers. Subsequently, 52 cases were excluded from the study since they did not answer more than 10 items of the questionnaire or withdrew from the study, and finally, the data of 298 subjects were analyzed.

Older adults who were limited in reading or completing questionnaires were assisted by the researcher in reading and completing them. Study participants completed three variables, namely attachment to God, religious coping strategies, and death anxiety. In compliance with ethical principles, the participants were asked to express their willingness to cooperate before answering the questionnaires. Furthermore, there was no obligation for participants to take part in the research or continue their involvement. They were told that participation in the study was completely voluntary and that they could withdraw from the study at any time. They were also explained that these tests do not contain any identifying information. Similarly, the Sobel test was utilized to test the significance of the mediator variables. The Kolmogorov-Smirnov test was used to check the normal distribution of the research variables. Descriptive statistics were

analyzed using SPSS software (version 27), while SmartPLS software (version 4) was used to analyze data trends and standard coefficients.

Pargament's Religious Coping Styles Questionnaire (R-Cope):

This questionnaire was developed by Pargament (2000) to assess people's religious approach to negative and positive events in life. The validity and reliability of this scale were confirmed by the researcher (30). Pargament's Religious Coping Questionnaire includes 100 items and 17 subscales. This questionnaire is a short form consisting of 14 items. At the end, the person's points on the scale are added together, and the total score for the person is calculated. The rating of this questionnaire is based on a 4-point Likert scale. In general, this questionnaire is divided into two components of positive and negative religious coping, each containing seven items. The score for each component ranges from 7-28. Higher scores by an individual in each component indicate greater positive and negative religious coping by the respondent. On the contrary, lower scores suggest less positive and negative religious coping by the respondent. The reliability scores of this scale in Iran using the Cronbach alpha test were found to be 0.88 and 0.9, respectively, in two studies (31). In the present research, Cronbach's alpha coefficients for this questionnaire for positive and negative coping were 0.837 and 0.822, respectively.

Attachment to God Inventory (AGI): The questionnaire for measuring attachment to God was designed by Beck and MacDonald (2004) to assess attachment to God, and its validity and reliability were confirmed by the researcher (32). The Attachment to God Questionnaire consists of 24 items and four components: attention to God, trust against mistrust, trust in God, and relationship with God. The individual's scores on the scale are added together to calculate a total score for the individual. The items in this scale are rated on a 5-point Likert scale. The values range from "strongly disagree" (1) to "strongly agree" (5), and the total score ranges from 24-120. A score above 72 indicates a high level of connection with God. The reliability of this scale was calculated at 0.81 using Cronbach's alpha test (33). In the present study, Cronbach's alpha for this questionnaire was 0.822.

Templer's Death Anxiety Questionnaire (DAS):

This questionnaire was created by Templer (1983) to measure people's death anxiety. The validity and reliability of this scale were confirmed by the researcher (34). This scale consists of 25 items, 17 of which are positive and 8 of which are negative. The individual's scores on the scale are added together to calculate a total score for the individual. The rating of this questionnaire is based on a 5-point Likert scale. The values range from never (0) to very much (4),

and people's values range from 0-100. Higher scores signify higher levels of death anxiety, and lower scores suggest lower levels of death anxiety in the subjects. The reliability of this scale in Iran is 0.73 using Cronbach's alpha test (35). In the present study, Cronbach's alpha for this questionnaire was 0.79.

4. Results

Firstly, the researcher examined the descriptive statistics of the research variables. Participants were assigned to three groups based on average age: 50-65, 66-75, and ≥ 76 years. The percentage of participants in these groups was 40.3, 35.9, and 23.8, respectively. In terms of education, participants were assigned to four groups: illiterate (52.3%), under-graduated (11.1%), graduate (19.5%) and post-graduated (17.1%). Table 1 shows the mean and standard deviation of the positive and negative

scores for religious coping, death anxiety, and attachment to God: 18.66 ± 7.08 , 18.56 ± 5.75 , 47.13 ± 30.14 , and 66.61 ± 28.08 , respectively.

Based on the results presented in Table 2, there is a meaningful relationship between the research variables ($P < 0.01$). Furthermore, the robustness of the Pearson correlation coefficient suggests a strong relationship between the research variables.

Table 3 displays the positive relationship between positive religious coping and hardiness, suggesting that as one variable increases, another variable also increases. Moreover, positive religious coping exhibited a negative relationship with death anxiety, demonstrating that with an increase of positive religious coping in the individual, death anxiety

Table 1. Descriptive statistics indicators of research variables

Variables	Groups	Frequency	Percent
Age	50-65 years old	120	40.3
	66-75 years old	107	35.9
	+76	71	23.8
Level of Education	Illiterate	156	52.3
	High school	33	11.1
	Diploma	58	19.5
	Associate Degree	51	17.1
Variables	Mean \pm SD	Max	Min
Positive religious coping	18.66 \pm 7.08	28	8
Negative religious coping	18.56 \pm 5.75	28	8
Death anxiety	47.13 \pm 30.14	90	19
Attachment to God	66.61 \pm 28.08	99	26

Table 2. Correlation matrix between research variables

Row	Variables	1	2	3	4	significance level
1	Positive religious coping	-				$P < 0.001$
2	Negative religious coping	-0.642**	-			$P < 0.001$
3	Death anxiety	-0.836**	0.720**	-		$P < 0.001$
4	Attachment to God	0.868**	-0.685**	-0.948**	-	$P < 0.001$

** The correlation is significant at the 0.01 level (2 tails).

Table 3. Standard research coefficients, in general

Result of the hypothesis	Path coefficient	significance level	T-value	Results
Positive religious coping --> death anxiety	-0.032	$P = 0.212$	12.48	rejection
Positive religious coping --> attachment to God	0.728	$P < 0.001$	13.10	confirmation
Negative religious coping --> death anxiety	0.131	$P = 0.036$	2.09	confirmation
Negative religious coping --> attachment to God	-0.218	$P < 0.001$	3.55	confirmation
Attachment to God --> anxiety of death	-0.83	$P < 0.001$	11.007	confirmation

decreases. In addition, the relationship between positive religious coping and attachment to God was positive, illustrating that with an increase of positive religious coping in the individual, attachment to God increases. On the other hand, the relationship between negative religious coping variables and attachment to God is negative, signifying that the relationship between these variables is inverse, and as the negative religious coping increases in the

individual, attachment to God decreases. On the other hand, the relationship between negative religious coping variables and death anxiety is positive. This means that the relationship between these variables is direct and increases with an increase of another variable. Furthermore, the relationship between variables of death anxiety and attachment to God was negative. After implementing the model, the researcher checked the path coefficients between the

research variables and the significance level between the variables. In this study, the researcher set the bootstrap value to 500.

Based on the results presented in Table 3, Figures 2 and 3, most of the path coefficients associated with the final model are significant. According to the standard coefficients in Table 3, the effect of positive religious coping on death anxiety was not significant ($\beta=-0.032$; $P=0.212$). The direct impact of positive religious coping on attachment to God was significant ($\beta=0.728$; $P<0.001$). The effect of negative religious

coping on death anxiety was positive and significant ($\beta=0.131$; $P=0.036$). The impact of negative religious coping on attachment to God was negative and significant ($\beta=-0.218$; $P<0.01$). Finally, the inverse effect of attachment to God on death anxiety was significant ($\beta=-0.83$; $P<0.01$). This finding confirmed the structural model of the study. The researcher used the Sobel test to check the significance of the mediating variables of the research. This test was calculated using the following formula.

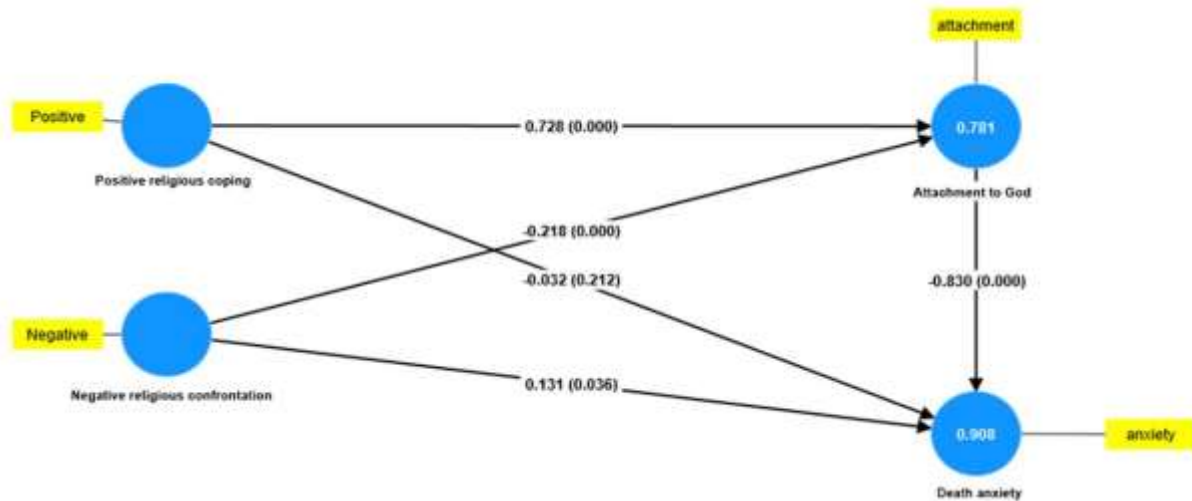


Figure 2. Path coefficients between variables and significance level

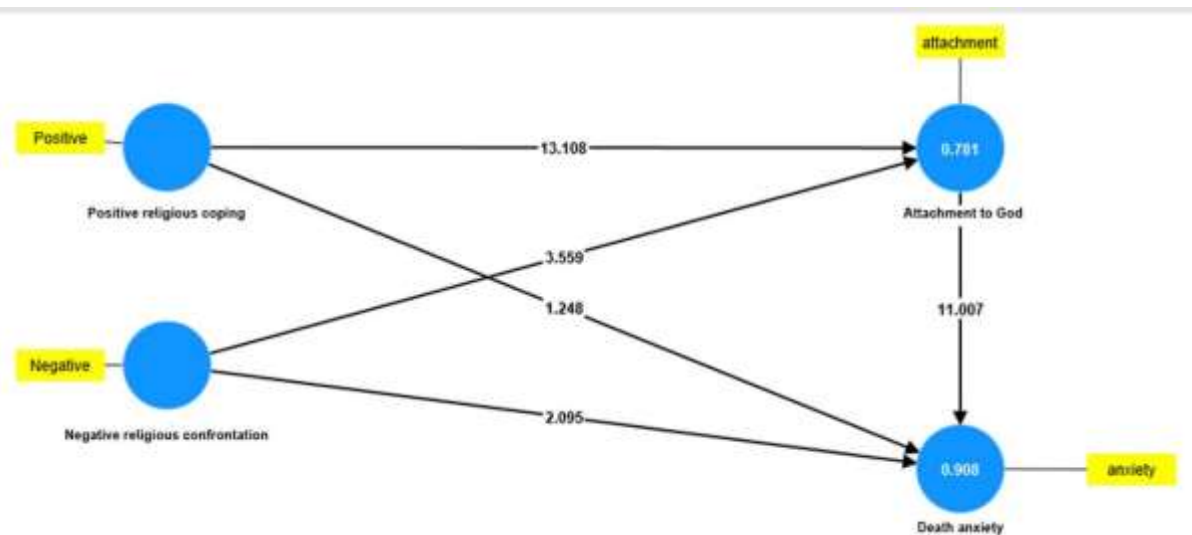


Figure 3. T-value between variables and significance level

$$Z - value = \frac{a * b}{\sqrt{(b^2 * s_a^2) + (a^2 * s_b^2) + (s_a^2 * s_b^2)}}$$

The Z score for the negative religious coping variable was 3.4. From the values obtained in the Sobel test, it can be concluded that the mediating variable of the research is significant. In the next step, the researcher checked the fit of the model.

According to Table 4, the reliability and validity of the model are proven. The reliability of the variables was confirmed, rendering a Cronbach's alpha of above 0.7. Furthermore, the combined reliability of these variables is above 0.7. Likewise, the convergent validity of the model was assessed using the AVE index, indicating that its value for the research variables exceeds 0.5. It can be concluded that the validity of the model was proven. The researcher

then evaluated the validity of the model. The matrix analysis also confirms the divergent validity of the model. The only exception is death anxiety, where the divergence value falls slightly below the matrix diameter. Nonetheless, due to this slight discrepancy, the divergent validity was actually confirmed. Likewise, the researcher assessed the fit of the model, which was then validated against all fit indices. The Standardized Root Mean Square Residual Index,

which represents the differences between the observed correlation and the correlation matrix of the structural model, gave the model a value of 0.064. Furthermore, the model recorded an NFI (Normed Fit Index) value of 0.901 and a Q2 value of 137.268. The Q2 values for death anxiety and attachment to God were 0.776 and 0.902, respectively, further supporting the adequacy of the model.

Table 4. Reliability and validity of the model

Variables	Cronbach's Alpha		Reliability	(AVE)
Positive religious coping	0.837		0.848	0.77
Negative religious confrontation	0.822		0.838	0.89
Death anxiety	0.791		0.812	0.87
Attachment to God	0.822		0.841	0.65
Investigating divergent validity also by Fornell-Larker method				
	1	2	3	4
Positive religious coping	0.87	-	-	-
Negative religious coping	-0.642	0.94	-	-
Death anxiety	-0.836	0.720	0.93	-
Attachment to God	0.868	-0.685	-0.948	0.80

5. Discussion

The present research is centered around examining how the correlation between attachment to God and employment of religious coping techniques effectively lessens death-related anxiety among older adults. It has been found that positive religious coping does not have a significant impact on death anxiety, whereas negative religious coping does have a positive and noteworthy effect. In addition, positive religious coping has a direct and significant impact on one's attachment to God, while negative religious exposure has a negative and significant impact on one's commitment to God. Ultimately, attachment to God had an inverse significant relationship with death anxiety.

The results of this study on attachment to God and religious coping strategies are implicitly consistent with previous studies (36, 37). Another study also demonstrated that negative religious coping and an insecure attachment style to God were the most significant contributors to explaining death obsession (13). In the above explanation, it can be stated that one of the characteristics of people with a secure attachment to God is having a positive internal and external model of themselves and others (God). They face difficult situations with great confidence in the shadow of trust in God as a source of support and a secure base. By trusting themselves and God, these people have control over situations and circumstances. People who are mentally strong and feel close to God believe they have the support they need to deal with challenges. This, in turn, promotes an optimistic view of controlling stressors (38, 39).

Strategies and control beliefs play a key role in death anxiety in older adults (40). Another study also found that there is a connection between religious

health and religious treatment of anxiety (27). Religion and religious coping can play a significant role in how individuals adjust to stressful situations. They offer a structure for interpreting the meaning and origins of negative events, providing a sense of optimism in life. In times of stress, religious commitment can act as a protective factor, reducing the detrimental effects of caregiving stress on one's health (41). Observance of spiritual and religious rituals by creating deep connections between religious sources will eliminate death anxiety and improve the mental health of religious people. By participating in religious activities and enjoying social support through religious rituals and belief in God, older adults find a sense of more conscious thought control in their lives and evaluate the philosophy of life and death differently than others. As a result, these groups find life events and death less stressful and experience less death anxiety (42).

The results of this study on attachment to God and death anxiety in older adults implicitly are in line with previous studies (11, 4). Another study also highlighted that types of attachment to God exert marked effects on death anxiety among cancer patients (5). The results of one study also pointed to a negative and significant relationship between styles of attachment to God and resilience to death anxiety (43). Another study also found that people who have a secure attachment to God have more life satisfaction and less anxiety, depression, and illness compared to people with an ambivalent attachment to God (44). This finding can be justified on the ground that according to the definition, death anxiety is an unconscious fear and a complex concept that is not easy to explain.

On the other hand, religion provides answers to questions related to existence and life, reduces the

complexity and unknown of death, and gives people a sense of self-confidence and control over fears (42-44). Therefore, attachment to God minimizes death anxiety and acts as a decisive factor against the feeling of existential despair. In this way, as faith in God and inner acceptance of religion increases, the anxiety level of older adults decreases. When these people feel that God forgives them, their death anxiety diminishes, and they gain greater peace (5). Regarding the limitations of the present study, it can be stated that the sample examined only included older adults. Therefore, when generalizing the results of the present study to other social classes, caution appears to be warranted, given the possibility that there are differences in attitudes toward death depending on demographic factors. Another limitation of the current research was that several cases did not have sufficient literacy skills to participate in the study and complete the research instruments. On a similar note, many participants gave up continuing the research, causing the sample size to decrease. In the same vein, it is recommended that a larger sample size be selected for future investigations.

6. Conclusion

In summary, the findings of this research suggested that attachment to God acts as a mediator in the correlation between religious coping methods and death anxiety among older adults. Various factors associated with spirituality and psychology, such as attachment to God and religious coping strategies, contribute to the experience of death anxiety in older adults. Therefore, it is recommended that medical personnel consider these two factors when performing additional procedures. To help older adults adjust better to their conditions, it is recommended to develop training and programs that focus on strengthening religious beliefs among them. Another suggestion is that counselors and psychologists consider the impact of religious beliefs and improve the effectiveness of their services by incorporating these factors.

Acknowledgments

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Conflicts of interest

The authors confirm that the research was carried out without any commercial or financial conflict of interest.

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