

## Relationship between Death Anxiety and Resilience in Grade Four Liver Disease Patients: Mediating Role of Attachment to God

Fatemeh Ahmadzadeh Zahedani<sup>1</sup>, Saeedeh Tamasi<sup>2</sup>, Somayeh Bayat Bidkarieh<sup>3</sup>, Masoumeh Golabshekar<sup>4</sup>, Rezvaneh Kuzegaran<sup>3\*</sup>

1. Department of Psychology, Payame Noor University, Kaboodarhang, Iran
2. Department of Psychology, Sciences and Research, Branch, Islamic Azad University, fars, Shiraz, Iran
3. Department of Psychology, Garmsar Branch, Islamic Azad University, Garmsar, Iran
4. Department of Psychology, Tehran Branch, Islamic Azad University, Science and Research Branch, Tehran, Iran

\* **Corresponding author:** Rezvaneh Kuzegaran, Department of Psychology, Garmsar Branch, Payame Noor University, Garmsar, Iran. Email: Koze.garan@yahoo.com

Received 2024 March 15; Accepted 2025 January 14.

### Abstract

**Background:** Today, the global focus is shifting toward non-communicable and chronic illnesses, such as non-alcoholic fatty liver disease.

**Objectives:** This study aimed to explore the impact of attachment to God as a mediator in the relationship between death anxiety and resilience among grade four liver disease patients.

**Methods:** The present study was part of descriptive-correlational research and used cross-sectional research methods and structural equation modeling. The statistical population of this study included all grade four liver disease patients in Imam Khomeini Hospital, Tehran, Iran, between from August to October 2023. The statistical sample included 211 grade four liver disease patients selected through purposive sampling. Research tools included the Death Anxiety Scale, the Connor-Davidson Resilience Scale, and the Attachment to God Inventory. SPSS software (version 27) was used to perform descriptive statistics, and SmartPLS software (version 4) was used to conduct path analysis between variables.

**Results:** The findings of the present study showed that death anxiety had a significant negative impact on resilience ( $\beta=-0.516$ ,  $P<0.001$ ). Similarly, death anxiety significantly and negatively impacted attachment to God ( $\beta=-0.636$ ,  $P<0.001$ ). However, attachment to God, as a mediating variable, did not significantly impact resilience ( $\beta=0.111$ ,  $P=0.101$ ).

**Conclusion:** The results indicated that having a connection to God can lower death anxiety in grade four liver disease patients. Additionally, the study found that as death anxiety increases in grade four liver disease patients, their level of resilience and attachment to God decreases.

**Keywords:** Attachment to God, Death anxiety, Grade four liver disease patients, Resilience

### 1. Background

Cirrhosis, or grade four liver disease, is the final stage of liver disease. It causes resistance within the liver, leading to higher pressure in the portal blood vessels and eventually resulting in liver failure and disrupting the normal metabolic processes of the liver (1).

The Global Burden of Disease report states that cirrhosis is responsible for almost 1.32 million deaths, accounting for 2.4% of global mortality (2). The prevalence of this disease in Iran has been reported to be between 5.21-5.31% (3). Various factors may contribute to liver disease, including viral and parasitic

infections, obesity, diabetes, hepatitis, needle sharing for drug or blood injections, excessive alcohol consumption, and family history (4). In this regard, research results have indicated that non-alcoholic fatty liver disease is associated with a high risk of cardiovascular disease and stroke in Japanese women (5). Cirrhosis is one of the leading causes of complications and mortality in patients with chronic liver disease, which also affects mental health components in these individuals due to the resulting fear and anxiety (6). Death anxiety is recognized as a fundamental fear in various psychological disorders, including anxiety-related psychopathologies, mood disorders, and phobic and compulsive disorders. This fear has the potential to deeply affect human psychology and transform into a terror that deprives individuals of satisfaction and happiness (7). A study indicated that death-related stress and anxiety significantly affect the quality of life in liver and kidney transplant recipients (6). Research findings also suggest that spiritual beliefs and mental health are associated with lower levels of death anxiety (8). Bala et al. (2019) also concluded in their study that a significant positive correlation exists between death anxiety and death depression (9).

When it comes to dealing with diseases, mental health can be an important factor that can even lead to improved physical health in individuals. One of the psychological variables that has a special place in the psychology of religion is attachment to God. Attachment to God is a set of divine beliefs that introduce God as the "ultimate attachment figure" and emphasize God's kindness, compassion, and support (10). A study showed that people who have a secure relationship with God tend to experience greater life satisfaction and lower levels of anxiety, depression, or physical ailments than those who have a more uncertain or conflicted relationship with God (11). It has also been found that attachment styles to God and death anxiety can predict depression in patients, and any type of

attachment to God reduces depression in patients (12).

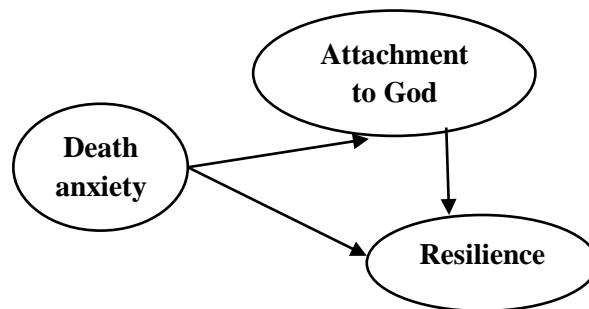
Contracting a chronic illness that affects all aspects of a person's life can be considered a disaster that requires resilience (13). Resilience is a concept that explains how individuals cope with unexpected situations and refers to the ability to return to normal functioning after a risky event (14). The higher the levels of resilience, the better the psychological adaptation in individuals (15). A study pointed out that for liver transplant patients who cannot always effectively cope with their situation, attention should be paid to their level of psychological resilience and social support (16). Another study also stated that mental resilience, as a mechanism for external defense and internal growth, can have a positive impact on death anxiety (17). In a study by Chang et al. (2023), resilience also demonstrated a moderating role that can reduce the positive relationship between rumination and anxiety symptoms in non-alcoholic fatty liver disease patients (18).

## 2. Objectives

Cirrhosis, or grade four liver disease, has shown significant growth in recent years in Asian countries, highlighting the importance of maintaining both physical and mental health in these patients. Many of these patients may experience depression, hopelessness, fear, and death anxiety, which highlights the importance of having spiritual health, attachment to God, and high resilience in these patients. Therefore, conducting research that investigates attachment to God, death anxiety, and resilience in grade four liver disease patients seems necessary. However, despite the importance of this issue, no similar study has been found in previous research, and this study is one of the first to examine the mediating role of attachment to God in the relationship between death anxiety and resilience in grade four liver disease patients.

The research aimed to find out whether attachment to God has an impact on death anxiety and resilience in grade four liver

disease patients. Accordingly, the conceptual research model is proposed in [Figure 1](#).



**Figure 1. Conceptual framework of the study**

### 3. Methods

This study was part of descriptive-correlational research and used cross-sectional research methods and structural equation modeling (SEM). The statistical population of this study were all patients with grade four liver disease in Imam Khomeini Hospital, Tehran, Iran, from August to October 2023.

The statistical sample included 250 grade four liver disease patients. According to Loehlin and Beaujean (19), 200-350 participants would be sufficient to test the proposed model using SEM. Therefore, the researcher selected 250 people through purposive sampling.

The inclusion criteria were having a medical record of grade four liver disease. At this stage, the doctor had confirmed that fatty liver cirrhosis (Non-alcoholic liver disease) had occurred. In this situation, liver cells give way to fibrotic cells that look like a scar, and at this stage, there is very little chance for the liver to function normally. Other inclusion criteria were giving informed consent to participate in the study, having sufficient literacy and understanding to answer the questions, and having a suitable physical condition to participate in the study. The exclusion criteria, on the other hand, were any physical disorder preventing the participants from answering the questionnaires or failure to answer more than seven items in the questionnaires.

The study was conducted as follows: first, the necessary permissions were obtained from the

university where the researcher studied. In the next step, the researcher went to Imam Khomeini Hospital in Tehran and coordinated with the management of this hospital to conduct the study. After that, among the list of patients, those who met the inclusion criteria were selected through purposive sampling. Next, a message containing the content of the study was sent to the patients, and they were invited to participate in the study. In the next step, after the patients accepted to participate, complete information, including the objectives, permissions, and compliance with ethical principles, was sent to them virtually and through social networks.

The patients were assured that none of the questionnaires contained personal information and that they could withdraw from the study at their own will. The process of conducting the study and completing the questionnaires online took three months. In the end, 211 out of the 250 filled-out questionnaires were used. A total of 39 questionnaires were excluded from the study due to not being filled out completely, including deliberate errors in the answers, not more than seven items being answered, or the respondent's withdrawal from the study. To comply with the ethical principles, before the administration of the questionnaires, the patients were asked to participate in the study, and they were told that there was no obligation to participate or to continue. It was also explained to them that these tests did not contain identity information.

## **Measures**

### **Death Anxiety Scale**

This questionnaire was developed by Lester and Templer (1983) to measure individuals' death anxiety, and its validity and reliability have been confirmed by researchers (20). This scale consists of 15 items, each answered in a yes or no format. A "yes" response indicates the presence of anxiety in the individual. Scores on each item are summed together to calculate the total score for the individual. Overall scores range from 0 to a maximum of 15. Higher scores indicate higher levels of death anxiety (above a score of 8), while lower scores indicate less death anxiety in the individuals. The reliability of this scale in Iran has been obtained using Cronbach's alpha test at 0.73 (21). In the current study, Cronbach's alpha for this questionnaire was found to be 0.77.

### **Connor-Davidson Resilience Scale (Connor & Davidson, 2003)**

Connor and Davidson's Resilience Scale Questionnaire was developed to assess individuals' resilience, and its validity and reliability have been confirmed by researchers (22). This scale consists of 25 items, each rated on a five-point Likert scale, ranging from zero (completely untrue) to four (true nearly all the time). At the end, the scores given to each item are summed up to calculate the total score. Individuals' scores on the test range from 0 to 100. Higher scores indicate greater resilience. The reliability of this scale in Iran was found to be 0.77 using Cronbach's alpha test (23). Additionally, based on examinations, the values of Cronbach's alpha and Spearman-Brown split-half reliability were found to be 0.66 and 0.66, respectively (24). In the current study, Cronbach's alpha for this questionnaire was calculated at 0.80.

### **Attachment to God Inventory (Beck & MacDonald, 2004)**

Attachment to God Inventory was developed by Beck and MacDonald (2004) to

measure attachment to God, and its validity and reliability have been confirmed by researchers (25). The inventory consists of 24 questions and includes four

components: attention to God, trust versus mistrust, reliance, and communication with God. Scores given to each item are summed up to calculate the total score for the individual. This questionnaire is scored on a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5), with total scores ranging between 24 and a maximum of 120. Scores between 24 and 48 indicate low attachment, while those between 49 and 72 indicate moderate attachment, and those above 72 indicate high attachment to God. The reliability of this scale in Iran has been obtained using Cronbach's alpha test, yielding a value of 0.78 (26). In the current study, Cronbach's alpha for this questionnaire was found to be 0.87.

### **Statistical Analyses**

SPSS software (version 27) was used to perform descriptive statistics, and SmartPLS software (version 4) was used to conduct path analysis and check standard coefficients. Similarly, Sobel's test was used to check the significance of the mediator variable. To check the normality of the distribution of research variables, the Kolmogorov-Smirnov test was used. The results of this test showed that the research variables did not have a normal distribution, and SmartPLS was used. The sample size (or the size of the data set), which was 250, was sufficient to implement SEM using the partial least squares method. The level of significance in this study was considered to be 0.05.

## **4. Results**

Initially, the researcher focused on checking the descriptive statistics of the research variables. Patients were divided into three age groups: 30-40 years old (17.5%), 41-50 years old (21.8%), and over 50 years old (60.7%). Similarly, patients were divided into two

gender groups: male (14.2%) and female (85.8%) (Table 1). Table 2 displays the mean and standard deviation of the research variables.

Table 3 illustrates the relationship between the research variables based on Pearson's correlation coefficient.

Based on Table 3, attachment to God had a significant positive relationship with resilience, while it had a significant negative relationship with death anxiety. Similarly, death anxiety had a significant negative relationship with resilience.

Table 1. Description of the demographic characteristics

Variables	Groups	Frequency	Percent	Sample size	Median
Gender	Female	181	85.8%	211	1
	Man	30	14.2%		
Age	30-40	37	17.5%	211	3
	41-50	46	21.8%		
	+50	128	60.7%		

Table 2. Description of the main research variables

Variables	Mean±SD	Max	Min	N	Skewness	Kurtosis
Attachment to God	18.58±9.504	40	5	214	0.687	-0.855
Death anxiety	20.54±6.630	30	7	214	-0.564	-0.961
Resilience	25.27±8.588	38	11	214	-0.109	-1.287

Table 3. Pearson's correlation coefficient

Variables	1	2	3	P-value
Attachment to God	-			P<0.001
Death anxiety	-0.636	-		P<0.001
Resilience	0.439	-0.587	-	P<0.001

Based on the results shown in Table 4 and Figure 2, death anxiety had a significant negative effect on resilience ( $\beta=-0.516$ ,  $P<0.001$ ). Similarly, death anxiety had a significant negative effect on attachment to God ( $\beta=-0.636$ ,  $P<0.001$ ). However, attachment to God, as a mediating variable, did not have a significant effect on resilience ( $\beta=0.111$ ,  $P=0.101$ ). Furthermore, to ensure more confidence, the researcher used Sobel's test to examine the mediating variable. This test was calculated based on the following formula:

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

The Z-value for attachment to God as a

mediator between death anxiety and resilience was 1.6473. Based on the values obtained in Sobel's test, it can be concluded that the mediating variable in the study was not significant.

As indicated in Table 5, the reliability and validity of the model were confirmed. The Cronbach's alpha reliability coefficient for the variables was above 0.7. The composite reliability of these variables was also above 0.7. Similarly, the model's validity was assessed using the Average Variance Extracted (AVE) index. Since its value for the research variables was above 0.5, it can be concluded that the model's validity was confirmed, and hence, its credibility was established.

Table 4. Standard research coefficients in general

Result of the hypothesis	Path coefficient	Standard deviation	P-value	T-value	Result
Attachment to God -> Resilience	0.111	0.067	0.101	1.643	rejection
Death anxiety -> Attachment to God	-0.636	0.041	P<0.001	15.399	confirmation
Death anxiety -> Resilience	-0.516	0.064	P<0.001	8.017	confirmation

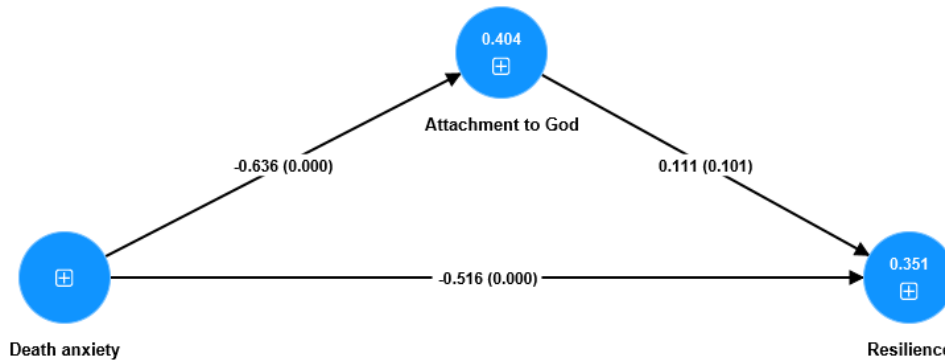


Figure 2. Path coefficients between variables and significance level

Table 5. Reliability and validity of the model

Variables	Cronbach's Alpha	Composite Reliability	AVE
Attachment to God	0.876	0.899	0.578
Death anxiety	0.774	0.847	0.532
Resilience	0.807	0.862	0.561

### 5. Discussion

The present study aimed to investigate the mediating role of attachment to God between death anxiety and resilience in grade four liver disease patients. According to the results obtained from the present study, attachment to God had a significant negative relationship with death anxiety. Likewise, death anxiety had a significant negative relationship with resilience and attachment to God. This finding implies that as death anxiety increases, resilience and attachment to God decrease. It should also be noted that attachment to God, as a mediating variable, did not have a significant effect on resilience (27).

Regarding the negative impact of attachment to God on death anxiety, the results of this study are consistent with previous studies (28-30,11). One study showed that attachment to God significantly predicts death anxiety, death obsession, and death depression, and insecure attachment to God increases death distress (28). Other findings also suggested that a secure attachment to God may lead to less exposure to stress for individuals (29). Njus et al. (2020) also stated in their study that a secure attachment to God strengthens psychological resilience, aiding in coping with stressors in life (31). Research

results also indicated that individuals with a secure attachment to God have less anxiety, depression, and illness than those with an insecure attachment to God (11). On the other hand, the results of the present study are implicitly inconsistent with some previous findings. A study indicated that there is no apparent relationship between less death anxiety and religiosity, and those who are more religious show more implicit death anxiety (30). The difference in the results between this study and the present study may be due to differences in the studied population, time and location of the study, or sample size.

In elucidating this issue, it can be stated that for many people, God serves as a safe haven. For individuals in specific conditions, such as illness and lack of companionship, reliance on a spiritual figure, such as God, may hold special significance. Attachment to God leads to repetitive behavioral patterns that can maintain self-control and support (29). Individuals can control uncontrollable situations, illnesses, and the resulting emotional distress through reliance on God and special attention to Him, thereby feeling more capable of coping with problems and illnesses. Religion and connection with God

affect individuals' cognitive processes, and religion is a process through which individuals can consider future consequences successfully (10). In addition, those who are more religiously devoted have lower levels of death anxiety than those who are less devoted. Death anxiety is often accompanied by fear, grief, and anger, and people try to find ways to deal with these feelings. However, talking about death anxiety can be challenging or unavailable in some situations. When this happens, individuals may turn to their religious beliefs and rituals for comfort. Religions help people become more self-aware, address existential crises, and cope with emotional pain. By confronting their defensive reactions to death anxiety, individuals can learn to accept death peacefully, live in the present, and experience joy and pain authentically. Ultimately, religious faith, spiritual beliefs, and overall life satisfaction can help reduce death anxiety and prevent existential despair (32).

Another finding of this study was the significant negative relationship between death anxiety, resilience, and attachment to God, which is also implicitly consistent with previous research findings (8, 17, 33, 34). Research results showed that patients with high self-esteem and resilience have low death anxiety (33). Luo et al. (2022) also suggested that mental resilience, as a mechanism of external defense transformation and internal growth, can have a positive impact on death anxiety (17). Another study also stated that spiritual belief and mental health are associated with lower levels of death anxiety (8). Additionally, the results of a study showed that patients with less death anxiety have higher levels of spiritual well-being (34).

In explaining this finding, it must be stated that in individuals with chronic illnesses, as the disease progresses, the pain, suffering, and fear of loneliness and dependence on others increase as well. Death has an inevitable fear and excitement, and since no one has experienced or touched death, thinking about it causes anxiety. Therefore,

considering that these patients usually feel alone and consider death as their illness intensifies, they feel that their treatment does not have the desired result. Therefore, in addition to becoming hopeless and depressed about their treatment, they turn toward spiritual solutions and toward God to gain peace. When individuals can establish a safe and enjoyable relationship with their God, their fear and anxiety about death are reduced, and they experience less depression. Death anxiety can have undesirable consequences, such as accompanying depression and exacerbating distress, and it can also jeopardize the quality of life. However, people can reduce this feeling of anxiety by addressing spiritual issues (33). Furthermore, when it comes to death anxiety, resilience, which is the ability to maintain or quickly regain mental health during or after stressful life experiences, is a key emotional competence in managing anxiety about death and illness. Since coping with hardships and successful coping are essential elements of mental resilience, individuals with high mental resilience face death with a more positive attitude and have a greater ability to adapt to the external environment (34). Although risk factors can impede personal growth, having a mix of mental strength, risk factors, and negative feelings can reduce the chances of negative outcomes. In contrast, those with low mental resilience may struggle to adapt and maintain a positive outlook on death. High mental resilience can drive individuals to strive for self-improvement in the face of death anxiety, whereas low mental resilience may impede their progress toward personal growth (18).

The present study has some limitations that affect the generalizability of the findings and conclusions and may restrict the practical implications of this study. Due to the cross-sectional design of the study, it is not possible to determine causal relationships between death anxiety and its

predicting factors. Moreover, the present study was conducted on grade four liver disease patients in Tehran, which limits the generalizability of the results to other patients in other provinces. It should be noted that these patients endure a lot of pain and do not have good mental conditions; hence, the lack of cooperation of some patients is another limitation of the present study. Using other research approaches (such as mixed designs) or comprehensive assessment methods and investigating other important variables in death anxiety are suggestions arising from this study to overcome these limitations in future attempts. Finally, for more reliable results and broader generalization, it is suggested that this research be repeated with a larger sample size.

## 6. Conclusion

The results of the present study showed that attachment to God leads to a reduction in death anxiety in grade four liver disease patients. The findings of the present study also showed that as death anxiety increases in grade four liver disease patients, their resilience and attachment to God decrease. In this study, attachment to God did not have a significant effect on resilience as a mediator. The findings of the present study have practical implications. The relationship between the three psychological factors of attachment to God, death anxiety, and resilience in patients suggests potential starting points to reduce death anxiety. Psychotherapeutic strategies aimed at addressing these aspects can help reduce death anxiety and increase resilience in patients. Furthermore, to reduce death anxiety among chronic patients, spiritual education programs can be utilized to increase attachment to God.

**Acknowledgments:** We extend our gratitude to the entire team at Imam Khomeini Hospital in Tehran, as well as to the grade four liver

disease patients who participated in this research. Approval for this study was granted by the Ethical Committee at Islamic Azad University, Garmsar Branch, Garmsar, Iran (IR.IAU.GARMSAR.REC. 1402. 215).

**Availability of data and materials:** The data used in the research can be requested from the author before or after the publication of the study.

**Conflicts of interest:** The researchers verify that the study was conducted free from any commercial or financial conflicts of interest.

**Consent for publication:** The signed Consent to Publish send to the Publisher to permission of the Authors to publish the Work.

**Ethics approval and consent to participate:** Approval for this study was granted by the Ethical Committee at Islamic Azad University, Garmsar Branch, Garmsar, Iran (IR.IAU.GARMSAR.REC. 1402. 215). The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki.

**Financial disclosure:** This research did not receive any financial backing from external entities.

**Author contributions:** F. A.Z.: Contributed to the conception of the work, revising the draft, approving the final version of the manuscript, and agreeing on all aspects of the work; S. T.; M. G. and S. T. : Contributed to the data analysis and interpretation, critical revision, and approval of the final version of the manuscript; S. B.B.; F. A.Z. and R.K.: Contributed to acquiring data, drafting the manuscript, and approving the final version; M. G. and S. T.: Contributed to the conception and design of the study, critical revision, and approval of the manuscript's final version; F. A.Z. and R.K.: Contributed to the conception and design of the study, data interpretation, drafting of the manuscript and critical revision, and approval of final version.



## References

1. Tapper, E.B. and N.D. Parikh, Diagnosis and management of cirrhosis and its complications: a review. *Jama*, 2023. 329(18): p. 1589-1602. <https://doi.org/10.1001/jama.2023.5997>PMid:37159031 PMCID:PMC10843851
2. Tian, S., et al., Identifying optimal candidates for autologous peripheral blood stem cell therapy in patients with decompensated liver cirrhosis: a prognostic scoring system. *Stem Cell Research & Therapy*, 2024. 15(1): p. 8. <https://doi.org/10.1186/s13287-023-03622-y>PMid:38167085 PMCID:PMC10763677
3. Shafieezadeh, R., et al., The effect of Trachyspermum ammi on functional dyspepsia, severity liver steatosis and liver enzymes in patients with nonalcoholic fatty liver disease: A double blind randomized clinical trial. 2019.
4. Badvath, D., A. safali Miriyala, and P.V.K. Kuricheti, ONBLR: An effective optimized ensemble ML approach for classifying liver cirrhosis disease. *Biomedical Signal Processing and Control*, 2024. 89: p. 105882. <https://doi.org/10.1016/j.bspc.2023.105882>
5. Arafa, A., et al., Fatty Liver Index as a proxy for non-alcoholic fatty liver disease and the risk of stroke and coronary heart disease: The Suita Study. *Journal of Stroke and Cerebrovascular Diseases*, 2024. 33(1): p. 107495. doi: 10.1016/j.jstrokecerebrovasdis.2023.107495 .(PubMed: 34304083). <https://doi.org/10.1016/j.jstrokecerebrovasdis.2023.107495>PMid:38000108
6. Perveen, N., et al., Quality of life, psychological stress and death anxiety among liver and renal transplant recipients. *Stress*, 2019. 1(31): p. 21.
7. Al Boukhary, R., et al., The effect of gratitude on death anxiety is fully mediated by optimism in Lebanese adults following the 2023 earthquake. *BMC psychology*, 2024. 12(1): p. 2. . doi: 10.1186/s40359-023-01509-4 .(PubMed: 38167169). <https://doi.org/10.1186/s40359-023-01509-4>PMid:38167169 PMCID:PMC10759689
8. Sharma, P., et al., Death Anxiety among Elderly People: Role of Gender, Spirituality and Mental Health. *Indian Journal of Gerontology*, 2019. 33(3).
9. Bala, R. and S. Maheshwari, Death anxiety and death depression among elderly. *International Journal of Psychiatric Nursing*, 2019. 5(1): p. 55-59. 10.5958/2395-180X.2019.00012.4 <https://doi.org/10.5958/2395-180X.2019.00012.4>
10. Azizi, M., M. Tajrobehkar, and S. Purehsan, Predicting Self-Control Based On Attachment To God Mediated Coping Styles In Patients With Diabetes. 2023.
11. Kh N, H.A., Agha Mohammadi V, Savadpoor M, Jafari M., The Relationship between God Attachment and Attitude toward Death in Elderly People of Ardabil in 2019. *Journal of Health and Care.*, 2020. 22(2): p. 168-75. 10.52547/jhc.22.2.168 <https://doi.org/10.52547/jhc.22.2.168>
12. Tung, E.S., et al., Attachment to God as mediator of the relationship between God Representations and mental health. *Journal of Spirituality in Mental Health*, 2018. 20(2): p. 95-113. <https://doi.org/10.1080/19349637.2017.1396197>
13. Saki, S.S., et al., Relationship of attachment styles to god and depression with death anxiety as a mediator among women with breast cancer. *Relig Health*, 2020. 7: p. 1-11.
14. Kiani, L., et al., The Relationship between Resilience and Post Traumatic Growth in Patients on Hemodialysis. *Health Psychology*, 2020. 8(32): p. 93-104.
15. Daneshvarinasab A, M.S., Saleh M. , The Relationship between Social Support and Social Resilience of Flood-Affected Women (Case Study: Delgan City). *Social psychological studies of women*, 2021. 2(19): p. 50-7.
16. Hasani, F., et al., The effectiveness of compassion-focused therapy on sexual satisfaction, emotional regulation, and resilience in nurses with burnt marriage syndrome. *IJRN*, 2021. 7(3): p. 52-64. .
17. Bülbüloğlu, S. and B. Demir, The effect of perceived social support on psychological resilience in liver transplant patients receiving immunosuppression therapy. *Transplant Immunology*, 2021. 69: p. 101475. <https://doi.org/10.1016/j.trim.2021.101475>PMid:34600070
18. Luo, Y., et al., Reflection in the context of the epidemic: does death anxiety have a positive impact? The role of self-improvement and mental resilience. *Frontiers in Psychology*, 2022. 13: p. 804635. <https://doi.org/10.3389/fpsyg.2022.804635>PMid:35401317 PMCID:PMC8985700
19. Chang, X., et al., Impact of rumination on sleep quality among patients with non-alcoholic fatty liver disease: a moderated mediation model of anxiety symptoms and resilience. *BMC psychiatry*, 2023. 23(1): p. 84.). <https://doi.org/10.1186/s12888-023-04572-8>PMid:36732707 PMCID:PMC9893673
20. Beaujean, A.A., Latent variable models: An introduction to factor, path, and structural equation analysis. 2016.
21. Lester, D., D.I. Templer, and A. Abdel-Khalek, A cross-cultural comparison of death anxiety: A brief note. *OMEGA-Journal of Death and Dying*, 2007. 54(3): p. 255-260. <https://doi.org/10.2190/W644-8645-6685-358V>PMid:17847957

22. Poordad, S. and K. Momeni, Death anxiety and its relationship with social support and gratitude in older adults. *Iranian Journal of Ageing*, 2019. 14(1): p. 26-39.
23. Connor, K.M. and J.R. Davidson, Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*, 2003. 18(2): p. 76-82. <https://doi.org/10.1002/da.10113> PMID:12964174
24. Nemati, S., et al., The Relationship between religious coping strategy, resiliency and marital satisfaction. *Journal of Modern Psychological Researches*, 2019. 14(53): p. 317-331.
25. Keyhani, M., et al., Internal consistency and confirmatory factor analysis of the Connor-Davidson Resilience Scale (CD-RISC) among nursing female. *Iranian journal of medical education*, 2015. 14(10): p. 857-865.
26. Beck, R. and A. McDonald, Attachment to God: The Attachment to God Inventory, tests of working model correspondence, and an exploration of faith group differences. *Journal of psychology and theology*, 2004. 32(2): p. 92-103. <https://doi.org/10.1177/009164710403200202>
27. Pirzadeh, H., The Relationship between God Attachment Styles with Tendency to Drugs among Students. *Journal of Family Relations Studies*, 2021. 1(1): p. 4-12. <https://doi.org/10.22098/jhrs.2022.8456.1001>
28. Mohammadzadeh, A. and M. Oraki, Attachment to God as a predictor of death distress among Muslims. *Current Psychology*, 2020. 39(6): p. 2314-2319. <https://doi.org/10.1007/s12144-018-9934-3>
29. Jordan, K.D., K.L. Niehus, and A.M. Feinstein, Insecure attachment to God and interpersonal conflict. *Religions*, 2021. 12(9): p. 739. <https://doi.org/10.3390/rel12090739>
30. Marin, S., The Relationship between Religiosity and Implicit vs. Explicit DEATH Anxiety. 2019.
31. Njus, D.M. and A. Scharmer, Evidence that God attachment makes a unique contribution to psychological well-being. *The International Journal for the Psychology of Religion*, 2020. 30(3): p. 178-201. <https://digitalworks.union.edu/theses/2324> <https://doi.org/10.1080/10508619.2020.1723296>
32. Pandya, A.-k. and T. Kathuria, Death anxiety, religiosity and culture: Implications for therapeutic process and future research. *Religions*, 2021. 12(1): p. 61. <https://doi.org/10.3390/rel12010061>
33. Hong, Y., et al., Death anxiety among advanced cancer patients: a cross-sectional survey. *Supportive Care in Cancer*, 2022: p. 1-9
34. Feng, Y., et al., Exploring the relationship between spiritual well-being and death anxiety in patients with gynecological cancer: a cross-section study. *BMC Palliative Care*, 2021. 20: p. 1-10 <https://doi.org/10.1186/s12904-021-00778-3> PMID:34074283 PMCID:PMC8170730