



The Moderating Role of Hope in the Relationship between Death Anxiety and Psychological Well-being among the Ageing and Elderly

Jude C. Ekwo
Ejike H. Mgbenkemdi

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Authors' Affiliation

Department of Psychology
Faculty of Social Sciences and
Humanities
Enugu State University of
Science and Technology
(ESUT) Agbani, Enugu State

[https://www.researchgate.net/
profile/Hyacinth-Ejike-
Mgbenkemdi](https://www.researchgate.net/profile/Hyacinth-Ejike-Mgbenkemdi)
[hyacinth.mgbenkemdi@esut.e
du.ng](mailto:hyacinth.mgbenkemdi@esut.edu.ng) / iamejike@yahoo.co.uk

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ABSTRACT

The United Nations employs chronological age as a criterion for defining age groups, typically categorizing an "older person" as an individual aged 60 or 65 years and above. Older adults are retired from active services and are at an increased risk of experiencing adverse events, such as bereavement, a decline in income, or a diminished sense of purpose and death anxiety which seem to affect their psychological wellbeing. Hence, this study was carried out to investigate the moderating role of hope in the relationship between death anxiety and the psychological well-being of the ageing and elderly. Eighty (80) retired civil servants comprising 49 males and 31 females between the ages of 60 and 65 (M = 70.34 and SD = 8.389) were drawn using multi-stage (cluster, simple random: by balloting and purposive) sampling techniques as participants from pension department in local government secretariat Enugu State. The Adult Hope Scale (Snyder et al., 1991), The Templer Death Anxiety Scale (1970) and the Psychological Well-Being Scale (Ryff, 1989) were used for data collection. Correlational design was adopted while moderated hierarchical multiple regression using Statistical Package for Social Sciences (SPSS) Version 27 software was used to analyze the data. The findings revealed that hope sig. = .023 at $p < .05$ positively predicted psychological well-being, death anxiety sig. = -.034 at $p < .05$ negatively predicted psychological well-being, while hope sig. = .011 positively moderated the relationship between death anxiety and psychological well-being among the ageing the retirees. It was recommended that the retirees should try to be hopeful for better days and not to dwell on unaccomplished desires and regrets; this would help to reduce death anxiety and increase psychological well-being among them. The clinical psychologist, government agencies and stakeholders should enlighten the retirees and older people on the importance of hope as a tool to overcome the fear of death and have balanced psychological well-being.

Introduction

Well-being is a broad concept that refers to individuals' valued experience (Bandura, 1986) in which they become more effective in their work and other activities (Huang, et al., 2016). Researchers conceptualize psychological well-being as a process with many intertwined constructs and dimensions (Weiss et al., 2016). Positive psychology informed this notion, focusing on individual positive functioning, happiness, personal growth, self-flourishing, and more (Zaki, 2018). Psychological well-being is the state of good mental and emotional health (Tang et al., 2019). Ruggeri et al. (2020) defined psychological well-being as the expression of positive emotions and general satisfaction with their lives and others, in different areas of family, education and jobs, and have emotional and cognitive components. Psychological well-being is the ability of an individual to use personal resources and strengths in such a way that he/she can give meaning to life (Mercer, 2020).

Psychological well-being is a multifaceted variable that can be both subjective and objective (Li, 2021). It is a social and context-sensitive construct dynamically shaped through interplay between conditions, environments, actions, mental resources, and interpersonal relations (La Placa et al., 2013 as cited in Li, 2021). This perspective stresses the active role of the person in constructing and designing his/her well-being. However, it does not reject the influence of socio-cultural contexts and policies in this area (Li, 2021). Though there are times in most people's lives when they are not mentally or emotionally at their best, being in a state of psychological well-being means that these people can cope with their problems effectively. This state of being has an effect on a person's physical health as well. One can say people are psychologically well when their lives are free from mental or emotional disturbances (Fox, 2021). If mentally ill patients successfully manage their disorders and their chronic problems, they are in this state; however, this is not the case if they are exhibiting symptoms (Fox, 2021).

Being psychologically well often means that a person is generally happy, able to connect with others, and emotionally stable. It is not always possible to be in a state of psychological well-being. Some stressors will cause people to become unhappy, emotionally upset, or disconnected from the surrounding people (Fox, 2021). If these conditions are temporary, a person may still be

psychologically well. If they persist, however, the person may need treatment to return to a state of well-being (Fox, 2021). People who are psychologically healthy are free from mental disorders and have managed their stress so that it does not interfere with their ability to enjoy life and participate in society (Fox, 2021).

Psychological well-being is a subjective feeling of contentment, happiness, satisfaction with life experiences, one's role in the world of work, sense of achievement, utility, belongingness, and no distress sections or worry (Naci & Ioannidis, 2015). Ryff classify psychological well-being into six dimensions which are: positive relationships with others, personal mastery, autonomy, a feeling of purpose and meaning in life, and personal growth and development (Iosif, 2020):

There are many benefits to psychological well-being. When a person is mentally well, stressors do not have as significant an effect on them. While there is no way to eliminate all stressors, being psychologically well makes it easier for people to cope with and determine how to solve problems that arise (Fox, 2021). These people are less prone to mental or emotional breakdowns and are usually able to think through problems clearly and logically, leading to better choices than those made by emotionally reactive people, who are greatly affected by stress (Fox 2021). Aside from the obvious mental benefits of psychological well-being, psychologically well people are also healthier overall (Fox, 2021). Mental distress can cause many different health problems. High blood pressure, gastrointestinal disorders, and energy levels can all affect a person's psychological well-being (Fox 2021). Being psychologically well can also boost a person's immune system, making it harder for viruses and bacterial infections to take hold. Pre-existing medical conditions will also improve more quickly if a person is mentally well (Fox 2021).

Psychological well-being among older adults is a vital aspect of overall health, often influenced by a combination of physical, emotional, social, and cognitive factors. As people age, they experience various changes, including retirement, loss of loved ones, and declining physical abilities, which can impact their mental health (Saraswati, 2024). Bharti et al. (2024) reported a high prevalence of death anxiety among older adults and found that psychological well-being and successful ageing in

these older adults were significantly and negatively associated with death anxiety.

Thanatophobia refers to an intense fear of death or dying, as defined by the APA Dictionary in 2018. This can manifest in different ways, such as fearing, dying, or being afraid of being dead. A person with thanatophobia can fear their death or they might fear the death of someone they love. Fortunately, many, if not most, people are afraid of dying. However, if the fear is so prevalent as to affect your daily life, then you might have a diagnosable phobia. A phobia is a type of anxiety disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) categorizes phobias into three groups: specific phobias, social phobias, and agoraphobia (Fritscher, 2023). Thanatophobia is a specific phobia. While thanatophobia is not specifically listed in the DSM-5, there are symptoms of a phobia that could be applied in examining whether someone has a typical fear of death or something more. Namely, it may be a phobia if they: Have excessive worry or fear of death or dying that gets in the way of their life, Actively avoid any situation involving death or dying, Experience intense anxiety when encountering or thinking of death or dying (Cleveland Clinic, 2023).

More specifically, an anxiety disorder could produce the following physical symptoms: sweating, shortness of breath, racing heart, nausea, headache and fatigue or insomnia (National Alliance on Mental Health, (NAMH) 2017). A trained mental health professional must diagnose as there are so many causes and complications only. They will try to determine if the fear is persistent, lasting more than six months, and how appropriate the fear is considering the circumstances (NAMH, 2017). They can ask guided questions to help figure out exactly what is going on, and they can recognize the symptoms of related disorders and prescribe the appropriate course of treatment. Phobias are generally not diagnosed until they have been present for more than six months. As people grow older, they feel closer to death (Almeida et al., 2011). A growing child usually perceives death as a regression, whereas in old age, it is usually a highly accepted, inevitable, and less fearsome situation. It has been reported, that as one grows older, fear of life becomes predominant over fear of death because of the physical problems and social isolation of old age (Altiparmak, 2009).

Death anxiety is a major concern for older adults. With ageing, death is more likely. In most cultures,

dying is associated primarily with old age (Almeida et al., 2011; Altiparmak, 2009). As elders face the biopsychosocial challenges of ageing, they inevitably think about their death. Ho et al. (2021) postulated that hope and psychological well-being are closely related, with hope being a significant predictor of increased psychological well-being. They asserted that Hope can buffer against negative mental health impacts and promote resilience. Furthermore, hope and well-being are intertwined, with both influencing each other positively. Also, Saki et al. (2022) theorized that hope can serve as a buffer against death anxiety, potentially reducing its intensity and impact. Their study research suggests that hope, in particular, may be especially effective in mitigating death anxiety, particularly as individuals age. Conversely, a lack of hope or a focus on negative aspects of death can exacerbate death anxiety. Thus, a need to investigate the role of hope in the relationship between death anxiety and psychological well-being among aging/elderly

Hope is a desire for a possible but uncertain goal (Pleeging, et al., 2022). A cognitive process involving agency and pathways to goals (Snyder, 2000a; Pleeging, et al., 2022), 'an emotion that occurs when an individual is focused on an important positive future outcome' (Bruiniks & Malle, 2005; Pleeging, et al., 2022), positive psychological capital (Luthans & Jensen, 2002; Pleeging, et al., 2022), or 'an inner power directed toward a new awareness and enrichment of being' (Herth, 1992; Pleeging, et al., 2022). Hopeful individuals are resilient, have the will to struggle, to achieve positive outcomes, and survive illnesses. Researchers observe more obstacles and less goal achievement success in hopeless individuals, who, in extreme cases, exhibit loss of energy, enthusiasm, and self-concept and potentially develop clinical depression (Thakre & Ruchita, 2016).

Hope, in combination with adaptive coping strategies, can lead to expanded functioning in which the person feels more positive, his or her expressed thoughts and behaviours are more adaptive, and his or her relationships with others and the world culminate in a greater aliveness (Thakre & Ruchita, 2016). Hope can be fluid in its expectations, and if the desired object or outcome does not occur, hope can still be present (Thakre & Ruchita, 2016).

The concept of hope refers to a cognitive set that encompasses positive expectations regarding goal attainment, which is grounded in a sense of

successful agency and pathways. This approach was initially introduced by Snyder et al. (1991) and later validated by Thakre and Ruchita (2016). According to research findings, satisfaction with life is higher among individuals who possess a hopeful disposition, as evidenced by a study conducted among youths (Thakre, 2013). It is evident that hope plays a significant role in promoting an optimistic outlook and fostering a sense of purpose and direction towards achieving one's goals. However, organizational hope is a vital for studying and strengthening organizations. It affirms the best and most promising dimensions of social and organizational life and provides a moral image of the future to guide collective action (Thakre & Ruchita, 2016).

Although hope is often a personal experience that revolves around an individual's convictions and responsibilities towards achieving their goals (Snyder, 2000; Pleeging, et al., 2022), the literature on hope also emphasizes the impact of an individual's social surroundings. These surroundings include friends, family, as well as institutional, political, cultural and economic contexts. Such social contexts appear to play a role in different parts of the hope process (Pleeging, et al., 2021). Other contexts can be a source of hope, for example, by teaching the individual to be hopeful, by helping them achieve their goals, or by ensuring a sense of meaning, trust, and self-worth (Du & King, 2013). This is an isolating loneliness experienced by a person who is facing death. Hence, a need to investigate the moderating role of hope in the relationship between death anxiety and psychological well-being among the ageing and elderly. Of which these hypotheses were tested:

- I. Death anxiety will relate to psychological well-being among the aging/elderly
- II. hope will relate to psychological well-being among the aging/elderly
- III. hope will moderate the relationship between death anxiety and psychological well-being among the aging/elderly

Method

Participants

Eighty (80) retired civil servants comprising 49 males and 31 females with a mean age of 70.34 and SD of 8.389 were selected using multi-stage (cluster, simple random: by balloting and purposive) sampling techniques as participants from pension department in local government secretariat Enugu State. The pensions were clustered according to their local government, simple random: by balloting

was used to pick the local government area, while purposive: a criterion selection-based sampling technique was used to select the participants from the pension department, local government secretariat which are followed: sixteen from Aniri local government (16), fifteen from Agwu local government (15), eighteen from Nkanu West local government (18), seventeen from Nkanu West local government (17), twelve from Nsukka (12)

Instrument

A questionnaire comprising demographic information such as age, sex, and three scales categorized into two sections (A, B) for easy administration and scoring, were administered

Psychological Well Being Scale (Ryff, 1989)

Russell et al. (1978) UCLA Loneliness Scale

The Templer Death Anxiety Scale (Templer, 1970)

Psychological Well Being Scale (Ryff, 1989)

Psychological well-being scale is an eighteen (18) self-report scale designed to measure psychological well-being by Ryff (1989). The instrument consists of six sub-scales (with three items in each sub-scale): (a) Autonomy, (b) Environmental mastery, (c) Personal growth, (d) Positive relationships with others, (e) Purpose in life, and (f) Self-acceptance. "The autonomy dimension assesses self-determination, independence, and an internal locus of control. The environmental mastery dimension measures one's ability to manipulate and control complex environments. The personal growth dimension measures one's need to actualize and realize one's potential. The positive relationships with others' dimension assess the ability to love, trust, and establish deep relationships with others. The purpose in life dimension is to measure one's sense of direction and goals. The self-acceptance dimension assesses positive attitudes held toward the self" (Akin, 2008). Participants were made to respond on a 6-point scale that ranges from "strongly agree" (1) to "strongly disagree" (6). The Autonomy subscale items are Q15, Q17, and Q18. The Environmental Mastery subscale items are Q4, Q8, and Q9. The Personal Growth subscale items are Q11, Q12, and Q14. The Positive Relations with Others subscale items are Q6, Q13, Q16. The Purpose in Life subscale items are Q3, Q7, Q10. The Self-Acceptance subscale items are Q1, Q2, and Q5. The following items are reverse: 1,5,9,10,12,13,15,18. Higher scores indicate higher psychological well-being within the respective dimension. The internal consistency reliability coefficients as reported by Ryff (1989) range from .86 to .93 for the six sub-scales.

Russell, Peplau and Cutrona, (1980). The revised UCLA Loneliness Scale

The UCLA Loneliness Scale was redesigned by Russell et al., in 1980. It has 20 items and was tested for concurrent and discriminant validity. Items 1, 5, 6, 9, 10, 15, 16, 19, 20, and 20 are all reverse rated. The scale has 10 positively and 10 negatively scored items. The measure has a test-retest correlation of .73 over two months and strong internal consistency (coefficient $\alpha = .96$) (Ferguson et al., 1978).

The Templer Death Anxiety Scale

The Templer Death Anxiety Scale (1970) was applied to measure death anxiety. It is a self-administered 15-item scale, where participants rate themselves on a true-or-false response option. The instrument is scored by allocating 1 point to every item which is answered as "T" marked in item: 1, 5, 15 while 1 point for each "F" marked in item 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14. Add together the number of "T" and "F" correctly marked to obtain the total scores. High scores on this scale indicate high death anxiety, while low scores indicate low death anxiety. The reliability coefficient reported by Templer (1970) shows that the internal consistency is .76. A pilot study was conducted at Bishop Shanahan Hospital, Nsukka to ascertain the reliability of the scale. The psychometric properties reported, include a reliability coefficient of the composite variables .83. and its internal consistency Cronbach Alpha of .76 was reported, which has also confirmed by Tomas & Gomez

(2002) with reliability of the scale internal consistency values ranging from 0.76 to 0.87. This scale was chosen because its reliable and valid, also ease for application for older adults.

Procedures

The researcher adopted multi-stage (cluster, simple random (balloting), purposive) sampling techniques to draw the participants. The researcher employed the help of research assistants who are National Youth Service Corps members serving in the selected local government to administer and retrieve the instrument. The researcher selected the pensioner participants using purposive sampling techniques. One hundred and seven (107) copies of the questionnaire were distributed, ninety-one (91) copies were returned of which seven (7) were wrongly responded to, four (4) bore multiple initials and were discarded, which sum up the numbers well responded to be eighty (80), which were used for data analysis.

Design/Statistics

Because the study investigated the relationships between predictor and dependent variables without manipulating or controlling any variables, the researchers used a correlational design. Data analysis used moderated hierarchical multiple regression with SPSS version 25.

Results

Table 1: Descriptive and correlational statistics of psychological well-being

S/N		Mean	S.D	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Psychological well-being	72.87	15.36	1	.525**	.815**	.690**	.773**	.833**	.721**	-.176	-.199	.152	-.190	-.140	.367*	.210
2	Autonomy	8.968	4.554		1	.330	-.048	.213	.203	.357*	.010	-.098	.181	.149	-.226	.253	.103
3	Environmental Mastery	13.00	3.610			1	.535**	.524**	.719**	.433*	-.229	-.215	.109	-.055	-.206	.127	-.070
4	Personal Growth	14.71	3.438				1	.564**	.633**	.453**	-.201	-.056	-.095	-.489**	-.033	.305	.301
5	Positive Relations with Others	12.18	3.237					1	.650**	.501**	-.033	-.037	.228	-.349*	-.086	.321	.190
6	Purpose in Life	13.93	3.564						1	.471**	-.196	-.305	.043	-.060	-.069	.311	.221
7	Self-Acceptance	10.06	3.036							1	-.143	-.144	.183	-.124	.085	.273	.189
8	Agency	25.55	5.077								1	.506**	-.145	.021	.142	-.036	.078
9	Parth way	25.79	5.298									1	.016	.002	-.025	-.031	-.019
10	Death Anxiety	27.57	2.919										1	.214	-.093	-.117	-.285
11	Gender	1.47	.501											1	-.044	.109	.009
12	Age	70.59	7.866												1	-.074	.060
13	Marital status	1.697	.8796													1	.621**
14	Length of service	28.93	3.893														1

At $p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

Table 1 above shows that marital status $r = .367^*$ positively relates to psychological well-being among the aging/elderly, which implies that the presence of marital status or being in a marital relationship will increase the psychological well-being of the aging/elderly.

Table 2: moderated regression statistics of psychological well-being

Variables	R	R ²	St β	t
Death anxiety			-1.428*	-2.673
Agency	.206*	.042*	-.073	-.289
Parth way			-.148	-.587
Moderator			1.141	2.340
Gender			-.309	-1.602
Age			-.211	-1.062
Marital status			.335	1.294
Length of service			.043	.160

The dependent variable is psychological well-being. At $p < .05^*$, $p < .01^{}$**

Table 2 above shows that death anxiety $St\beta = -1.428^*$, $t = -2.673$ at $p < .05$ negatively relates to psychological well-being, which indicates that a decrease in death anxiety will cause an increase in psychological well-being among the ageing/elderly. Hope (agency $St\beta = -.073$ $t = -.289$ and path way $St\beta = -.148$ $t = -.587$) at $p < .05$ did not predict psychological well-being. Hope $r = .206$ is related to psychological well-being; it contributed 4.2% variation to the dependent variable, and it predicted psychological well-being at $p < .05$.

Hope $St\beta = 1.141$ and $t = 2.340$ positively moderated the relationship between death anxiety and the psychological well-being of the ageing/elderly, which implies that an increase in hope will help to moderate death anxiety to increase the psychological well-being of the ageing/elderly.

Discussion

The first hypothesis tested, which stated that death anxiety will relate to psychological well-being was confirmed, hence, the hypothesis was accepted. The findings of the study indicate a significant negative correlation between death anxiety and psychological well-being among the elderly population. This suggests that higher levels of anxiety related to death and dying are associated with lower levels of overall psychological wellness. Consequently, strategies aimed at reducing death anxiety could play a crucial role in enhancing the psychological well-being of older individuals. By addressing fears and concerns surrounding death, it is possible to promote a more positive mindset and improve the quality of life in the aging population.

The second hypothesis tested, which stated that hope will relate to psychological well-being among the aging/elderly, was confirmed, hence the hypothesis was accepted. The findings reveal that fostering a sense of hope plays a crucial role in enhancing psychological well-being among older adults. This positive relationship indicates that as

individuals experience an increase in hope, characterized by optimism about the future and a belief in their ability to achieve personal goals, they simultaneously experience improvements in their mental health and overall quality of life.

This suggests that interventions aimed at cultivating hope may be particularly beneficial for the aging population, as they can provide a framework for emotional resilience during this stage of life. By promoting a hopeful outlook, caregivers, family members, and mental health professionals can help older adults navigate challenges and uncertainties, leading to a more fulfilling and satisfying life experience. Encouraging hope could involve various strategies, such as goal-setting, storytelling, and positive reinforcement, which collectively work to empower elderly individuals and enhance their emotional well-being.

The third hypothesis tested, which stated that hope will moderate the relationship between death anxiety and psychological well-being among the aging/elderly, was confirmed, hence the hypothesis was accepted. The findings of the study illustrate a

compelling relationship between hope, death anxiety, and psychological well-being in the aging population. Specifically, it was revealed that hope acts as a powerful positive moderator, meaning that as individuals experience an increase in hopefulness, there is a notable decline in their death anxiety—the apprehension and fear surrounding the concept of mortality. This decline in death anxiety is crucial, as it not only alleviates the psychological burden associated with aging but also promotes a significant improvement in overall psychological well-being. In essence, nurturing a robust sense of hope can serve as an effective strategy to counteract the existential fears that often accompany aging, ultimately leading to enhanced mental health and a more fulfilling life for elderly individuals.

Implications of the findings

The findings indicated that death anxiety negatively relates to psychological well-being, hope positively relates to psychological well-being, and hope positively moderates the relationship between death anxiety and psychological well-being among the ageing/elderly. Therapists/counsellors should try to come up with an approach that can help increase or prove the hope of the ageing/elderly persons, as this will boost their psychological well-being. To reduce death anxiety and boost the psychological well-being of the elderly, we should help them feel optimistic about the future. Government and stakeholders should enlighten older adults and ageing ones of the importance of hope as a tool to overcome the fear of death and have a balanced psychological well-being.

Limitations of the study

Some factors worked against this study, one of such is the population sampled. Getting across to the elderly was very difficult, and also stressful, hence the choice of using pensioners, which affected the number of participants. More people would have participated if we hadn't excluded the elderly. The nature of the participants and their availability constrain the researcher to purpose in sampling the participants from the sampled location, this also affected the number of participants. The researcher sampled only willing and available participants for this study. Embarking on this study during the festive season reduces the number of participants that were present in the local government secretariat for head counting because many have travelled to the village with their loved ones.

Suggestion for further study

Future researchers should sample participants who are not only aging, but are approaching their late

adulthood. This will help to increase the number and availability of the participants. Secondly, a more robust sampling technique like the systemic sampling techniques should be considered, this will help to increase the number of participants.

Summary and Conclusion

The study investigated the moderating role of hope in the relationship between death anxiety and psychological well-being among the ageing/elderly findings suggest that death anxiety negatively relates to psychological well-being, hope positively relates to psychological well-being, while hope positively moderates the relationship between death anxiety and psychological well-being among the ageing/elderly. Therapists need to create strategies that cultivate hope in ageing individuals, thereby enhancing their psychological well-being.

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