

Thantophobia, Spirituality and Life Satisfaction among Community Dwelling Elderly

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Abstract

Background: The concept of Thantophobia (death anxiety) is expected of older persons as they age and are nearing their end-of-life. Death anxiety is influenced by several factors such as spirituality and life satisfaction. **Aim of the study:** Assess thanatophobia, spirituality and life satisfaction among community dwelling elderly. **Subjects and Methods: Research design:** A descriptive design was utilized to conduct the present study. **Setting:** The study was conducted at Kafr Elhag Hassan, Diarb Negm, Sharkia governorate. **Subjects:** multistage cluster sampling composed of 123 elderly who fulfilled the study inclusion criteria. **Tools of data collection:** Four tools were used in the present study; **Tool I:** A structured interview questionnaire to assess elderly demographic characteristics and medical history. **Tool II:** Death anxiety scale to assess Thantophobia **Tool III:** The Daily Spiritual Experience Scale to assess daily spiritual experience and **Tool IV:** The Life Satisfaction Questionnaire-11 (LiSat-11) to assess Life Satisfaction. **Results** The present study revealed that death anxiety was low among 68.3% of the studied elderly and high among 31.7% of them. The total daily spiritual experience was high among 38.2% of the studied elderly, while moderate in 33.3% of them and very high in 28.5% of them. Moreover, 58.5% of the studied elderly were satisfied with their life and 41.5% of them weren't satisfied. **Conclusion:** the death anxiety was high among nearly one third of the studied elderly. there was positive correlation between spirituality score and life satisfaction score & spirituality score and life satisfaction were statistically significant independent negative predictor of death anxiety score. **Recommendation:** Meditation, relaxation techniques, spiritual and religious programs can enhance elderly's feeling of life satisfaction, Spirituality and prevent DA.

Keywords

Thantophobia,[Death anxiety (DA)], Community dwelling elderly, Spirituality, Life satisfaction(LS).

Introduction

Aging is a multifactorial, time-dependent process that results in the loss of function, biological and physical damage, and the onset of a variety of age-related diseases. Because of the hierarchical organization of living systems, ageing affects most regulatory mechanisms in a progressive manner.⁽¹⁾ In developed countries, the proportion of older adults tends to be small, despite the fact that their numbers are often huge. In 1990, more than 280 million people aged 60 or older lived in developing countries of the world, accounting for 58 percent of the world's older adults.⁽²⁾ this ratio is forecast to reach 11.5 percent of Egypt's total population.⁽³⁾

Thantophobia (death anxiety) is a multifaceted construct. It was defined and described the different ways in which it is manifested. Thantophobia

has been conceptualized as the fear of dying, either of oneself or of others. Age, sex, society, religion, physical health, mental health, spirituality, and life satisfaction are all predictors that affect Thantophobia. Aging is a stage in developmental psychology that is linked to a variety of medical issues, the death of loved ones, and the loss of cognitive skills. Older people who are approaching the end of their lives may experience death anxiety or death fear.⁽⁴⁾

Death and life after death are unquestionably important topics in all divine religions. Many people regard death as a threat because of its highly ambiguous significance. Anxiety and apprehension about death are widespread in all cultures⁽⁵⁾, This has a negative impact on our intellectual security. The fear of death is an

emotional state that triggers psychological stress. Death, as an unavoidable, unknown biological reality, creates severe stress, especially among the older adults. As a result, thinking about death is inevitable due to our instinct. Suffering from a chronic illness or approaching the end of one's life, on the other hand, brings us face to face with death, which increases our dread.⁽⁶⁾

People with severe feeling of thanatophobia usually found themselves uncomfortable and qualmish in potentially threatening situations, though their lives are not in a real threat. In most cases, thanatophobic people may tremble, become numb, flutter, sweat, lose their breath and have their mouth dry because of this phobia which can have a negative impact on their daily lives.⁽⁷⁾

Spirituality is the essence of a human being: The meaning of life, a sense of connectedness to the transcendental phenomena such as the universe or god. This sense of interconnectedness may or may not be present in any religion. It is also part of comprehensive palliative care, defined by the World Health Organization(WHO). An individual's spiritual well-being (SWB) is a feeling of one's contentment that stems from their inner self and is directly linked to their quality of life (QoL).⁽⁸⁾

The degree to which a person positively evaluates the overall quality of his or her life is referred to as life satisfaction. Also included the following under life satisfaction: desire to make a difference in one's life, satisfaction with future, satisfaction with past, and significant other's views of one's life." life-satisfaction is one of the pointers of quality of life along with other indicators of physical and mental health. It is referred as general evaluation of the conditions of existence as derived from a comparison of one's aspiration to one's actual achievement.⁽⁹⁾

Significance of the study:

Older adults and the aging population must face the prospect of death. Death is an inevitable aspect of life; as older adults approach it, they can easily experience anxiety, a reduced sense of safety, and even strong fear. Thus, relieving death anxiety in older adults may play an important role in improving their mental health and quality of life⁽¹⁰⁾. adherence to spirituality can be a crucial factor in dealing with the notion of death and dying among older adults. On the other hand, satisfaction with life and acceptance of one's own life could prepare old people for confronting their death.

Nevertheless, this type of studies has not been adequately addressed in Egypt and the Arab countries despite it being covered a lot in East Asian countries. Hence the aim of the current study was to assess thanatophobia, spirituality and life satisfaction among community dwelling elderly.

Aim of the study:

The current study aimed to assess thanatophobia, spirituality and life satisfaction among community dwelling elderly.

Research Questions:

- 1- What is the level of Thanatophobia among community dwelling elderly?
- 2- What is the level of spirituality among community dwelling elderly?
- 3- What is the level of life satisfaction among community dwelling elderly?

Subjects and methods:

Research design:

A descriptive design was used to achieve the aim of the current study.

Study setting:

The current study was carried out at Kafr Elhag Hassan which was randomly selected from 44 village of Diarb Negm district which also was

selected from the 21 districts of Sharkia governorate, Egypt.

Study subjects:

Multistage cluster sampling composed of 123 community dwelling elderly from the above mentioned setting who fulfilled the following **included criteria:** 60 years old and more than, Able to communicate, Agree to participate in the study. Elderly who has malignant diseases, last stage diseases or psychiatric problems (reported by elderly or care giver) **were excluded.**

Sample size calculation:

The Sample size was calculated based on prevalence of Death anxiety among elderly people which was 60%⁽¹¹⁾, and the number of elderly people in Kafr Elhag Hassan, Diarb Negm District, Sharkia Governorate was 355 elderly⁽¹²⁾. Using software EPI- Info Package, with confidence 95% and power of the test 80%, the sample size was calculated to be 123 elderly persons .

Tools of data collection:

Four tools were used to collect necessary data. **Tool I: a structured interview questionnaire** which consists of two parts;

Part (1): It was used to assess the demographic characteristics which included age, gender, marital status, educational level, previous working, current working, monthly income, the source of income and living condition.

Part (2): involved questions about the history of chronic diseases. As: hypertension, diabetes, respiratory system diseases, heart disease, liver disease, digestive system diseases and kidney diseases.

Tool II: Death anxiety scale by Conte et al⁽¹³⁾: It was used to assess level of death anxiety among elderly; consisted of simple 15-item self-report questionnaire .The Death Anxiety Questionnaire was translated into the Arabic language by the researchers using a back-translation method.

Scoring system:

The questionnaire consisted of 15 items in three rating scales with a score from 0-2; 0 was no anxiety and 2 was the most anxiety. The scores ranged from 0-30 and considered high if the percent score was 60% (≥ 18) or more, and low if less than 60% (< 18).

Tool III: The Daily Spiritual Experience Scale by Underwood& Teresi⁽¹⁴⁾: (DSES) is a 16-item self-report measure was designed to assess elderly's ordinary experiences of connection with the transcendent in daily life. It included constructs such as awe, gratitude, mercy, sense of connection with the transcendent and compassionate love. It also includes measures of awareness of discernment/inspiration and a sense of deep inner peace.

Scoring system:

The first 15 items are answered on a Likert type scale, with scores ranging from 1 (many times a day) to 6 (never or almost never). Item 16 "in general, how close do you feel to God?" is answered on a 4-point scale (1 = not at all to 4 = as close as possible). The score of item 16 must be inverted to maintain the same direction as the other items. The total score is obtained by summing the scores of the 16 items, which can vary from 16 to 94. Score between 16 to 36 indicted relatively poor level of DSE, score between 37 to 56 indicted moderate level of DSE, score between 57 to 76 indicted high level of DSE, and score between 77 to 94 indicted very high levels of DSE.

Tool IV: The Life Satisfaction Questionnaire-11 (LiSat-11) by Fugl-Meyer et al⁽¹⁵⁾: It was used to assess how satisfied an individual is with different aspects of life. LiSat-11 consisted of the global item "Life as a whole" and the following 10 domain-specific items: vocation; economy; leisure; contacts with friends and acquaintances; sexual life; activities of daily living (ADL) (ability to manage self-care in dressing, hygiene, transfers); family life; partner relationship, somatic health; and psychological health. The items are

rated according to 6 response options: 1=very dissatisfying; 2=dissatisfying; 3=rather dissatisfying; 4=rather satisfying; 5=satisfying; and 6=very satisfying.

Scoring system:

The 11 items can also be dichotomized as 'satisfied' (very satisfied and satisfied, response option 5 and 6) and 'not satisfied' (from rather satisfied to very dissatisfied, response option 1-4). The LiSat-11 was considered not satisfied if the score was (11- 44) and satisfied if the score was (45-66). Additionally, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score.

Content validity& Reliability:

The tools were revised by three experts in the field of community health nursing, administration of nursing and psychiatric health nursing at the faculty of nursing in Zagazig university, where the panel reviewed the tools content for relevance, clarity, comprehensiveness and understandability. All recommended modifications were done.

The reliability of this tool was tested through measuring its internal consistency. In the current study, Cronbach α of death anxiety scale was 0.82, daily Spiritual experience scale was 0.82 and life satisfaction questionnaire-11 (LiSat-11) was 0.79.

Fieldwork

Once permission was granted to proceed with the study, the researcher started to prepare a schedule for collecting the data. Each elderly was interviewed individually by the researcher who introduced herself and explained the aim of the study briefly and reassured them that information obtained is strictly confidential and would not be used for any purposes other than research. After that, the oral approval was obtained to collect the necessary data. The researcher used to go to Kafr Elhag Hassan for interviewing the elderly who fulfills the criteria. The study tools were

answered by each elderly during the interview, and the time needed ranged from 15 to 20 minutes, according to understanding and cooperation of the elderly. The fieldwork was executed over the period from the beginning of May 2020 up to the end of October 2020; three days per week (Monday, Tuesday, and Wednesday) from 3.00 pm to 6.00 pm.

Administrative and ethical considerations:

The study was approved by the Research Ethics Committee (REC) and the Postgraduate Committee of the Faculty of Nursing at Zagazig University. Verbal consent was obtained from the elderly after a description of the purpose of the study.

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using the Statistical Package for Social Sciences (SPSS) version 22. Data was presented using descriptive statistics in the form of frequencies and percentages. Chi-square test X^2 was used for comparisons between qualitative variables.. In order to identify the independent predictors the multiple linear regression analysis was used. Statistical significance was considered at p. value < 0.05.

Results:

Among 123 studied elderly, The age ranged between 60-91 yrs, with mean 68.71 ± 6.08 and 64.2 % of them were aged between 60 and 70 years . The elderly were male , married, illiterate, employee and had sufficient income (52.0 % , 73.2%, 28.5 % , 47.2 % and 46.3%) respectively. Most of the elderly (69.9%) had chronic disease with mean number of disease 1.07 ± 0.99 and the most commonly diseases were diabetes (33.3%) and hypertension (30.1%) (**Table 1**).

Referring to the level of death anxiety, 68.3% of the elderly have low level of death anxiety and 31.7% of

them have high level of death anxiety (**Figure 1**).

Regarding to the total daily spiritual experience, It was high in 38.2% of the studied elderly, while moderate in 33.3% of them and very high in 28.5% of them .Also, the total mean score of spirituality was 67.43 ± 11.85 . Regarding life satisfaction 58.5% of the studied elderly were satisfied with their life and 41.5% of them weren't satisfied with their life(**Table 2**).

Table 3 reveals that there were statistically significant positive correlations between death anxiety and gender (female), marital status (widow), having chronic diseases and number of chronic diseases. On the other hand, there was statistically significant negative correlations between life satisfaction , marital status (widow) and number of chronic diseases. Also, there was statistically significant negative correlations between spirituality, having chronic diseases and number of chronic diseases

, **Table 4** illustrates that there was positive correlation between spirituality and life satisfaction. On the other hand, spirituality and life satisfaction had negative correlation with death anxiety.

Discussion:

Based on the findings of the current study, nearly two thirds of the elderly were having low level of death anxiety. This might be due to that personal and cultural views of religious Egyptian society about the experience of death (no one live forever, the death is inevitable) and its subsequent anxiety. Central to the understanding of the elderly in rural areas perspective on death and dying are the cultural values and beliefs related to religion, family, and interpersonal harmony (relationship with other people).

Additionally, in old age the level of death anxiety drops even in the face of spouses and peers death . Given that older adults are temporally closer to

death and probably encounter more frequent reminders of their mortality than their younger counterparts, it may be that they have come to some level of acceptance of this inevitable reality, at least at a conscious level.

This result is similar to previous study that was conducted by **Parker**.⁽¹⁶⁾ in the USA who found that death approach acceptance is the most common attitude reported by elderly people. Similarly, **Balasubramanian et al.**⁽¹⁷⁾ in London UK who reported that death anxiety peaks in middle age and decreases with increasing age.

On the other hand, this result is in contrast with **Mohammadpour et al.**⁽¹⁸⁾ in Gonabad, Iran who found that death anxiety is a common phenomenon among older adults strongly associated with the aging perceptions, which at high levels may lead to maladaptation and depression. This difference might be related to cultures, spirituality and environments differences.

It is evident from this study that death anxiety was high in elderly who were having chronic diseases. Given that chronic diseases threaten people's life and do not have any definite treatments, leading to some degree of stress and also, death anxiety is expected in this group of people compared to others. The psychic stress associated with chronic diseases and the common concept that patient with chronic diseases may exposed to face death suddenly and unexpectedly .The present finding was in agreement with the result of the study carried by **Assari& Lankarani**.⁽¹⁹⁾ in Michigan, Ann Arbor, USA and **Ghanbarpoor Ganjari et al.**⁽⁶⁾ in Rasht who found that death anxiety was high in elderly who were having chronic diseases than others.

Additionally, the present findings revealed that elderly women were having higher level of death anxiety in comparison to men, this might be due to that women experience a secondary

spike of thanatophobia in their 50s after menopause⁽²⁰⁾. These findings are in accordance with previous studies, which demonstrated that death anxiety level is higher in women than men such as **Taghipour et al.**⁽²¹⁾ in Iran and **Daradkeh& Fouad Moselhy.**⁽²²⁾ in Kingdom of Bahrain. In contrast with the current study, **Assari & Lankarani.**⁽¹⁹⁾ in the United States who found that there was no significant difference in terms of death anxiety between men and women.

Moreover, the current study indicated that there is a statistically significant relation between death anxiety and marital status, in which death anxiety was low in married elderly. As marriage has an important role in providing communication, intimacy, calm and psychological stability hence, anxiety generally reduces. This finding is in congruent with **MacLeod et al.**⁽²³⁾ in New Zealand and **Mehri Nejad et al.**⁽²⁴⁾ in Ahvaz, Iran who found that death anxiety level was high in single persons and low in married persons.

The current results revealed that more than one third of the elderly under the study were having high level of daily spiritual experience and more than one quarter were having very high level of daily spiritual experience ; this might be due to that the religious culture and social characteristics of Egyptian people and the history of spirituality in the culture of this country especially in rural areas (spirituality is an effective support for individuals in difficult and critical situations). These findings are largely in line with the study carried by **Soriano et al.**⁽²⁵⁾ in Manila, Philippines who revealed that spirituality increases through years of life and that older adults have more mature spiritual experiences. Thus, it can be said that community dwelling elderly recognized the importance of spirituality in their lives.

Regarding the independent predictor of spirituality, the current study findings revealed that the marital

status (widow) was the negative predictor of spirituality score. This mean that the married elderly had more spirituality and the opposite if the person widow. This is evidenced by certain studies which demonstrated that married individuals are, in general, not only happier but also physically and mentally healthier compared to their unmarried counterparts especially compared to separated or divorced individuals, therefore the higher rate of spirituality was among married individuals⁽²⁶⁾.

Additionally, the current study correlation matrix revealed that having chronic disease had negative correlation with spirituality. This mean that elderly who hadn't have chronic diseases, had more spirituality. This might be due to that chronic diseases is accompanied with more suffering, functional disability and loss of tolerance which affect faith and spirituality.

This goes in line with **Sayin et al.**⁽²⁷⁾ in Turkey who found that there was statistically significant relation between marital status and spirituality. Likewise, a study conducted by **Dorji et al.**⁽²⁸⁾ in Bhutan who found that chronic diseases lead to decrease spirituality. In congruence with this **Dankulincova Veselska et al.**⁽²⁹⁾ in Slovakia who showed that there is a positive correlation between spirituality and life satisfaction.

The present study showed that the high percent of the elderly were satisfied with their life .This might be due to that the Egyptian people are religious, feel closure to or in greater harmony with God and have the concept of [Allhamdulillah]. Additionally elderly people can improve their adaptation to the changes inherent in old age therefore, enhance satisfaction of life⁽³⁰⁾. Also the individual reaches a degree of integrity whereby they consider the continuation of their individual life in the products of their creations and in the life of next generations. In congruence with this **Roshani**⁽³¹⁾ in Aligarh, India who

revealed that high percent of the elderly were satisfied with their life.

The preceding present study results further supported by the findings that there was statistically significant relation between life satisfaction and marital status. As individuals who were married more satisfied with their life. It might be because the marital life helps in satisfying a person's physical, psychological and sexual needs through understanding and effective participation between spouses, and thus a sense of satisfaction with life in general.

It is confirmed with **Kasapoğlu & Yabanigül.** ⁽³²⁾ in Istanbul, Turkey who found that there is a significant correlation between marital status and life satisfaction. Similarly, positive significant correlation was found between life satisfaction and marital status by **Canbulat & Çankaya.** ⁽³³⁾ in Izmir, Turkey.

It is a clear from the current findings that spirituality score is a positive predictor for life satisfaction score and there is a positive correlation between spirituality and life satisfaction. Furthermore, spiritual well-being is both an instrument and an extension of physical and psychological well-being and satisfaction.

Also this might be due to that the more daily spiritual experiences the elderly have, the greater their life satisfaction will be. In other words, spirituality helps the elderly not to focus on what is being missed, but to seek meaning despite their illness and despair. Therefore, life is meaningful under any circumstances from the perspective of spirituality. Spirituality can also help the individual achieve new circumstances and life satisfaction by reducing the gap between their reality and ideal. ⁽³⁴⁾ Similarly **Salmani et al.** ⁽³⁵⁾ in Iran who found that with increasing spirituality, life satisfaction increases. Finally, concerning the correlation between death anxiety, spirituality and

life satisfaction, the current study findings revealed that spirituality and life satisfaction have a negative correlation with death anxiety. The probable reason behind the result could be that with increasing of life satisfaction and spirituality, the level of death anxiety decrease. As well the awareness that death is inevitable often brings renewed urgency to the spiritual quest and satisfaction ⁽³⁶⁾. Additionally it might be because high spirituality directly enhance satisfaction which promote overall physical, mental well-being, mood, religious and spiritual practices may directly influence several biological systems, including the sympathetic nervous, endocrine, and immune systems Subsequently death anxiety level low ⁽³⁷⁾.

This point was confirmed with **Mansori et al.** ⁽³⁸⁾ in, Varanasi, India and **Sharma et al.** ⁽³⁹⁾ in Tehran, Iran, **Jenaabadi.** ⁽⁵⁾ in Iran, **Mahboub.** ⁽⁴⁰⁾ in Kermanshah, Iran and **Khezri et al.** ⁽⁴¹⁾ in bushehr who revealed that spirituality was negatively correlated with death anxiety. It suggests that individuals with high spirituality have shown low level of death anxiety. Also **Taghiabadi et al.** ⁽⁴²⁾ in Isfahan, Iran found that life satisfaction is inversely associated with death anxiety.

Conclusion:

Death anxiety was low among slightly more than two thirds of the studied elderly and high among nearly one third of them. Daily spiritual experience was high among slightly more than one third of them and moderate among another one third of the studied elderly. Additionally, more than half of them were satisfied with their life. Ultimately, there was positive correlation between spirituality score and life satisfaction score which were statistically significant independent negative predictors of death anxiety score.

Recommendations:

In view of the study findings, the following recommendations are proposed:

- Engaging the elderly in their family life , supportive groups and friends can help them to reach adequate social support, life satisfaction and prevent DA.
- Encourage elderly in meditation, relaxation techniques, spiritual and religious programs can enhance their feeling of spirituality, life satisfaction and prevent DA.
- Further researches are suggested to explore the effectiveness of educational programs on spirituality and satisfaction of elderly suffering from DA.
- Further researches on the determinants of death anxiety in the elderly and the development of a comprehensive care plan to reduce this anxiety among Egyptian elderly is recommended.

Table (1): Relation between older adults death anxiety, their demographic characteristics and medical history

Demographic characteristics	Death anxiety				X ² test	p-value
	Low (n= 84)		High (n=39)			
	No.	%	No.	%		
Age:						
60-69	54	64.3	25	64.1	2.945	.229
70-79	26	31.0	9	23.1		
80+	4	4.8	5	12.8		
Gender:						
Male	58	69.1	6	15.4	12.25	.001*
Female	26	30.9	33	84.6		
Marital status:						
Married	68	81.0	22	56.4	8.187	.017*
Divorced	5	6.0	5	12.8		
Widow	11	13.1	12	30.8		
Education:						
Illiterate	20	23.8	15	38.5	6.179	.299
Read/write	17	20.2	4	10.3		
Basic	9	10.7	3	7.7		
Preparatory	0	.0	1	2.6		
Intermediate	17	20.2	7	17.9		
University / Postgraduate	21	25.0	9	23.1		
Job (before retirement):						
Craftsman	6	7.1	4	10.3	3.363	.499
Farmer	20	23.8	7	17.9		
Tradesman	5	6.0	0	.0		
Employee	38	45.2	20	51.3		
Housewife	15	17.9	8	20.5		
Current occupation:						
Working	11	13.1	4	10.3	2.199	.654
Not working	73	86.9	35	89.7		
Income:						
Insufficient	42	50.0	14	35.9	2.426	.297
Sufficient	35	41.7	22	56.4		
Saving	7	8.3	3	7.7		
Living with whom:						
Family	68	81.0	30	76.9	3.267	.605
alone	16	19.0	9	23.1		
Having chronic diseases:						
yes	54	64.3	32	82.1	3.997	.046*
No	30	35.7	7	17.9		

(*) Statistically significant at $p < 0.05$

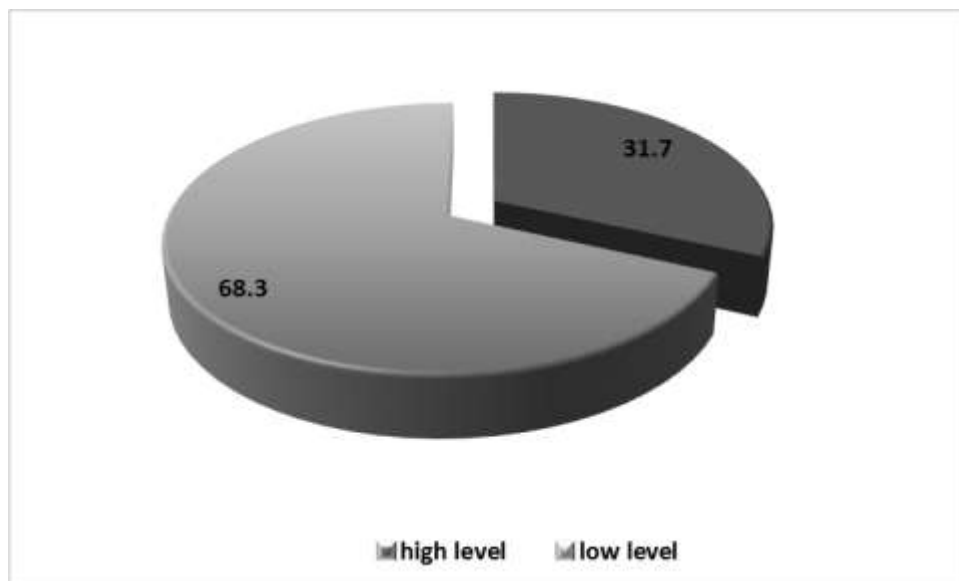


Figure (1): Total death anxiety among participants in the study sample (n=123)

Table (2): Total daily spiritual experience and life satisfaction among older adults in the study sample (n=123)

Total daily Spiritual Experience	No.	%
Moderate spirituality	41	33.3
High spirituality	47	38.2
Very high spirituality	35	28.5
Total mean score of spirituality	Mean ±SD	
Spirituality	67.43±11.85	
Life-Satisfaction	No	%
Satisfied	72	58,5
Not satisfied	51	41,5
Total mean score of Life satisfaction	Mean ±SD	
Life satisfaction	43,81±10,25	

Table (3): Correlation matrix of elderly's spirituality, life satisfaction, and death anxiety and their personal characteristics

Personal Characteristics	Spearman's rank correlation coefficient		
	Spirituality	Life satisfaction	Death anxiety
Age	-.044	-.008	.029
Gender (female)	-.124	-.051	.283*
Marital status (widow)	-.129	-.233**	.257**
Education	.129	.120	-.081
Income	-.065	-.109	.113
Having chronic diseases (yes)	-.199*	-.156	.180*
N. of chronic diseases	-.232**	-.233**	.261**

(*) Statistically significant at $p < 0.05$
 $p < 0.01$

(**) statistically significant at

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