

Research Paper



The Mediating Role of Resilience and Death Anxiety in the Relationship Between Perceived Social Support and Psychological Well-Being in Individuals with Grief Experience

Abstract

Introduction and Objective: Every individual encounters a grief experience during their lifetime, which can have profound consequences on their mental health and psychological well-being. Accordingly, the present study aimed to investigate the mediating role of resilience and death anxiety in the relationship between perceived social support and the psychological well-being of individuals with a grief experience in Kermanshah.

Research Methodology: In this descriptive-correlational study utilizing Structural Equation Modeling (SEM), 229 bereaved individuals in Kermanshah were selected via convenience sampling. Data were collected using Ryff's Psychological Well-Being Scale (2002), the Multidimensional Scale of Perceived Social Support by Zimet et al. (1998), the Connor-Davidson Resilience Scale (2003), and Templer's Death Anxiety Scale (1970). Data analysis was performed using SPSS-24 and AMOS-24 software.

Findings: The proposed model demonstrated an adequate fit for the studied sample. The results indicated that perceived social support directly predicted psychological well-being ($\beta=0.65$). Furthermore, bootstrapping analysis confirmed significant indirect effects through resilience ($\beta = 0.185$, 95% CI [0.056, 0.314]) and death anxiety ($\beta = 0.459$, 95% CI [0.085, 0.833]), indicating that both variables significantly mediated the relationship between perceived social support and psychological well-being.

Conclusion: These findings suggest that the beneficial association between perceived social support and psychological well-being may operate, in part, through reduced death anxiety and enhanced resilience. Consequently, this study can contribute to enhancing the mental health and quality of life of bereaved individuals, providing psychologists and researchers in the field of thanatology with the necessary interventional strategies and psychological support frameworks.

Keywords:

Death Anxiety, Psychological Well-being, Resilience, Perceived Social Support, Grief.

Introduction

Death is a universal and unavoidable life event that inevitably confronts individuals with the loss of loved ones, making bereavement one of the most profound and challenging experiences encountered across the lifespan (Garousi et al., 2014). Grief is a multifaceted psychological response to the loss of someone or something of significant personal value, including the death of a loved one, the loss of meaningful relationships, employment, or other valued life circumstances (Scott et al., 2020). Among these experiences, the death of a loved one represents one of the most distressing forms of loss because of its enduring emotional and psychological consequences (Sadock et al., 2007). Evidence indicates that bereavement is associated with a wide range of physical, cognitive, emotional, behavioral, and spiritual reactions that may persist for months or even years after the loss (Rafiei et al., 2019; Sadock et al., 2007). If these reactions are not successfully integrated into the individual's adjustment process, they may substantially compromise long-term psychological functioning and well-being (Stroebe et al., 2024).

Experiencing the loss of a loved one often disrupts an individual's psychological equilibrium and poses a considerable challenge to psychological well-being (Stroebe et al., 2024). Psychological well-being extends beyond the absence of psychological distress and reflects optimal psychological functioning, personal growth, and the realization of individual potential (Ryff & Singer, 2004). According to Ryff's multidimensional model, psychological well-being comprises six interrelated dimensions: self-acceptance, positive relations with others, autonomy, purpose in life, personal growth, and environmental mastery (Stamp et al., 2015). Bereavement may adversely affect each of these domains by undermining emotional stability, diminishing life meaning, weakening interpersonal relationships, and reducing individuals' capacity to cope effectively with everyday challenges. Consistent with this perspective, previous studies have demonstrated that bereaved individuals frequently experience reduced psychological well-being accompanied by elevated symptoms of depression, anxiety, and impaired quality of life (Hosseini & Hatami, 2019). These findings underscore the importance of identifying protective psychological resources that may facilitate successful adaptation following bereavement.

Perceived social support is widely regarded as one of the most important protective resources in coping with stressful life events, including bereavement (Ghaffari et al., 2021). It refers to an individual's belief that emotional, informational, and practical support are available from family members, friends, and significant others when needed (Xi et al., 2020). Gülaçtı (2010) further conceptualized this construct as a person's appraisal of the availability and adequacy of supportive relationships during periods of distress. A substantial body of research has shown that individuals who perceive stronger social support tend to report better psychological adjustment, higher quality of life, and more favorable mental health outcomes (Li & Hasson, 2020). In the context of bereavement, supportive interpersonal relationships may help reduce feelings of isolation, alleviate emotional distress, and facilitate adaptation to loss (Kahaki et al., 2016). However, the beneficial influence of perceived social support on psychological well-being may not be entirely direct; rather, it may operate through underlying psychological processes that enhance adaptive functioning following bereavement.

Resilience has been identified as a central factor in successful adaptation to bereavement (Vegsund et al., 2019). Connor and Davidson (2003) defined resilience as a dynamic capacity that enables individuals to adapt positively when confronted with loss, stress, and psychological adversity. Rather than representing mere resistance to distress, resilience involves the ability to recover, reorganize, and continue functioning effectively despite challenging circumstances (Rezaei et al., 2024). Previous research has consistently demonstrated that resilient individuals exhibit better emotional regulation, more adaptive coping strategies, and higher levels of psychological well-being (Li & Hasson, 2020). In bereaved populations, resilience appears to facilitate adjustment by helping individuals manage the emotional impact of loss while maintaining engagement with meaningful life activities (Kiani et al., 2019). Furthermore, studies have reported a positive association between social support and resilience, suggesting that supportive relationships may strengthen individuals' capacity to cope with adversity (Lipra et al., 2019). Accordingly, resilience may represent one of the key psychological pathways through which perceived social support contributes to improved psychological well-being following bereavement (Aliniyav Moghaddampour & Mousavi, 2023).

In addition to resilience, death anxiety has also been identified as an important psychological mechanism influencing adaptation following bereavement. Death anxiety is considered one of the most salient psychological responses following the loss of a loved one and constitutes an important challenge to successful adaptation after

bereavement ([Neimeyer, 2004](#)). It refers to the emotional distress, fear, and apprehension associated with one's own mortality or the death of significant others ([Mohammadpour et al., 2018](#)). Beyond the fear of death itself, this construct encompasses broader existential concerns regarding the meaning of life, uncertainty about the future, and the dying process ([Folk et al., 2018](#)). Bereavement frequently intensifies these concerns by confronting individuals with the reality of mortality and disrupting their sense of security ([Mohammadpour et al., 2018](#)). Importantly, individuals who perceive greater emotional and social support often experience lower levels of death anxiety, as supportive relationships provide emotional reassurance, strengthen coping resources, and reduce feelings of existential threat. Consequently, diminished death anxiety may facilitate psychological adjustment and contribute to better psychological well-being ([Mahdi et al., 2021](#)).

Previous empirical findings provide valuable evidence regarding the associations among perceived social support, resilience, death anxiety, and psychological well-being; however, these relationships have largely been examined independently rather than within an integrated conceptual framework. [Koizumi et al. \(2024\)](#) demonstrated that social support mediated the association between resilience and death anxiety among patients with chronic kidney disease. Similarly, [Ikram et al. \(2022\)](#) reported that social support significantly moderated the relationship between resilience and death anxiety. [Aliniyay Moghaddampour and Mousavi \(2023\)](#) found positive associations between perceived social support, resilience, self-efficacy, and psychological well-being. Likewise, [Cao et al. \(2020\)](#) showed that family support and resilience significantly predicted better mental health among parents who had lost their only child, with resilience serving as an important psychological mechanism linking support to mental health outcomes. Collectively, these findings highlight the importance of supportive interpersonal resources in promoting psychological adaptation following adversity. Nevertheless, they also indicate that the mechanisms through which perceived social support influences psychological well-being among bereaved individuals remain insufficiently understood.

Despite accumulating evidence regarding the independent associations among perceived social support, resilience, death anxiety, and psychological well-being, several important questions remain unanswered. First, previous studies have predominantly examined these variables through direct or bivariate relationships, providing limited insight into the psychological mechanisms through which perceived social support contributes to psychological well-being following bereavement. Second, much of the existing literature has focused on specific populations, such as older adults, individuals with chronic illnesses, and patients with cancer, thereby limiting the generalizability of these findings to individuals experiencing bereavement. Finally, although resilience and death anxiety have each been identified as important correlates of psychological adjustment after loss, their simultaneous mediating roles have rarely been examined within a comprehensive structural equation model. Collectively, these limitations suggest that current evidence remains insufficient to explain how interpersonal resources facilitate psychological adaptation to bereavement through multiple psychological pathways. Protective psychological resources, including supportive interpersonal relationships, may buffer the impact of mortality-related concerns, thereby reducing death anxiety and facilitating adaptive psychological functioning following bereavement. Addressing these limitations is important because bereavement is a complex and multidimensional process in which protective resources and psychological vulnerabilities interact dynamically rather than independently. A more comprehensive understanding of these interrelationships may advance theoretical models of psychological adaptation to loss while also informing the development of targeted interventions aimed at strengthening resilience, reducing death anxiety, and ultimately promoting psychological well-being among bereaved individuals. Accordingly, the present study developed and tested a structural equation model to examine the mediating roles of resilience and death anxiety in the relationship between perceived social support and psychological well-being among individuals with a grief experience. By integrating these psychological mechanisms within a single conceptual framework, this study seeks to extend existing knowledge regarding bereavement adjustment while providing empirical evidence that may inform evidence-based psychological interventions for bereaved populations. The hypotheses of the present study were as follows: (1) perceived social support has a positive relationship with the psychological well-being of bereaved individuals through the mediating role of resilience; and (2) perceived social support has a positive relationship with the psychological well-being of bereaved individuals through the mediating role of death anxiety.



Conceptual Model: The Mediating Role of Resilience and Death Anxiety in the Relationship Between Perceived Social Support and Psychological Well-Being in Individuals with Grief Experience

Methodology

The present study is descriptive-correlational research employing Structural Equation Modeling (SEM) with a quantitative approach. The statistical population comprised all bereaved individuals in Kermanshah in the year 2025. Based on a review of the literature and [Kline's \(2016\)](#) formula, a sample size of 250 individuals was selected. According to Kline's guidelines and the calculation of the model's free parameters, the required sample size was initially determined to be 150. However, to account for potential participant attrition and to enhance statistical power, the final sample size was set at 250. These participants were recruited using convenience sampling. The study established specific inclusion criteria: 1) Participants must be at least 18 years of age; 2) The deceased must be a first-degree relative (spouse, child, father, mother, or sibling); and 3) The time elapsed since the bereavement must be between a minimum of 1 month and a maximum of 2 years (individuals who had experienced the loss less than one month prior was excluded due to the manifestation of acute grief symptoms).

Printed questionnaires were distributed among available individuals visiting the graves of their loved ones in cemeteries on weekends. This data collection process spanned from July to November of 2025. The comprehensive objectives of the research were explained to the participants, and their informed consent was obtained. Based on the selected sample and the predefined inclusion and exclusion criteria, eligible questionnaires were retained, while incomplete ones were discarded. Ultimately, 229 valid questionnaires were utilized for the final analysis.

Descriptive and inferential statistics were employed for data analysis. The data were analyzed using the Pearson correlation coefficient to examine the relationship between perceived social support and psychological well-being, and Structural Equation Modeling was utilized to investigate the mediating roles of resilience and death anxiety. The collected data were imported into SPSS-24 and AMOS-24 software for analysis, from which the results were extracted. Through these statistical tests, the mediating roles of resilience and death anxiety in the relationship between social support and psychological well-being were controlled and analyzed, and the model fit indices within the structural equation models were evaluated.

Research Instruments

Ryff's Psychological Well-Being Scale: The Psychological Well-Being Scale developed by [Ryff \(1989\)](#) was utilized to measure psychological well-being. The original form of this questionnaire contains 120 items. An 18-item short version of this scale was revised in 2002. This version consists of 6 factors, which include: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The scoring is based on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), with reverse scoring applied to specific items. [Ryff \(1989\)](#) reported an internal consistency coefficient of 0.91 for this questionnaire using Cronbach's alpha. The reliability of this scale has been found to range from 0.82 to 0.93 via Cronbach's alpha. In a study by [Khanjani et al. \(2014\)](#), reliability was established using the internal consistency method, yielding a Cronbach's alpha coefficient of 0.71 for the overall scale. In the present study, the reliability of this instrument, calculated using Cronbach's alpha, was 0.69.

Multidimensional Scale of Perceived Social Support: This questionnaire was developed by [Zimet et al. \(1988\)](#). The scale consists of 12 items designed to evaluate perceived social support across three subscales: family, friends,

and significant others. Each subscale contains 4 items. The scoring system is a 7-point Likert scale ranging from completely disagree (score 1) to completely agree (score 7). In their original study, Zimet et al. reported the reliability of the entire scale to be 0.88 using Cronbach's alpha. [Ghorbani et al. \(2015\)](#) standardized the Persian version of this scale, reporting a total Cronbach's alpha of 0.86, with subscale alphas ranging between 0.84 and 0.90. Construct validity was also confirmed through factor analysis ([Ghorbani et al., 2015](#)). In the present study, the reliability of this instrument was found to be 0.71 using Cronbach's alpha.

Connor-Davidson Resilience Scale: Resilience was measured using the 25-item questionnaire developed by [Connor and Davidson \(2003\)](#). This instrument was designed to assess the ability to cope with stress and threats. The five dimensions are scored on a Likert scale ranging from 0 (not true at all) to 4 (true nearly all the time). The questionnaire comprises 5 dimensions: personal competence, trust in one's instincts and tolerance of negative affect, positive acceptance of change, control, and spiritual influences. The Cronbach's alpha coefficient for this questionnaire was reported as 0.86 ([Connor & Davidson, 2003](#)). The reliability of this questionnaire has been reported as 0.89 via Cronbach's alpha. Furthermore, in a study by [Hagh-Ranjbar et al. \(2011\)](#), the reliability of the questionnaire was tested, yielding a Cronbach's alpha of 0.84. In the present study, the reliability of this instrument was 0.81 using Cronbach's alpha.

Templer's Death Anxiety Scale: This questionnaire was developed by Templer in 1970 specifically to measure anxiety related to death. It consists of 15 items. Scoring utilizes a dichotomous format of Yes (score 1) and No (score 0), with reverse scoring applied to certain items. In the original culture, [Templer \(1970\)](#) obtained a test-retest reliability coefficient of 0.830 for the scale. In Iran, the reliability and validity of this questionnaire have been reported as 0.60 based on the split-half reliability coefficient and 0.73 based on internal consistency. For the Persian version, [Basharat et al. \(2008\)](#) reported convergent validity and a Cronbach's alpha of 0.82 for the entire scale, indicating adequate internal consistency within the Iranian population. In the present study, the reliability of this instrument was 0.78 using Cronbach's alpha.

Results

Among the 229 participants in this study, regarding gender, 174 individuals (75.98%) were female and 55 individuals (24.02%) were male, indicating a predominance of the female population in the sample. In terms of marital status, 142 individuals (62%) were married and 87 individuals (37.97%) were single. Regarding educational attainment, the highest frequency belonged to individuals with a Bachelor's degree, comprising 90 individuals (39.30%), followed by those with a Master's degree at 79 individuals (34.49%). The lowest frequencies were observed among illiterate individuals (1.31%) and those holding a Ph.D. (5.24%). In analyzing the participants' relationship with the deceased, the highest frequency was associated with the loss of a father, reported by 76 individuals (33.18%). This was followed by the loss of a brother, accounting for 44 individuals (19.21%). Combined relationships (such as father and mother, father and sister, etc.) each constituted a negligible proportion (less than 1%).

Table 1. Mean, Standard Deviation, Minimum, and Maximum Scores of the Research

Variables	Minimum	Maximum	Mean	Standard Deviation
Perceived Social Support	21	54	36.35	7.83
Resilience	25	96	54.31	9.29
Death Anxiety	2	15	9.66	4.63
Psychological Well-Being	29	83	63.22	6.55

Table 2. Correlation Matrix of the Research Variables

Variable	1	2	3	4
1. Perceived Social Support	1			
2. Resilience	0.776	1		
3. Death Anxiety	-0.591	-0.478	1	
4. Psychological Well-Being	0.633	0.683	-0.657	1

*All correlation coefficients between variables are significant at the 0.05 level.

As shown in Table 2, the Pearson correlation coefficients among the main research variables are reported. There is a strong positive correlation of 0.776 between perceived social support and resilience, indicating that as the perception of social support increases, the level of resilience also rises. A moderately strong positive correlation (0.633) is also observed between perceived social support and psychological well-being. Conversely, a significant negative correlation of -0.591 exists between perceived social support and death anxiety, meaning that higher perceived social support is associated with lower death anxiety. The resilience variable also exhibits a strong positive correlation (0.683) with psychological well-being. Furthermore, the relationship between resilience and death anxiety is negative and significant (-0.478), indicating a reduction in death anxiety among individuals with higher levels of resilience. Finally, the findings reveal a significant negative relationship (-0.657) between death anxiety and psychological well-being, implying that increased death anxiety is accompanied by a decline in the level of well-being. It is worth noting that all correlation coefficients are significant at the 0.05 level, which attests to the reliability of the reported relationships.

In this study, the skewness and kurtosis values for all variables fell within an acceptable range. Generally, if the skewness and kurtosis values range between -1 and $+1$, the data distribution is considered normal. Perceived social support demonstrated a skewness of 0.442 and a kurtosis of 0.676, both of which are within the normal range. Resilience, with a skewness of 0.751 and a negative kurtosis of -0.491 , also indicated a relatively symmetrical and normal distribution. Death anxiety, with a skewness very close to zero (0.046) and a kurtosis of 0.234, exhibited an almost perfectly normal distribution. Psychological well-being also fell within the normal range with a skewness of 0.445 and a kurtosis of 0.197. Therefore, it can be concluded that the distribution of all research variables is normal, and the use of parametric statistical tests for data analysis is appropriate.

Table 3. Model Fit Indices

Index	Acceptable Value	Ideal Value	Obtained Value	Result
χ^2/df	$3 < \chi^2/df \leq 53$	$0 \leq \chi^2/df \leq 30$	1.920	Ideal
GFI	$0.80 \leq GFI < 0.95$	$0.95 \leq GFI \leq 1.00$	0.903	Acceptable
AGFI	$0.80 \leq AGFI < 0.95$	$0.95 \leq AGFI \leq 1.00$	0.910	Acceptable
CFI	$0.90 \leq CFI < 0.97$	$0.97 \leq CFI \leq 1.00$	0.940	Acceptable
TLI	$0.90 \leq TLI < 0.97$	$0.97 \leq TLI \leq 1.00$	0.950	Acceptable
RMSEA	$0.05 < RMSEA \leq 0.08$	$0 \leq RMSEA \leq 0.050$	0.062	Acceptable

In Table 3, several established indices were used to evaluate the fit of the research model. The ratio of chi-square to degrees of freedom (χ^2/df) was reported as 1.920, which falls within the ideal range as it is less than 3. The Goodness of Fit Index (GFI) with a value of 0.903 and the Adjusted Goodness of Fit Index (AGFI) with a value of 0.910 were both above 0.80, placing them in the acceptable range. The Comparative Fit Index (CFI) was 0.940 and the Tucker-Lewis Index (TLI) was 0.950; both exceeded 0.90, indicating an adequate model fit. Finally, the Root Mean Square Error of Approximation (RMSEA) was 0.062, which is less than 0.08 and thus falls within the acceptable range. Therefore, considering all these indices, it can be concluded that the research model possesses a satisfactory fit and the empirical data aligns well with the theoretical structure of the model. Figure 1 displays the final research model.

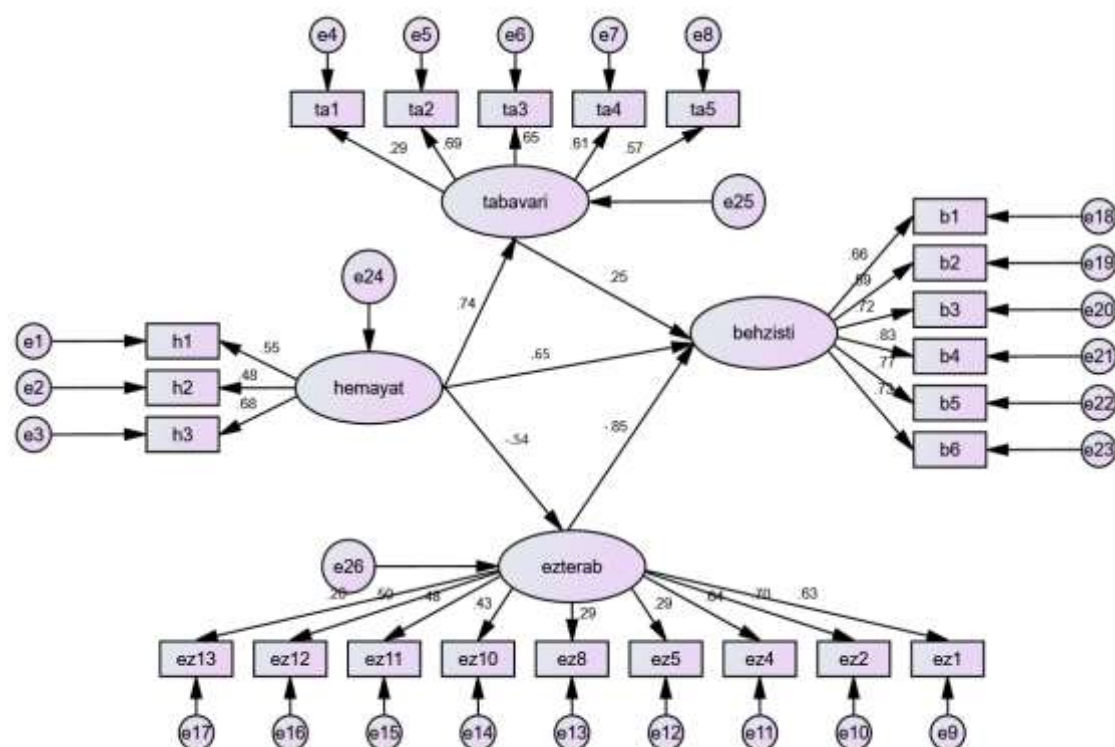


Figure 1. Conceptual model of the study: The mediating role of resilience and death anxiety in the relationship between perceived social support and psychological well-being.

Table 4. Direct Path Coefficients Between Research Variables in the Structural Model

Path	Standardized Estimate	Standard Error	T-value	P-Value
Perceived Social Support → Resilience	0.74	0.052	6.470	0.001
Perceived Social Support → Death Anxiety	-0.54	0.173	-5.276	0.001
Perceived Social Support → Psychological Well-Being	0.65	0.123	6.565	0.0001
Resilience → Psychological Well-Being	0.25	0.102	6.531	0.0001
Death Anxiety → Psychological Well-Being	-0.85	0.126	-4.067	0.0001

Table 4 and Figure 1 present the results of the direct paths between the main research variables within the structural equation model. The standardized path coefficients revealed that perceived social support has a positive effect on resilience ($\beta=0.74$) and also significantly contributes to a reduction in death anxiety ($\beta=-0.54$). In addition, perceived social support directly predicts psychological well-being ($\beta=0.65$). The path from resilience to psychological well-being was also reported to be positive and significant ($\beta=0.25$). Finally, death anxiety exerts a significant negative effect on psychological well-being ($\beta=-0.85$). To evaluate the indirect effects of perceived social support on psychological well-being through the mediating roles of resilience and death anxiety, a bootstrapping procedure with 5,000 resamples was performed to construct 95% bias-corrected confidence intervals (CIs).

Table 5. Bootstrap Results for the Indirect Effect of Perceived Social Support on Psychological Well-

Path	Indirect Effect	SE	95% Bootstrapped CI
Perceived Social Support → Resilience → Psychological Well-Being	0.185	0.066	[0.056, 0.314]
Perceived Social Support → Death Anxiety → Psychological Well-Being	0.459	0.191	[0.085, 0.833]

As presented in Table 5, the indirect effect of perceived social support on psychological well-being through resilience was statistically significant ($\beta = 0.185$, $SE = 0.066$, 95% CI [0.056, 0.314]). Because the 95% confidence interval did not include zero, it can be concluded that resilience significantly and positively mediates the relationship between perceived social support and psychological well-being. Similarly, the indirect effect of perceived social support on psychological well-being via death anxiety was also statistically significant ($\beta = 0.459$, $SE = 0.191$, 95% CI [0.085, 0.833]). Since the confidence interval for this pathway did not contain zero, death anxiety serves as a significant mediating mechanism in the relationship between perceived social support and psychological well-being. Overall, the bootstrapping analysis confirms the significant indirect pathways of perceived social support through both mediating variables.

Discussion and Conclusion

The present study investigated the mediating roles of resilience and death anxiety in the relationship between perceived social support and psychological well-being among bereaved individuals. The structural equation modeling (SEM) results demonstrated that the proposed model exhibited a satisfactory fit, supporting the hypothesized relationships among the study variables. Specifically, the findings indicated that perceived social support contributes to psychological well-being not only directly but also indirectly by enhancing resilience and reducing death anxiety. These findings underscore the multifaceted role of social support in facilitating adaptive psychological adjustment following bereavement and provide a broader understanding of the mechanisms through which it promotes well-being.

Building upon these findings, resilience emerged as a significant positive mediator in the relationship between perceived social support and psychological well-being, suggesting that part of the beneficial effect of social support is transmitted through individuals' capacity to adapt to adversity. This finding is consistent with previous research conducted by [Aliniyay Moghaddampour and Mousavi \(2023\)](#) and [Mahdi et al. \(2021\)](#). A plausible explanation is that social support serves as a protective resource that buffers the adverse psychological consequences of bereavement by strengthening individuals' coping capacities ([Mahdi et al., 2021](#)). When bereaved individuals perceive emotional, informational, or practical support from significant others, they experience lower levels of perceived stress and greater confidence in managing the challenges associated with loss, thereby fostering resilience ([Aliniyay Moghaddampour & Mousavi, 2023](#)). Increased resilience, in turn, enables individuals to respond more flexibly to stressful life events, regulate negative emotions more effectively, and recover more successfully from psychological distress ([Mahdi et al., 2021](#)). Through these adaptive processes, resilience facilitates adjustment to bereavement and ultimately contributes to higher levels of psychological well-being. These findings are consistent with Self-Determination Theory ([Ryan & Deci, 2000](#)), which proposes that supportive interpersonal relationships satisfy individuals' basic psychological needs and promote adaptive functioning. From a theoretical perspective, the present findings extend this framework by identifying resilience as a key psychological mechanism through which perceived social support translates into enhanced well-being following bereavement. From a practical perspective, these findings suggest that bereavement interventions should incorporate strategies aimed at strengthening resilience while fostering supportive interpersonal relationships, as addressing both factors may facilitate more adaptive psychological adjustment following loss. Furthermore, consistent with previous evidence, social support—particularly support provided by close family members—appears to work synergistically with resilience to protect mental health and facilitate positive psychological adjustment after loss ([Cao et al., 2020](#)).

The present findings further demonstrated that death anxiety served as a significant negative mediator in the relationship between perceived social support and psychological well-being among bereaved individuals. This

finding was inconsistent with the results reported by [Sheikholeslami and Omranian \(2020\)](#), a discrepancy that may be attributed to differences in the demographic characteristics, cultural contexts, and grief-related experiences of the study populations. Indeed, the way individuals perceive, interpret, and cope with death anxiety is shaped by sociocultural factors, which may partly explain the observed divergence. A possible explanation for the present findings is that the loss of a loved one often intensifies existential concerns and heightens awareness of one's own mortality. However, when bereaved individuals perceive consistent emotional and social support, they are more likely to experience a sense of safety, belonging, and emotional stability, thereby reducing the perceived threat associated with death ([Hajihassani & Naderi, 2020](#)). Such support facilitates the acceptance of grief as a natural part of the life course, strengthens individuals' sense of psychological control and hope for the future, and promotes adaptive psychological reconstruction ([Ikram et al., 2020](#)). As death anxiety diminishes, bereaved individuals become more capable of re-engaging in meaningful life activities, including goal setting, meaning-making, and maintaining interpersonal relationships, all of which represent fundamental components of psychological well-being ([Younesi, 2016](#)). Consequently, reduced death anxiety constitutes an important pathway through which perceived social support contributes to healthier psychological adjustment following bereavement. These findings are consistent with Terror Management Theory ([Solomon et al., 1991](#)), which proposes that supportive interpersonal relationships alleviate existential threats by reducing death-related anxiety. From a theoretical perspective, the present study extends this framework by demonstrating that death anxiety functions as a psychological mechanism linking perceived social support to psychological well-being among bereaved individuals. From a clinical perspective, the findings highlight the potential value of interventions aimed at reducing death anxiety—such as supportive counseling, meaning-centered interventions, and Acceptance and Commitment Therapy (ACT)—as complementary strategies for facilitating psychological adjustment and enhancing psychological well-being following bereavement. These findings may also inform bereavement care services by emphasizing the importance of integrating psychological support, resilience-building strategies, and interventions that enhance perceived social support into routine care for individuals experiencing loss.

Taken together, the findings of the present study demonstrate that resilience and death anxiety represent two complementary psychological mechanisms through which perceived social support influences psychological well-being among bereaved individuals. Specifically, perceived social support appears to promote psychological well-being both directly and indirectly by strengthening resilience while simultaneously reducing death anxiety. These findings provide empirical support for the proposed conceptual model and reinforce the central role of perceived social support in facilitating adaptive adjustment to bereavement. Beyond advancing the theoretical understanding of the psychological processes underlying grief adaptation, the present study contributes to the growing body of literature by integrating both protective and vulnerability-related psychological mechanisms within a comprehensive conceptual framework. The findings also highlight the importance of considering these complementary psychological processes jointly when explaining individual differences in adaptation to bereavement. Furthermore, the findings have important clinical implications by supporting the development of comprehensive psychosocial interventions that simultaneously strengthen resilience, reduce death anxiety, and enhance perceived social support among bereaved individuals. Collectively, these recommendations may contribute to the development of more comprehensive, evidence-informed bereavement care programs that foster psychological resilience and improve long-term well-being following loss.

Despite the valuable contributions of the present study, several limitations should be acknowledged. First, the use of self-report questionnaires may have introduced response biases, including social desirability and inaccuracies in participants' reporting of their thoughts and emotional experiences. Second, participants were recruited through convenience sampling, which may limit the generalizability of the findings to broader bereaved populations. In addition, the study included only individuals whose bereavement had occurred within the previous two years. Although this criterion ensured a relatively homogeneous sample with respect to the recency of loss, it may have restricted the applicability of the findings to individuals experiencing long-term bereavement. Furthermore, several potentially influential variables—including the nature of the relationship with the deceased, the cause of death, and the severity of grief—were not examined, despite their potential effects on death anxiety and psychological well-being. Finally, given the correlational design and the use of structural equation modeling, causal relationships among the study variables cannot be inferred. Likewise, the proposed model was not

compared across individuals experiencing normal and complicated grief, representing another avenue for future investigation.

In light of these limitations, several directions for future research can be proposed. Future studies are encouraged to employ longitudinal designs to clarify the temporal and causal relationships among perceived social support, resilience, death anxiety, and psychological well-being. Integrating qualitative approaches, such as in-depth interviews, with quantitative methods may also provide a more comprehensive understanding of bereavement experiences and the mechanisms underlying psychological adaptation. Moreover, replicating the proposed model across diverse bereaved populations, including bereaved parents, spouses, and older adults, would enhance the generalizability of the findings. Future research should further examine the influence of contextual variables, such as the relationship with the deceased, the cause of death, and grief severity, as well as explore additional mediating or moderating factors, including attachment styles, to refine the proposed model. From a clinical perspective, the present findings support the development of comprehensive psychosocial interventions that simultaneously enhance resilience, reduce death anxiety, and strengthen perceived social support among bereaved individuals. In particular, resilience-based interventions, Acceptance and Commitment Therapy (ACT), supportive counseling, and meaning-centered approaches may facilitate healthier psychological adaptation following loss. Furthermore, establishing community-based support groups, providing family education on effective supportive behaviors, and expanding bereavement-focused mental health services in hospitals, counseling centers, and other community settings may contribute to improving psychological well-being and promoting long-term adjustment among bereaved populations.

Ethical Considerations

The participants in the current study were fully informed about the objectives and procedures of the research and were assured that the data would be used exclusively for research purposes. Informed consent was obtained from all individuals prior to participation. Participants were guaranteed that their personal information and responses would remain strictly confidential and their privacy would be preserved.

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Conflict of Interest

According to the authors' declaration, this article has no conflict of interest.

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Reference

- Aliniyay Moghaddampour, M., & Mousavi, M. (2023). Structural relationships between perceived social support and general self-efficacy with psychological well-being: The mediating role of resilience in nurses. *Health Promotion Management*, 13(1), 25-39. <https://doi.org/10.22034/JHPM.13.1.6>
- Arooj, D., Naqvi, S. A., & Zaidi, I. H. (2024). Mediating Contribution of Resilience between Quality of Life and Death Anxiety among Individuals with Cardiovascular Disease. *Pakistan Research Journal of Social Sciences*, 3(2).
- Basharat, M. A. (2008). Resilience and psychological well-being among adolescents. *Pakistan Journal of Psychological Research*, 23(3-4), 41-62.
- Cao, X., Yang, C., & Wang, D. (2020). The impact on mental health of losing an only child and the influence of social support and resilience. *OMEGA-Journal of Death and Dying*, 80(4), 666-684. <https://doi.org/10.1177/0030222818755284>
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82. <https://doi.org/10.1002/da.10113>
- Folk, J. B., Loya, J. M., Alexoudis, E. A., Tangney, J. P., Wilson, J. S., & Barboza, S. E. (2018). Differences between inmates who attempt suicide and who die by suicide: Staff-identified psychological and treatment related risk factors. *Psychological Services*, 15(3), 349-356. <https://doi.org/10.1037/ser0000228>
- Garmsiri Mahvar, A., Shomali Oskouei, A., & Taheri, A. (2024). Structural equation modeling of death anxiety based on perceived social support and psychological hardness with the mediation of resilience in elderly of care centers in Tehran. *Medical Journal of Mashhad University of Medical Sciences*, 67(4). <https://doi.org/10.22038/mjms.2025.83942.4822>
- Garousi, S., Khajeh, R., & Garousi, B. (2014). Bereaved people's perception of the phenomenon of death. *Bioethics Journal*, 4(14), 167-191. <https://doi.org/10.22037/bioeth.v4i14.13871>
- Ghaffari, M., Alipour, A., & Ahmadi, S. (2021). The relationship between perceived social support and psychological well-being with the mediating role of resilience. *Iranian Journal of Psychiatry and Clinical Psychology*. <https://doi.org/10.48307/FMSI.2021.25.1.784>
- Ghorbani, M., Mansoorian, M., Rastegari-Mehr, B., Shafieian, Z., Safari, O., Moradi, S., Delshadi, Z., Rezapour, A., Ansari, H., & Asayesh, H. (2015). Study the relationship between internet-related lifestyle and loneliness and social support among internet users in Ilam University of Medical Sciences. *Jorjani Biomedicine Journal*, 3(1), 114-126.
- Gülaçtı, F. (2010). The effect of perceived social support on subjective well-being. *Procedia-Social and Behavioral Sciences*, 2(2), 3844-3849. <https://doi.org/10.1016/j.sbspro.2010.03.602>
- Hagh Ranjbar, F., Kakavand, A., Borjali, A., & Bermas, H. (2011). Resiliency and life quality in mothers of children with mental retardation. *Journal of Health Psychology*, 1(1), 177-187. <https://doi.org/10.30473/jhp.2011.5285>
- Hajihasani, M., & Naderi, N. (2020). Death anxiety in the elderly: The role of spiritual health and perceived social support. *Journal of Aging Psychology*, 6(4), 309-319. <https://doi.org/10.22126/jap.2020.5778.1473>
- Hosseininia, N., & Hatami, H. (2019). Predicting quality of life based on psychological well-being and resilience in retirees. *Knowledge & Research in Applied Psychology*, 20(1), 81-91. <https://doi.org/10.30486/jsrp.2019.663546>
- Ikram, M., Mushtaq, R., Waqar, S., & Khan, M. M. H. (2022). Impact of death anxiety on resilience among patients with chronic kidney disease: Role of social support as moderator. *The Rehabilitation Journal*, 6(4), 457-461. <https://doi.org/10.52567/trj.v6i04.196>
- Kahaki, F., Mohseni, S., Nouripour-Liavooli, R., Mobasheri, F., Hosseini Sarhadi, F., Mirshekari, L., & Sanagoo, A. (2016). Perceived social support and optimism in predicting resilience of cardiac patients and healthy individuals in Zahedan. *Nasim-e-Tandorosti (Family Health)*, 5(3), 14-24. <https://sid.ir/paper/128441/en>
- Khanjani, M., Shahidi, S., & Fathabadi, J. (2014). Factor structure and psychometric properties of the short form (18 questions) of Ryff's psychological well-being scale in male and female students. *Thought and Behavior in Clinical Psychology*, 9(32), 27-36. <https://sid.ir/paper/518959/en>
- Kiani, F., Fathi, D., Honarmand, P., & Abdi, S. (2020). The relationship of attachment styles, social support and coping styles with psychological resilience in people with a grief experience: Presenting a path analysis

- p model.
- Culture of Counseling and Psychotherapy*
- , 11(41), 157-180.
- <https://doi.org/10.22054/qccpc.2020.45861.2202>
- Kisomi, Z. S., Taherkhani, O., Mollaei, M., Esmaeily, H., Shirkhanloo, G., Hosseinkhani, Z., & Amerzadeh, M. (2024). The moderating role of social support in the relationship between death anxiety and resilience among dialysis patients. *BMC Nephrology*, 25(1), 100. <https://doi.org/10.1186/s12882-024-03533-x>
- Klein, R. B. (2016). Principles and practice of structural equation modeling (4th ed.). The Guilford Press.
- Klein, R. B. (2016). Principles and practice of structural equation modeling (4th ed.). The Guilford Press.
- Li, Z. S., & Hasson, F. (2020). Resilience, stress, and psychological well-being in nursing students: A systematic review. *Nurse Education Today*, 90, 104440. <https://doi.org/10.1016/j.nedt.2020.104440>
- Lipira, L., Williams, E. C., Nevin, P. E., Kemp, C. G., Cohn, S. E., Turan, J. M., & Heagerty, P. (2019). Religiosity, social support, and ethnic identity: Exploring “resilience resources” for African-American women experiencing HIV-related stigma. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 81(2), 175-183. <https://doi.org/10.1097/QAI.0000000000002006>
- Mahdi, M., Ghaffari, H., Ahang, F., Shayani, M., & Pouranjanar, G. (2021). Investigating the effect of perceived social support on psychological well-being with the mediating role of resilience. *Military Psychology*, 12(47), 7-26. <https://doi.org/10.1001/1.25885162.1400.12.47.1.4>
- Mohammadpour, A., Sadeghmoghadam, L., Shareinia, H., Jahani, S., & Amiri, F. (2018). Investigating the role of perception of aging and associated factors in death anxiety among the elderly. *Clinical Interventions in Aging*, 13, 405–410. <https://doi.org/10.2147/CIA.S150697>
- Neimeyer, R. A. (2004). *Death anxiety handbook: Research, instrumentation, and application*. Taylor & Francis.
- Rafiei Ardestani, M., Eskandari, H., Borjali, A., & Faraji, N. (2019). Understanding the experienced losses in the life history of youth living in Tehran: A phenomenological study. *Culture of Counseling and Psychotherapy*, 10(37), 63-97. <https://doi.org/10.22054/qccpc.2019.28112.1707>
- Rezaei, F., Momeni, K., & Moradi, A. (2024). The relationship of attachment styles with successful aging and death anxiety: The mediating role of resilience. *Journal of Aging Psychology*, 10(2), 221-242. <https://doi.org/10.22126/jap.2024.10715.1781>
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. <https://doi.org/10.1037/0003-066X.55.1.68>
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141–166. <https://doi.org/10.1146/annurev.psych.52.1.141>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D., Singer, B. H., & Love, G. D. (2004). Positive health: connecting well-being with biology. *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences*, 359(1449), 1383–1394. <https://doi.org/10.1098/rstb.2004.1521>
- Sadock, B. J., Sadock, V. A., & Kaplan, H. I. (2007). Kaplan & Sadock’s synopsis of psychiatry: Behavioral sciences/clinical psychiatry (10th ed.). Lippincott Williams & Wilkins.
- Scott, H. R., Pitman, A., Kozuharova, P., & Lloyd-Evans, B. (2020). A systematic review of studies describing the influence of informal social support on psychological wellbeing in people bereaved by sudden or violent causes of death. *BMC psychiatry*, 20(1), 265. <https://doi.org/10.1186/s12888-020-02639-4>
- Sheikholeslami, R., & Omranian, M. (2020). The relationship between social support and psychological well-being in the elderly: The mediating role of death anxiety. *International Conference on Psychology, Educational Sciences and Lifestyle*. <https://sid.ir/paper/900492/en>
- Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The psychological functions of self-esteem and cultural worldviews. In M. P. Zanna (Ed.), *Advances in*

- Experimental Social Psychology* (Vol. 24, pp. 93–159). Academic Press. [https://doi.org/10.1016/S0065-2601\(08\)60328-7](https://doi.org/10.1016/S0065-2601(08)60328-7)
- Stamp, E., Crust, L., Swann, C., Perry, J., Clough, P., & Marchant, D. (2015). Relationships between mental toughness and psychological wellbeing in undergraduate students. *Personality and Individual Differences*, 75, 170–174. <https://doi.org/10.1016/j.paid.2014.11.038>
- Stroebe, M. S., Schut, H. A. W., & Eisma, M. C. (2024). On the Classification and Reporting of Prolonged Grief: Assessment and Research Guidelines. *Harvard review of psychiatry*, 32(1), 15–32. <https://doi.org/10.1097/HRP.0000000000000389>
- Templer, D. I. (1970). The construction and validation of a death anxiety scale. *The Journal of General Psychology*, 82(2), 165–177. <https://doi.org/10.1080/00221309.1970.9920634>
- Vegsund, H. K., Reinfjell, T., Moksnes, U. K., Wallin, A. E., Hjemdal, O., & Eilertsen, M.-E. B. (2019). Resilience as a predictive factor towards a healthy adjustment to grief after the loss of a child to cancer. *PLoS ONE*, 14(3), e0214138. <https://doi.org/10.1371/journal.pone.0214138>
- Xi, Y., Yu, H., Yao, Y., Peng, K., Wang, Y., & Chen, R. (2020). Post-traumatic stress disorder and the role of resilience, social support, anxiety and depression after the Jiuzhaigou earthquake: A structural equation model. *Asian Journal of Psychiatry*, 49, 101958. <https://doi.org/10.1016/j.ajp.2020.101958>
- Younesi, F. (2016). *Predicting death anxiety based on psychological well-being and social support in the elderly* (Master's thesis). Islamic Azad University, Marvdasht Branch.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2