Social Support and Psychological Well-being of the Elderly: The Mediating Role of Death Anxiety

Razieh Sheikhol Eslami¹*, Maryam Omranian²

¹ Associate professor of educational psychology, Shiraz University
² PhD candidate of educational psychology, Shiraz University

Abstract
Todays, more attention is paid to the psychological care of the elderly since they are exposed to potential threats related to increased age, loneliness, social isolation, and physical and mental disabilities. Therefore, this study aimed to investigate the mediating role of death anxiety in the relationship between social support and psychological well-being in the elderly. One hundred and ninety-three aged people with an average age of 65 years were selected from Shiraz city by available sampling. The participants filled in the social support scale, the scale of death anxiety, and the psychological well-being scale. Were obtained from structural equation modeling using AMOS 23 software. The result of this study indicated the direct effect of social support on well-being but did not confirm the mediating role of death anxiety. Another finding was the direct and significant effect of death anxiety on well-being. Social interaction leads to increased psychological well-being in the elderly, meanwhile death anxiety endangers their psychological well-being.

Keywords
Death anxiety; psychological well-being; social support; the elderly

1. Introduction

With the advancement of science and technology, human beings' life expectancy and longevity have increased compared to the past and societies tend to age. Therefore it is important to provide a society in which the welfare of the elderly is taken into account. In this regard, by examining the factors affecting the well-being of the elderly, it is possible to prevent social crises resulting from the aging of societies. According to the World Health Organization, aging means crossing the age of 65, which is achieved for all people who have survived an accident and gone through youth and middle age (Naja et al., 2017).

One of the fundamental construct in old age that improves the quality of life of the elderly is psychological well-being. From the perspective of Ryff and Singer (1998) psychological well-being has six components, namely: self-acceptance (having a positive attitude towards oneself), positive relationships with others (Warm and satisfying relationships with others), autonomy (ability to make an independent decision), environmental mastery (manage one’s environment, ability to create or choose an environment according to one’s needs), purpose in life (having a goal in life and finding

* Corresponding author: Associate professor of educational psychology, Shiraz University
Email-Address: sheslami@shirazu.ac.ir

Received 2 October 2021 / Accepted 27 November 2021
DOI: https://doi.org/10.24200/jsshr.vol9iss04pp97-101
2693-8464 © Research Hub LLC. All rights reserved.
meaning in life), and personal growth (one's feeling of continued personal development). Ryff's psychological well-being model is based on the evolutionary concepts of theorists who described growth as a continuous process life span (Varei et al., 2018). Accordingly, the well-being of the elderly is as important as other age groups and it is necessary to examine the factors affecting it.

Death anxiety is one of the factors that affects the well-being of the elderly. According to the Terror Management Theory, the motivator of human behavior is his latent and constant fear of death. This theory was first proposed (Greenberg et al., 1986). According to this theory, the remembrance of self-death and the anxiety of death can provoke two dimensions of different behaviors, from materialism, dogmatism, and violence to spiritualism, altruism, and cooperation, which ultimately have different consequences for society and health. It is normal to experience some death anxiety, but like other fears, undermines effective adaptation if this anxiety is very sever (Burke, 2020). Meanwhile, aging is a part of the natural process of human life and it can be considered the end of the cycle of human corporeal life. One of the undeniable realities of old age is approaching the reality of death. Death anxiety is a multidimensional concept that is difficult to define and is often defined as the fear of dying for oneself and others. According to the definition (Tang et al., 2017), death anxiety is a state in which a person experiences morbid physical symptoms, feelings of fear and anxiety at the thought of threatening death. it has four dimensions: the Somatic dimension, entitled dysphoria (meaning that when a person thinks about dying, he feels tired, sad, and emotionally isolated), the Cognitive dimension, called death intrusion (untimely nightmares, images, and thoughts about death), the Emotional dimension, entitled fear of death (feeling afraid of death with physical and emotional symptoms) and Behavioral dimension, under the heading of avoiding death (avoiding thoughts, situations, events and experiences related to death). Research evidence suggests that death anxiety is seen more often in older people rather than other age groups (Sharma et al., 2019).

Numerous studies have shown the effect of death anxiety on people's psychological well-being. For example, the study on elderly men in Kermanshah (city in Iran) reported a direct negative and significant effect of death anxiety on psychological well-being (Varei et al., 2018). Findings of another study (Mackenzie et al., 2018) also confirm the negative effect of death anxiety on the well-being of the elderly. There is a negative relationship between death anxiety and quality of life (Bahrami et al., 2013; Adeeb et al., 2017). Moreover, research on 160 elderly people aged 65-80 years showed there is a negative relationship between increased mental health and spirituality and death anxiety (Sharma et al., 2019). As can be seen, death anxiety is an important source of reduced mental health and well-being. "Death is an inevitable and unpredictable event and this causes fear of death" (Samani and Kurd, 2017), especially among the elderly who feel themselves near the end of the life. Given the negative effects of death anxiety on the well-being of the elderly, it is necessary to manage this anxiety using different strategies. In this study, the effect of social support as an external solution to reduce anxiety in the death of the elderly has been studied. Social support is defined as the amount of love, companionship, care, respect, attention, and help received from other individuals or groups, such as family members, friends, and significant others (Sarafino, 1998). One of the most common indicators used to study social support is Perceived social support scale, which refers to an individual’s perception of the availability of support from others (Awopetu et al., 2017). In general, social support has been seen as one of the source of problem-solving (Zimet et al., 1988). In life span, along with developmental changes, the need for social support also evolves and gradually takes on more complex forms. Nevertheless, at no point in life does this need lose its importance. According to Kaplan 1996, social support systems are the assignment of some parts of the interpersonal needs to a group of people who can provide emotional protection and support resources to people in need in emergencies (Karami, 2011). Thus, providing assistance, resources, and cognitive awareness by people for those in need, cause them to increase their ability to cope with mental crises, and help them to cope with environmental stress, and act as a shield against them. one differential analysis showed that social support leads to a reduction in depression (Samson, 2018). Also, the study confirmed the negative and significant relationship between social support and depression (Lim et al., 2017). Moreover, the theoretical and
The practical nature of psychological well-being, including interactions and support, has led researchers necessity to examine the role of social support in well-being experiences. According to the enabling hypothesis (Iqbal and Amin, 2018), social support represents a symbolic experience by which members of a communication network gain the competence to face obstacles through encouragement and verbal reassurance from other members. Research shows that people with higher social support enjoy more mental health and well-being, and social support is a positive predictor of well-being, life satisfaction, quality of life, life expectancy, and self-actualization (Iqbal and Amin, 2018; Mao and Han, 2018; Sol-Ibarra-Rovillard and Kuiper, 2011; Hussain et al., 2020; Bahrami et al., 2013). The study of the perception of social support is a source to improve and develop psychological well-being in old age (Obst et al., 2019). Worked on 350 elderly people living in Tehran (capital of Iran), showed that spirituality and social support explain mental health in the elderly (Habibollahi et al., 2018).

As can be seen, numerous research studies have confirmed the effect of social support on reduction of stressful experiences, the increase of psychological well-being, and mental health indicators (Habibollahi et al., 2018; Pourdad et al., 2019; Ebrahimi, 2018). But what is striking is that the relationship between social support and death anxiety (in particular) is not so clear. For example, much research on elderly people showed a negative relationship between social support and perceived anxiety and death (Demirchi and Samadifar, 2018; Adeeb et al., 2017). In some studies, there is a negative and significant relationship between family support and death anxiety, but in the case of friends and significant others, no relationship has been found (Awopetu et al., 2017). In contrast, in some other studies, a positive relationship has been found between social support and death anxiety (Mehrienejad et al., 2016). Also, in a group of studies, no significant relationship has been observed between social support and death anxiety (Lim et al., 2017; Shafaei et al., 2016; Soleimani et al., 2018). Differences in research findings highlight the need to examine the relationship between social support and death anxiety more deeply. In general, according to theoretical and research evidence on the relationship between social support, death anxiety, and positive psychological indicators such as life satisfaction, mental health, and well-being, one question arises whether social support can increase psychological well-being through reducing death anxiety of the elderly?

Regarding the necessity of this research, we can point to the increase in the elderly population and the need to have an efficient life in this segment of society. Although the increase of this age group in our country promises to improve living conditions, this requires officials to pay attention to the health and safety of the elderly. Also, death anxiety is a critical concept among the elderly. Because they are inevitably close to it. Therefore, it is important to study the factors that lead to the management of this anxiety. Besides, identifying the mechanism and process of influencing internal (death anxiety) and external (social support) factors on the well-being of the elderly provides the ground for effective interventions to establish "successful aging". Accordingly, this study aimed to investigate the relationship between social support and the psychological well-being of the elderly with the mediating role of death anxiety. The relationships between research variables are shown in Figure 1.

![Fig. 1: Conceptual model of research](image-url)
Research hypotheses are:
1) Social support has a direct effect on the psychological well-being of the elderly.
2) Social support has a direct effect on death anxiety in the elderly.
3) Death anxiety has a direct effect on the psychological well-being of the elderly.
4) Death anxiety plays a mediating role in the relationship between social support and the psychological well-being of the elderly.

2. Method

This research is based on the correlation in which the relationships between research variables were analyzed in the form of structural equation modeling. It should be noted that social support and death anxiety were considered as latent variables and psychological well-being as the observed variable. The population of this study consist of men and women of 65 years and older in Shiraz (city in Iran). The research sample consisted of 193 people who were selected using the available sampling method to conduct the research and answered the questionnaires. The mean and standard deviation of the age of the persons were 65 and 8.18 years, respectively.

**Psychological Well-Being Scale**: this study, the 18-item form of the Psychological Well-Being Scale was used (Ryff and Singer, 1998). In the abbreviated form, there are six subscales and for each subscale, there are three items: self-acceptance (items 6, 12, 18), purpose in life (items 5, 17, 11), personal growth (items 3, 9, 15), environmental mastery (items 2, 8, 14), autonomy (items 1, 7, 13), and positive relationships with others (items 4, 10, 16). The rating of each phrase, based on the Likert scale, is in the range from 1 (strongly disagree) to 7 (strongly agree), which is scored in 8 items in reverse (1, 4, 5, 8, 15, 17, 16, 18). The validity and reliability of the Ryff questionnaire have been reported in several studies such as Ates (2016) and Marhamati and Foolad Chang (2017). In one study Cronbach’s alpha of the whole questionnaire was 0.85. To evaluate the validity of the scale, this researcher calculated the correlation coefficient of subscales with the total score of the scale and reported it in the range of 0.41 to 0.63 (Ates, 2016). In another research, Cronbach’s alpha coefficient of the whole questionnaire was 0.79 and for subscales in the range of 0.50 to 0.73. To evaluate the validity, these researchers used to calculate the correlation of the score of each question with the total score of the corresponding subscale and reported the correlation coefficient in the range from 0.46 to 0.74 (Marhamati and Foolad Chang, 2017). In this study, the internal consistency method was used to determine the validity of the scale. The correlation range of the subscales with the total score was from 0.47 to 0.80. The reliability of the scale was calculated using Cronbach’s alpha method for the whole questionnaire and the coefficient was 0.70.

**Multidimensional Perceived Social Support Scale** (Zimet et al., 1988). The Multidimensional Perceived Social Support Scale is a 12-item scale that consists of three subscales of friends, family, and significant others to assess perceived social support. The scoring of this scale is done in the form of a 7-point Likert scale from strongly disagree (with a score of 1) to strongly agree (score of 7). In the research of scale makers, the reliability of the scale by Cronbach’s alpha coefficient method for the whole scale was 0.88 and for the subscales of significant others, family and friends were reported 0.91, 0.87, and 0.85, respectively. Also, the reliability of this scale has been reported as a retest method for the whole scale of 0.85 and the subscales of significant others, family, and friends, are 0.72, 0.85, and 0.75, respectively. To evaluate the validity of this scale, the researchers measure the correlation between perceived social support and the subscales of anxiety and depression in the Hopkins Syndrome Checklist. The results show that Anxiety (P<0.01, r = -0.18), and Depression (p<0.01, r = -24.2) had a negative and significant relationship with social support. In the study (Ates, 2016) the reliability of this scale by calculating the Cronbach’s alpha coefficient for the whole scale was 0.89 and for the three subscales of support of family, friends, and significant others were reported 0.87, 0.84, and 0.80, respectively. In one research, the divergent validity of the multidimensional scale of perceived social support (MSPSS) through correlation with the Maslach burnout inventory was -0.34 and its reliability was reported to be 0.88 by
Cronbach's alpha method (Soleimani et al., 2018). In this study, we utilized the internal consistency method to determine the validity of the scale. The correlation range of the subscales with the total score was from 0.82 to 0.90. The scale reliability was also obtained using Cronbach's alpha method for the total score and subscales of family, friends, and significant others, 0.90, 0.76, 0.81, and 0.81 respectively.

**Death Anxiety Scale** (Tang et al., 2017): This scale was presented after reviewing all measures for death anxiety and claims that it is a very comprehensive scale and has advantages and innovations compared to previous scales. This scale has 17 questions and is set with a Likert scale ranging from strongly disagree (1) to strongly agree (5). Results of using the factor analysis confirm the existence of four factors of dysphoria (questions 9, 12, 15, 14, and 10), death intrusion (questions 1, 3, 5, 7 and 8), fear of death (11 13, 16, and 17) and avoidance of death (2, 4, and 6). Also, the factor analysis model of this scale had an appropriate fit (SRMR = 0.062, CI = 0.057, RMSEA = 0.067, CFI = 0.93). Researchers confirmed the validity of the scale constructs by examining its relationship with Beck Depression Inventory (BDI-II, Beck, et al.), Impact of event scale-revised (IES-R, Weiss), Trait anxiety (TA, Spielberger, et al.), and the Subjective Happiness Scale (SHS, Lyubomirsky and Lepper). The Cronbach's alpha reliability was 0.86 on the whole scale and 0.80 on the subscales for dysphoria, 0.78 for death intrusion, 0.77 for fear of death, and 0.57 for the avoidance of death. The results of the retest coefficient after 7 days for subscales were between 0.55 and 0.69.

In this study, a Chinese language expert first translated the scale from Chinese to English. Then, we translated the English version (Appendix 1) of the scale into Persian. At the end, the Persian text was translated from Persian to English by a Chinese language expert and again into Chinese by a Chinese language expert, and the inconsistent items were corrected. Then, using the exploratory factor analysis method, the validity of scale constructs was verified. Examination of KMO and Bartlett test = 0.86 (p = 0.0001, Chi-square= 1029) showed that the sample was sufficient for exploratory factor analysis. The results of factor analysis confirmed the existence of 4 factors. In total, four factors explained 56% of the total variance. Also, the correlation of the scores of this scale with the Templer Death Anxiety Scale was examined and the correlation coefficient was 0.68. Also, the correlation coefficient of factors with the total score was 0.85 for dysphoria, 0.74 for death intrusion, 0.82 for fear of death, and 0.58 for the avoidance of death. Model fit indices with confirmatory factor analysis also confirmed the factor structure of this scale (CMIN / DF = 1.58, GFI = 0.91, CFI = 0.92, TLI = 0.91, IFI= 0.92, RMSEA= 0.055, PCLOSE= 0.27).

Cronbach's alpha coefficient and retest coefficient were used to evaluate the reliability of the scale. Cronbach's alpha coefficient of the total score was calculated to be 0.86. Cronbach’s alpha coefficient for the dysphoria subscale was 0.76, death intrusion was 0.75, fear of death was 0.74, and the avoidance of death was 0.61. To evaluate the retest coefficient, 47 elderly people were selected and retested two weeks later. The retest coefficient of the total score of the scale was equal to 0.68. The retest coefficients of the subscales were 0.71 for dysphoria, 0.69 for death intrusion, 0.77 for fear of death, and 0.40 for the avoidance of death. Based on the results, this scale is an accurate and reliable measure and can be used as a valid and reliable scale for the elderly.

**3. Findings**

Descriptive information and correlation between variables are reported in Table 1. As considered, a significant correlation between most variables makes it possible to continue the analysis.
<table>
<thead>
<tr>
<th>Variables</th>
<th>mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Death intrusion</td>
<td>14.09</td>
<td>4.15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Dysphoria</td>
<td>13.00</td>
<td>4.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Fear of death</td>
<td>10.34</td>
<td>3.65</td>
<td>0.43&quot;</td>
<td>0.63&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Avoidance of death</td>
<td>8.50</td>
<td>2.50</td>
<td>0.19&quot;</td>
<td>0.40&quot;</td>
<td>0.39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-death anxiety</td>
<td>45.95</td>
<td>11.01</td>
<td>0.74&quot;</td>
<td>0.85&quot;</td>
<td>0.81</td>
<td>0.58&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Psychological well-being</td>
<td>84.13</td>
<td>13.52</td>
<td>-0.22&quot;</td>
<td>-0.30&quot;</td>
<td>-0.31&quot;</td>
<td>-0.12&quot;</td>
<td>-0.33&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-Family</td>
<td>14.68</td>
<td>3.58</td>
<td>0.11</td>
<td>0.11</td>
<td>0.07</td>
<td>0.13</td>
<td>0.13</td>
<td>0.50&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-Friends</td>
<td>13.30</td>
<td>3.87</td>
<td>0.12</td>
<td>0.10</td>
<td>0.10</td>
<td>0.22&quot;</td>
<td>0.16&quot;</td>
<td>0.33&quot;</td>
<td>0.58&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-significant others</td>
<td>14.49</td>
<td>3.75</td>
<td>0.14&quot;</td>
<td>0.16&quot;</td>
<td>0.10</td>
<td>0.13</td>
<td>0.17&quot;</td>
<td>0.45&quot;</td>
<td>0.80&quot;</td>
<td>0.57&quot;</td>
<td></td>
</tr>
<tr>
<td>10-Social support</td>
<td>42.48</td>
<td>9.80</td>
<td>0.14&quot;</td>
<td>0.14</td>
<td>0.10</td>
<td>0.18&quot;</td>
<td>0.18&quot;</td>
<td>0.49&quot;</td>
<td>0.90&quot;</td>
<td>0.82&quot;</td>
<td>0.90&quot;</td>
</tr>
</tbody>
</table>

A structural equation modeling test was used to investigate the effect of social support on psychological well-being through the mediating variable of death anxiety. For this aim, at first, the assumptions of structural equations such as error independence and normality were tested and confirmed. After making sure that the assumptions were valid, the direct and indirect relationships of the variables were analyzed. As can be seen in Figure 2, social support has positively and significantly predicted psychological well-being (p <0.001, β = 0.63). Therefore, the first hypothesis of the research is confirmed. Social support, while having little correlation with death anxiety, could not significantly predict death anxiety. Accordingly, the second hypothesis of the research is not confirmed. The effect of death anxiety on psychological well-being is also negative and significant (p <0.001, β = -0.49), and the third hypothesis of the study is confirmed. It should be noted that since social support could not predict death anxiety, the fourth hypothesis of the study is not confirmed. Fit indices, that were obtained from structural equation modeling show acceptable fit of the model with the data (Chi square / df = 0.81, GFI = 0.98, CFI = 1, TLI = 1, IFI = 1, RMSEA= 0.0001, PCLOSE= 0.94).
4. Discussion

This study aimed to investigate the structural model of the relationship between social support and psychological well-being mediated by death anxiety among 193 elderly people in Shiraz. The findings of this study showed that social support positively and significantly predicts psychological well-being. These findings are consistent with previous studies such as (Obst et al., 2019; Ates, 2016). These studies also showed that increasing social support for the elderly can significantly impact their psychological well-being and social functioning. To explain these findings, we can say that people with higher social support feel more self-worth, self-esteem, empowerment, and self-confidence, and as a result, increased self-acceptance, self-actualization, more positive relationships, have goals in life, and sense of management (Sol-Ibarra-Rovillard and Kuiper, 2011). Also, social support leads to the expansion of individuals' social networks, thereby providing more effective resources for coping with stress and increasing their psychological well-being. When a person is sure that she/he is not alone in facing problems, she/he will be safe from weakness and despair and focus her/his energy on solving the problem. Also, because the elderly do not have a socially active role that can improve the meaning of their lives and experience a sense of well-being through productive social, cultural, and economic activities, so to experience this psychological state, they are dependent on family support, friends and significant others in their life. Of course, the more they perceive this support, the more they will feel better.

Another finding of this study showed that social support has no significant effect on death anxiety in the elderly. As mentioned in the introduction, research backgrounds have reported different results in this regard. The results of some studies such as (Soleimani et al., 2018; Samson, 2018) showed that there is no significant relationship between social support and death anxiety. While the findings of some other studies indicate a significant negative relationship between social support and death anxiety (Bahrami et al., 2013; Adeeb et al., 2017; Pourdad et al., 2019; Ebrahimi et al., 2018) and some positive relationship of the report (Mehrienejad et al., 2016). The lack of a significant relationship between social support and death anxiety in this study may be explained by Iranians’ tendency to have core family and the rapid trend of social change leading to reducing the role of social support to manage anxiety. Children do not consider themselves obliged to meet the financial, health, and psychological needs of their elderly parents. Culturally, Iranians seem to avoid talking about death anxiety in their interactions with each other. As a result, these interactions have no content about death and are considered negative attitude that should not be discussed. So it is normal that these interactions are not a way to reduce death anxiety then we may know why there was no strong relationship between social support and death anxiety in the sample of the community of this study. Also, it can be said that since death anxiety is an emotional experience that is not based on logical arguments, "it seems that people are more likely to use emotion-oriented strategies such as denial and avoidance to deal with it” (Nimir and Et al.) Quoting (Aurang et al., 2017). Problem-oriented strategies such as social support can not be very effective in this regard. However, in the research literature, there is some general agreement about the negative impact of avoidance and emotion-focused coping on emotional events and outcomes, and problem-oriented coping as an adaptive strategy to deal with stressful events (Biggs et al., 2017). Although, these assumptions are true when stressful events can be controlled. Meanwhile, death is an ambiguous, uncontrollable, and immutability phenomenon. An uncontrollable event causes anxiety that coping mainly with emotion-oriented strategies and not social support. As a problem-oriented effort to change the environment, individuals do not use it as an effective solution (Witkowski, 2016). In some studies, death anxiety has been found to have a negative and significant relationship with effective coping strategies but has a positive and significant relationship with ineffective coping strategies (Samson, 2018; Mackenzie et al., 2017).

Another finding of the study showed that death anxiety has a significant negative effect on the psychological well-being of the elderly. This finding is consistent with the results of previous studies (Varei et al., 2018; Sharma et al., 2019; Mackenzie et al., 2017). There are several points to explain this finding. First, according to the theory of terror management (Greenberg et al., 1986), awareness of
death causes high anxiety, reduces adaptive functioning, causes psychological problems, and negatively affects well-being. Second, one of the central features of psychological well-being is having positive emotions (Robbins et al., 2010), so it is often inversely related to any negative emotion, such as death anxiety. Third, as death anxiety increases, so does the belief that life is meaningless and that striving to achieve goals and growth and excellence is futile. As can be seen, all of these believes are the opposite of the concept of well-being and, as a rule, reduce it. Another finding of this study suggested that social support did not show a significant relationship with death anxiety, therefore, the mediating role is not confirmed. As mentioned earlier, perhaps due to the different nature of the two structures of social support (problem-oriented) and death anxiety (emotion-oriented), social support could not affect this structure. Perhaps it did not exist culturally in the sample and society under study. Of course, reaching a clear conclusion about the relationship between these two variables requires more extensive research. The results of this study can be used to improve the quality of life of the elderly. Considering the positive effect of social support on the psychological well-being of the elderly, it is recommended to inform their family about the importance of their interactions with the elderly by holding educational programs for their families. Advising to participate in artistic, sports, literary and religious meetings can provide alternative social support for the elderly. Also, the negative effect of death anxiety on the psychological well-being of the elderly reveals the need to inform them about the phenomenon of death. (Teaching effective coping strategies to the elderly to reduce death anxiety, accepting death as an uncontrollable event, and having an effective death mindset). Then, they can be equipped to control death anxiety and thus provide them with psychological well-being. One of the limitations of the present study is the available sampling method. The unwillingness of the elderly to fill in the questionnaire due to the word death. Any research on the well-being of the elderly and death anxiety should be done qualitatively or in the mixed method so that we can gain a deeper understanding of the death anxiety and well-being of the Iranian elderly.

Acknowledgments

Finally, we sincerely thank Professor Dr. Hossein Mihmi (Assistant Professor of English at Shiraz University), Ms. Sara Omranian (PhD candidate of Bioanformatic in Potsdom University) and, Ms. Behnoosh Bani Hashemi (Master of English Translation) who accepted the supervision of translating the article from Persian to English. Also, we thank Shiraz University, Faculty of Psychology and Educational Sciences, for their financial support, and Soroush Elderly Daily Rehabilitation Center and Shiraz Daily Rehabilitation Center (Jahandidegan Center) for their cooperation in filling the questionnaires.

References


The relationship between social support and death anxiety among the elderly.


## Appendix 1 - Factor Analysis of Death Anxiety Scale (Tang, et al., 2017)

<table>
<thead>
<tr>
<th>Items</th>
<th>Dysphoria</th>
<th>Death intrusion</th>
<th>Fear of death</th>
<th>Avoidance of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. In the last month, when I thought of death, I often cannot express my feelings with intimate people.</td>
<td>0.89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. In the last month, when I thought of death, I often felt strange or alienated with others.</td>
<td>0.58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. In the last month, when I thought of death, I often felt upset.</td>
<td>0.56</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. In the last month, when I thought of death, I often felt that my life is meaningless.</td>
<td>0.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. In the last month, when I thought of death, I often felt very helpless because I did not know when I will die.</td>
<td>0.42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. In the last month, I often thought about the scene of my own death.</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. In the last month, I often dreamed things related to death.</td>
<td>0.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In the last month, I often thought about things related to death.</td>
<td>0.68</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. In the last month, I often felt that I will die soon.</td>
<td>0.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. In the last month, I often dreamed the scene of my own death.</td>
<td>0.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. In the last month, when I thought of death, I often felt easy to debilitated and tired.</td>
<td>0.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In the last month, when I thought of death, I was often very afraid.</td>
<td>0.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. In the last month, when I thought of death, I often felt that my heart beats very quickly.</td>
<td>0.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. In the last month, when I thought of death, I often felt terrified.</td>
<td>0.58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In the last month, I often avoided activities and places related to death.</td>
<td>0.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the last month, I often avoided thoughts or conversations related to death.</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In the last month, I was often unable to recall experiences related to death.</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eigen value</strong></td>
<td>5.61</td>
<td>1.8</td>
<td>1.1</td>
<td>1.01</td>
</tr>
<tr>
<td><strong>Percentage of variance explained</strong></td>
<td>6%</td>
<td>7%</td>
<td>11%</td>
<td>33%</td>
</tr>
</tbody>
</table>