

The position of Positive Psychology (spiritual intelligence and mental health) in attitude to student death

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ABSTRACT

The aim of this study was to investigate the position of spiritual intelligence and mental health in the students' attitude to death at Birjand universities. In terms of the purpose and in terms of data collection method descriptive correlation with cluster sampling method, predictive elements of death were collected by six valid questionnaires and analyzed the path analysis method of structural equation modeling in Amos software. Mental health and spiritual intelligence have a direct effect on the attitude of students' deaths. According to the results of structural equations and correlation table, components of mental health that includes positive emotions, mental health, and social health have a positive and significant relationship with accepting death. The components of spiritual intelligence including existential thinking, production of personal meaning, and development of consciousness have a positive and significant relationship with the acceptance of death.

Keywords: attitude to death, mental health, spiritual intelligence, Students.

Introduction

Presently, humanity has encountered more cases of death caused by wars, disasters, and incurable diseases. Even those who live naturally may fear death as contrasted with the desire for immortality. Health practitioners say that awareness of imminent death in patients makes the treatment process difficult in this group, reduces their life expectancy, and precipitates their time of death. Psychological counseling provides nothing more than giving hope and the continuation of treatment. Despite the fact that evolutionary psychologists believe that older people are prepared to accept death in view of their good

past lives and that meaning-oriented psychologists acknowledge that it is possible to find the meaning of life in accepting death, both views are predicated on reaching middle age and old age, while death awaits everyone. "Every soul shall taste death" (Al-Imran/185).

One's attitude towards death is a combination of cognitive, emotional, and behavioral reactions to the truth of death. This attitude can be positive (i.e. acceptance) or negative (i.e. fear and avoidance) in response to death [1].

While there are well-documented reasons for the fear of death in different schools of thought, research on death conducted in different cultures shows that not all of these cultures consider death to be horrific in all its dimensions. Every culture has created a proportionate intellectual system based on the inescapable reality of death in order to maintain the social cohesion of that culture against the potentially debilitating social aspects of death [2].

Primitive humans did not always escape death. And there were times when they faced it, they created religious systems that involved the worship of ancestors and, by doing so, they built a

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bridge between the dead and the living. Gradually, they began to think that death is not the end, but the transfer to another world with a close connection to the present world (Russell, translated by Daryabandi, (1972) [3].

In coping with the fear of death, the Greeks used reason and philosophy, the Jews developed the first set of different religious practices such as purification, ablution, charity, and so on. By linking the death to the freedom of the soul to spend the next life with God, Medieval Christians freed themselves from the harrowing truth of death. Oriental belief-systems developed the idea of rejuvenation and liberation from this cycle of reproduction through enlightenment or Nirvana. In each of these systems of thought, a place is assigned to the notion of death in society, which gives meaning to the lives of individuals. In Islam, the belief in resurrection and the afterlife protects society from plunging into nihilism in the face of death [4].

Spiritual intelligence is a concept that has been proposed and developed due to the global interest of psychologists in the field of religion and spirituality. Today, the results of most studies indicate the role of spiritual intelligence and spirituality in psychological issues related to health, including happiness and life satisfaction.

In defining the dimensions of human existence, the World Health Organization refers to physical, psychological, social, and spiritual dimensions, and the fourth dimension, which is spirituality has also been mentioned in human growth and development. Spiritu beliefs and practices are associated with all aspects of a person's life such as health and illness. To what extent can the acceptance and positive attitude towards death be possible due to spirituality? What is the status of Man's spirituality and spiritual intelligence in accepting death?

In addition to spirituality in today's contemporary psychology, positivist psychologists emphasize mental health, what we think about our lives and the results that we achieve [5]. New strategies have been proposed for a purposeful life, peace of mind, and mental health of human beings. Research has demonstrated that people with a stronger sense of purpose in their lives are less afraid of death [6].

Progressive awareness of death is a kind of voluntary awareness of death having a positive relationship with the components of well-being in individual, social, and even civilized areas. Reflecting on the phenomenon of death in a proper framework helps to create healthy processes in this approach and leads to a genuine, meaningful, and purposeful life by accepting death within the scope of human authority [4].

The main objective of this study was to investigate the status of spiritual intelligence and mental health among the predictors of attitudes towards death among young people. This is a subject that has received very little attention. While many people face death today, finding a way to cope is crucial, perhaps because one of the reasons is the lack of interest among scholars in the subject of death. Death-related social ideas such as religious traditions emphasize overcoming the unpleasant experiences associated with death, which in itself has been a factor in

rejecting such research. Many relevant studies including the attitude towards death have been disregarded for a long time. Research on the attitude to death from a scientific and psychological point of view is rarely done in Iran and few researchers study in this field and apply the results in the practical fields of counseling and education. One of the strengths of such studies is providing the practitioners with a practical model in counseling, treatment, and education centers.

Finally, the goal of positive psychology is to change the psychological system of the world and simply shift the focus that is currently on restoring the most undesirable things to the best qualities in life. Can the negative attitude towards death evolve into an acceptance of it with the help of this psychology? This can be seen as a way to help those special patients who face death, those in charge of defending the nation, and for our inner peace to overcome the greatest fear in our life, that is the fear of death.

Research Methodology

The present study is a descriptive correlational study. The statistical population is comprised of students from Birjand universities including Payame Noor, Islamic Azad, Public, and Applied Sciences universities. A total of 200 sample members were selected using a multi-stage cluster sampling. The present research is applied in terms of purpose and is considered descriptive in terms of data collection as the library method has been used to collect the data. To do so, resources, databases, articles, digital resources, and field methods were employed together with questionnaires. The research was performed within the framework of a correlational design. In addition to descriptive statistics, inferential statistics such as regression statistics and path analysis were also used and the data were analyzed using Amos software.

Data collection instruments

Introducing the questionnaire: Wong's Death Attitude Profile-Revised (DAP-R), 1994

This questionnaire is a 32-item scale measuring five dimensions of attitudes towards death. These five dimensions indicate both positive (i.e. acceptance subscales) and negative attitudes (i.e. fear and avoidance subscales) toward death.

- 1- Fear of death: Questions 1-2-7-18-20-21-32
- 2- Death avoidance: -10-12-19-26-
- 3- Neutral acceptance: 6-14-17-24-30
- 4- Active acceptance: 4-8-13-15-16-22-25-27-28-31.
- 5-Escape with acceptance: 5-9-11-23-29

The scoring of the questionnaire is based on a 7-point Likert scale. This questionnaire was translated into Persian for the first time in the study conducted by Basharpour et al. (2014). Then, its Persian version was translated again by a person holding a Master's degree in English [7].

Mental Health Questionnaire developed by Keyes and Magyarmo (2003):

This questionnaire includes emotional health with 12 questions about positive emotions formulated within the first six questions and negative emotions in the next six questions; as well as mental health with 18 and social health with 15 questions. Based on Cronbach's alpha, the internal consistency coefficient is 0.63 for the whole questionnaire and 0.25, 0.70, and 0.61, respectively for its sub-scales.

Hazan and Shaver Questionnaire of attachment styles:

The above test consists of six paragraphs (3 phrases per parent) that describe the respondent's childhood relationships with the parents based on each of the secure, avoidant, and anxious-ambivalent attachment styles. In general, a 12-item scale was obtained for each parent. This test was used by Kirkpatrick and Shaver 1990 and Granqvist (1998) to assess the respondent's childhood attachment. In general, a 12-item scale was obtained for each parent [8]. The reliability of the test in the study conducted by Collins and Read (1990) was reported to be above 0.80.

Lawrence Perception of God Scale (1997): The God Image Inventory is a reconstruction of the Lawrence Scale consisting of 72 Articles, which were translated into Persian by linguists. Lawrence developed this scale as a subset and the shortened version of the God Image Questionnaire. It is comprised of 72 articles and 6 components whose aim is to evaluate the mental image of people towards God [9].

- 1- Divine Providence: 35, 1-38-57
- 2-Presence: 10-15-2-20-30-37-53-54
- 3- Challenge: 11-14-29-44-55-68
- 4- Acceptance: 5-7-19-22-26-28-36-43-47-51
- 5-Susceptibility: 1-13-23-27-41-45

In Sadeghi, et al.'s research entitled "Parents, Self and Other Important Figures: Sources of God Image", the validity and reliability of this questionnaire were considered desirable from a sample of 30 participants [10].

King's Spiritual Intelligence Questionnaire was developed in (2008) with 24 items and 4 subscales [10].

- 1-Existential critical thinking: cases 1, 20, 17, 13, 9, 5
- 2- Creating personal meaning: cases 7, 22, 19, 15, 11
- 3- Awareness: cases 2, 18, 14, 10, 6
- 4- Developing the state of consciousness: cases 4, 23, 16, 12, 8,

Cronbach's alpha of this questionnaire is 92%. King (2008) reported Cronbach's alpha coefficient of 92% for this questionnaire [11].

Russell and Cutrona's Social Provisions Scale SPS (1987) with 16 questions and four choices (strongly disagree: 1 strongly agree: 4).

- 1- Guidance and consultation: (Questions, 13, 8, 7).
- 2 - Connecting with others: (Questions, 6, 4)
- 3- Value Assignment: (Questions, 5, 1, 15)
- 4- Dependence: (Questions 16, 12, 10).
- 5- Opportunity to get feedback and encouragement: (Questions, 2, 3).
- 6 -Social cohesion: (Questions, 9, 11, 14).

Cutrona and Russell (1987) implemented the first instrument with four items for each subscale (two positive items and two negative items) on 1792 subjects and the reliability of the six scales was between 0.65 and 0.76. The total reliability of the scale was 0.93 and its reliability was reported to be 0.915 by the retesting method. Differential validity pointed to the relationship between the six subscales of social support, ranging between 0.10 and 0.51 (Internal Correlation Mean 0.27). This questionnaire was used on various social samples. In Iran, this instrument has been evaluated by Zaki (2010) at the University of Isfahan, where Cronbach's alpha has been reported to be 0.85 for the reliability of 200 subjects. The reliability of the instrument for male and female respondents was 0.87 and 0.82, respectively. The measurement of construct validity using factor analysis showed that six scales of social support can be reduced in one factor and this factor can be called social support. This questionnaire was evaluated based on the distance scale.

Findings

Demographic characteristics

Participants in the present study consisted of 197 university students. The mean and standard deviation of age in the whole sample were 27.82 and 6.69 with a range of 17 to 54 years. The results show that 53% of students who have identified their gender are female and 47% are male. In the total sample, 57.4% of students were married and 42.6% were single. Finally, 22.9% of students were AA students seeking an Associate's degree, 63.5% were BA students, 12% were MA students, and 1.6% were doctoral students.

Descriptive analysis of data

The results show that among the dimensions of God perception, "challenge" has the highest mean, and "presence" has the lowest mean (34.85 vs. 27.29). As for social support, social cohesion and the opportunity to attract attention and encouragement have the highest and lowest mean values, respectively (10.32 vs. 5.93). In perceived childhood attachment, the "secure father" has the highest mean (25.58) and the "insecure" father has the lowest mean (13.05). Among the dimensions of spiritual intelligence, consciousness and the development of consciousness have the highest and lowest mean respectively (25.98 vs. 18.96). As regards the dimensions of mental health, mental health and negative emotion had the highest and lowest

mean respectively (64.96 vs. 16.05).¹ Finally, among the dimensions of attitude towards death, the highest and lowest mean values were allocated to neutral acceptance (5.94) and death avoidance (3.86), respectively.

In the study of multivariate normality as one of the assumptions of structural equations, the residual distribution was examined by one-way Kolmogorov-Smirnov test after calculating the values of standardized residues. The significance level which is larger than alpha $P \geq 0.001$ indicates the normal distribution of variables. The results showed that the distribution of residues was normal ($P > 0.20$, $df = 197$, $Z = 0.06$).

Tolerance and variance inflation factor (VIF) are used to examine multiple non-linearity. If the tolerance index is less than one and greater than 0.40 and the variance inflation index is less than 10, the assumption of multiple non-linearity is confirmed. In the model, the results showed that the tolerance coefficients of the predictor variables vary between 0.40 and 0.74. The variance inflation factor fluctuates from 1.32 to 3.11. Therefore, multiple non-linearity is concluded. Furthermore, the Durbin-Watson statistic was used to examine the hypothesis of error independence. For this statistic, coefficients close to "2" indicate the independence of errors. This coefficient was 1.92 in this study.

Inferential analysis of data

The correlation coefficients of the variables in Table 1 show that susceptibility, challenge, and acceptance have a positive and significant relationship with neutral and active acceptance ($P \leq 0.01$) among the dimensions of the pattern of perception of God. Divine providence and presence have a positive and significant relationship with acceptance and escape ($P \leq 0.01$) and benevolence has a positive and significant relationship with active acceptance and escape ($P \leq 0.01$).

Among the dimensions of social support, guidance and counseling have a positive and significant relationship with

neutral acceptance ($P \leq 0.01$). Bonding with others has a positive and significant relationship with neutral and active acceptance, and escape ($P \leq 0.05$). Value assignment and dependence have a positive and significant relationship with neutral and active acceptance ($P \leq 0.01$). Social cohesion also has a positive and significant relationship only with active acceptance ($P \leq 0.01$).

Among the dimensions of perceived childhood attachment, the secure mother has a positive and significant relationship with neutral and active acceptance and escape ($P \geq 0.01$). Insecure mother has a negative and significant relationship with neutral acceptance ($P \geq 0.05$). A secure father has a positive and significant relationship with neutral and active acceptance and escape ($P \geq 0.01$). Insecure father has a positive and significant relationship with fear of death ($P \geq 0.05$) and neutral and active acceptance has a negative and significant relationship ($P \geq 0.05$). Among the dimensions of spiritual intelligence, existential thinking has a negative and significant relationship with death avoidance ($P \geq 0.01$) and a positive and significant relationship with neutral and active acceptance and escape ($P \geq 0.01$). Creating personal meaning has a negative and significant relationship with fear and avoidance of death ($P \geq 0.05$) and has a positive and significant relationship with neutral and active acceptance and escape ($P \geq 0.01$). Finally, awareness and development of consciousness have a negative and significant relationship with avoidance of death ($P \geq 0.05$) and a positive and significant relationship with neutral acceptance, active acceptance, and escape ($P \geq 0.01$).

Among the dimensions of mental health, positive emotion, mental health, and social health have a negative and significant relationship with the fear of death and avoidance of death ($P \leq 0.05$) and a positive and significant relationship with neutral and active acceptance and escape ($P \leq 0.01$). Negative emotion has a positive relationship with death avoidance ($P \leq 0.05$) and a negative relationship with neutral and active acceptance ($P \leq 0.05$).

Table 1- Correlation matrix of research variables

[illegible]

¹ With respect to the difference in the number of terms in each of the above variables, the comparison of mean values is merely descriptive.

0.35																								
0.34	0.46																							
-0.15	-0.15	-0.07																						
0.01	-0.18	-0.12	0.41																					
0.27	0.22	0.22	-0.19	-0.18																				
0.18	0.21	0.15	-0.16	-0.09	0.45																			
-0.08	-0.23	-0.16	-0.18	0.09	-0.26	-0.14																		
0.26	0.28	0.20	-0.17	-0.08	0.41	0.50	-0.22																	
0.09	0.24	0.23	-0.24	-0.13	0.16	0.21	-0.15	0.13																
0.35	0.45	0.27	-0.18	-0.07	0.21	0.21	-0.18	0.28	0.37															
0.34	0.46	0.27	-0.21	-0.18	0.15	0.16	-0.21	0.26	0.39	0.69														
0.30	0.39	0.32	-0.20	-0.05	0.24	0.20	-0.18	0.28	0.36	0.53	0.70													
-0.04	-0.21	0.16	0.14	0.15	-0.19	-0.20	0.02	-0.13	-0.10	-0.21	-0.20	-0.21												
0.16	0.18	0.15	-0.09	-0.13	0.23	0.09	-0.18	0.13	0.23	0.34	0.24	0.24	-0.37											
-0.10	-0.19	-0.16	0.13	-0.01	-0.14	.018	-0.03	-0.13	0.8	-0.25	-0.18	-0.22	0.57	-0.26										
0.23	0.21	0.22	-0.11	-0.01	0.25	0.23	-0.07	0.27	0.18	0.27	0.26	0.29	-0.29	0.37	-0.47									
0.03	0.20	0.17	-0.02	-0.10	0.18	0.14	-0.08	0.18	0.10	0.24	0.16	0.25	-0.23	0.32	-0.15	0.36								
0.00	0.10	0.11	-0.03	-0.06	0.18	0.23	-0.10	0.25	0.13	0.18	0.11	0.13	-0.27	0.30	-0.24	0.36	0.38							
0.09	0.21	0.21	0.00	-0.07	0.23	0.20	-0.09	0.19	0.15	0.21	0.23	0.26	-0.23	0.24	-0.22	0.38	0.62	0.64						
0.08	0.22	0.22	-0.14	-0.10	0.25	0.20	-0.05	0.13	0.03	0.19	0.15	0.17	-0.21	0.30	-0.23	0.26	0.47	0.46	0.53					
0.16	0.22	0.16	-0.10	-0.03	0.16	0.21	-0.16	0.23	0.17	0.24	0.22	0.29	-0.26	0.29	-0.21	0.43	0.50	0.30	0.44	0.42				
0.09	0.14	0.21	-0.13	-0.05	0.12	0.20	-0.20	0.25	0.16	0.26	0.27	0.28	-0.22	0.16	-0.37	0.32	0.45	0.39	0.53	0.49	0.48			
0.22	0.21	0.13	-0.03	-0.01	0.25	0.40	-0.01	0.21	0.14	0.22	0.22	0.22	-0.24	0.30	-0.17	0.35	0.16	0.17	0.17	0.05	0.27	0.09		
0.17	0.26	0.20	-0.11	-0.07	0.22	0.28	-0.11	0.25	0.14	0.31	0.25	0.31	-0.22	0.26	-0.12	0.32	0.24	0.24	0.31	0.09	0.36	0.19		
0.17	0.22	0.19	-0.01	-0.03	0.22	0.34	-0.14	0.29	0.15	0.22	0.20	0.23	-0.31	0.31	-0.46	0.47	0.19	0.22	0.27	0.12	0.25	0.11		
0.21	0.12	0.07	-0.11	-0.12	0.11	0.35	-0.01	0.26	0.15	0.16	0.21	0.25	-0.24	0.29	-0.15	0.43	0.16	0.17	0.24	0.16	0.26	0.11		
0.19	0.08	0.11	-0.11	-0.01	0.10	0.30	-0.06	0.30	0.03	0.10	0.06	0.13	-0.13	0.11	-0.05	0.30	0.04	0.17	0.06	0.04	0.13	0.10		
0.14	0.19	0.20	-0.06	-0.10	0.23	0.42	-0.09	0.38	0.08	0.23	0.24	0.25	-0.20	0.25	-0.09	0.29	0.18	0.14	0.17	0.11	0.24	0.12		
29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7		

Note: Significant coefficients have been highlighted at the level of $\alpha = 0.01$ and significant coefficients have been italicized at the level of $\alpha = 0.05$.

1- Susceptibility, 2- Divine Providence, 3- Presence, 4- Challenge, 5- Acceptance, 6- Benevolence, 7- Guidance and consultation, 8- Bonding and connection with others, 9- Value Assignment, 10- Dependence, 11- Opportunity to attract attention and encouragement, 12- Social cohesion, 13- Secure mother, 14- Insecure mother, 15- Secure father, 16- Insecure

father, 17- Critical existential thinking, 18- Making personal meaning, 19- Awareness, 20- Development of consciousness, 21- Positive emotion, 22- Negative emotion, 23- Mental health, 24- Social health, 25- Fear of death, 26- Death avoidance, 27- Neutral acceptance, 28- Active, 29- Acceptance with escape.

By eliminating the non-significant paths and establishing the error covariance of the markers under a single structure, a reanalysis was performed to modify the model. The results are given in Figure 1.

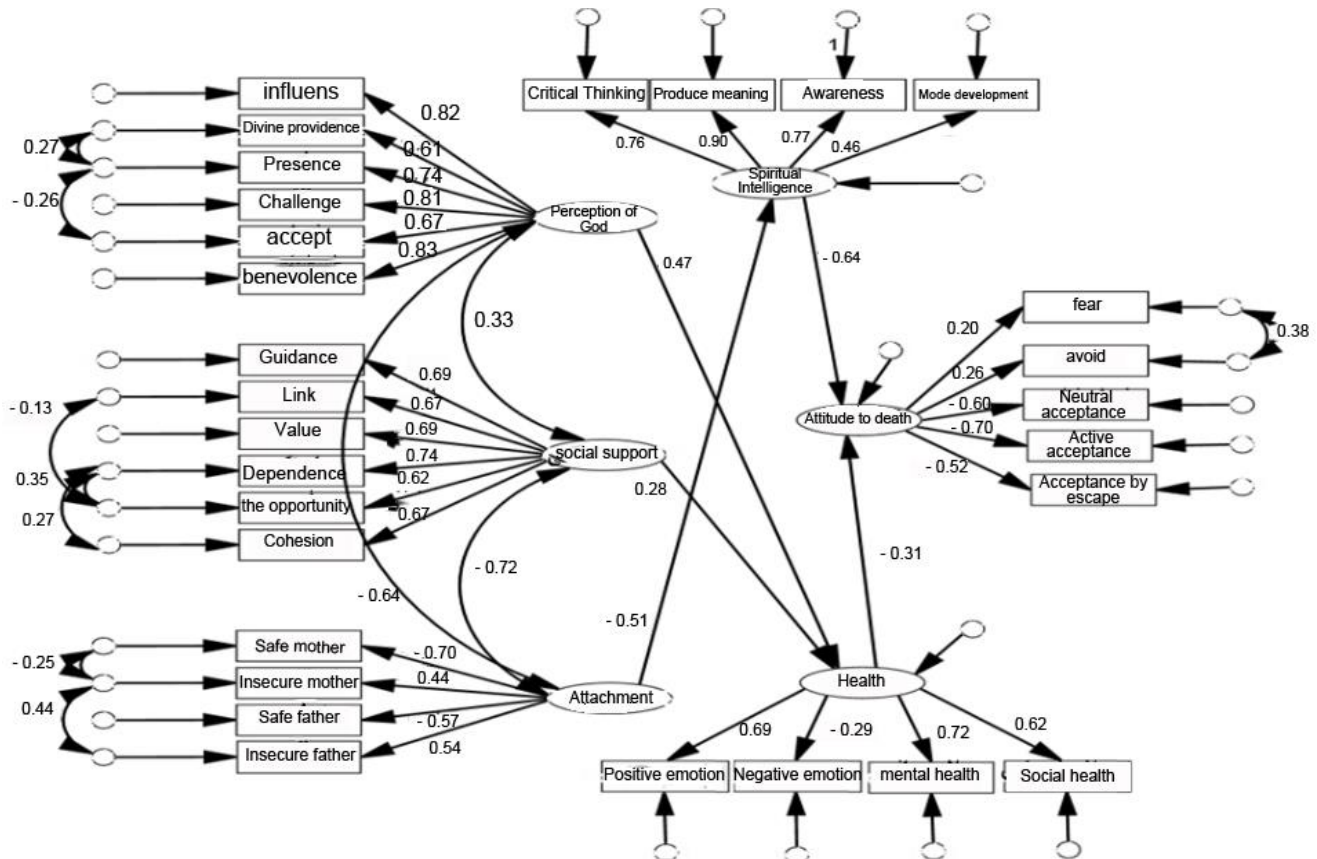


Figure 1 - Measurement and structural model for predicting attitudes towards death

The coefficients (Figure 1) and their significance showed that all factor loads of markers are significant in latent structures. In the model for measuring God Perception, benevolence had the highest factor load ($\lambda = 0.83$). Dependence had the highest factor load ($\lambda = 0.74$) in the model of social support measurement. In the model of measuring perceived childhood attachment, the highest factor load was the secure mother ($\lambda = -0.70$). In the model of measuring spiritual intelligence, the highest factor load was related to the creation of meaning ($\lambda = 0.90$). In the mental health measurement model, mental health had the highest factor load ($\lambda = 0.90$) and finally in the model for the measurement of one's attitude towards death, active acceptance ($\lambda = -0.70$) had the highest factor load.

In what follows, Table 2 shows the standardized coefficients of direct, indirect and total effects. In structural path analysis, direct and indirect effects are combined to create the total effects [12].

Table 2 - Estimation of indirect impact coefficients and the whole model

Total Effect		Indirect Effect		Direct Effect		Paths
Sig	Path coefficient	Sig	Path coefficient	Sig	Path coefficient	
0.004	0.15-	0.004	0.1-	-	-	God image, Mental health, Attitude
0.01	0.09-	0.01	-	-	-	Social Support, Mental Health, Perceived Childhood Attachment, Spiritual Intelligence, Attitude towards Death
0.002	0.33	0.002	-	-	-	Spiritual intelligence, attitude towards death
0.002	-0.65	-	-	0.002	-0.65	attitude towards death
0.01	0.31-	-	-	0.01	-0.31	Mental health, attitude towards death

0.002	0.47	-	-	0.002	0.47	God Image, mental health
0.01	0.28	-	-	0.01	0.28	Mental health, social support
0.002	0.51-	-	-	0.002	-0.51-	Perceived childhood attachment to spiritual intelligence

The explained variance of spiritual intelligence based on perceived childhood attachment is $R^2 = 0.26$. This means that the perceived attachment style of childhood explains 26% of the variations in spiritual intelligence. The explained variance of mental health in terms of social support and perception of God is $R^2 = 0.39$. This means that social support and the image of God explain 39% of the variations in mental health. Finally, the explained variance of attitudes towards death according to the perception of God, social support, the perceived childhood attachment, spiritual intelligence, and mental health was 61%. Cohen (1992) believes that coefficients larger than 0.50 can be considered as large effect sizes. Accordingly, it can be inferred that predictor variables have a significant effect on attitude towards death.

Discussion

Spiritual intelligence and mental health are two important bases in accepting death that have significant direct and indirect effects on attitudes toward death. One of the applications of spiritual intelligence in one's life is that one can "facilitate one's relationship with oneself, the others, the God, and especially with the development of self-awareness." By relying on those beliefs that have their roots in the family and whose cause of growth is secure bases especially the mothers, spiritual intelligence can facilitate awareness and a sense of connection with the presence of God. According to De Ross, the presence of God can create a sense of security in a person, and this can in turn prepare one to accept death and curb anxiety and avoidance. This is demonstrated by religious beliefs and manifold verses indicating that the presence of God brings peace to humanity.

"Those who believe and whose hearts are at rest in the remembrance of God, be aware that remembering God puts their hearts at ease". Spiritual understanding of death is crucial to understanding how people cope with death, overcoming anxiety, disability, and the hardships of death. Today, the passion of youth, strong motivations, and the social support that families provide for their students makes them more hopeful in life and provides them with mental healthcare. This in turn makes life more meaningful for them and, according to Papalia, those who have a more purposeful life are less afraid of death.

Mental health includes four categories: mental health, negative emotions, positive emotions and social health. Mental health, social health and positive emotions have the greatest share in accepting death while negative emotions have the greatest share in fear and avoidance of death. Evidently, one of the aspects of human mental health is a positive attitude towards life events.

According to Adler (1973), mental health depends on the development of specific goals in life, a solid philosophy for living, a desirable and stable family, social relationships, being useful to one's fellow man, the courage and determination to act to achieve one's goals, control over emotions and feelings, developing a purpose, accepting problems and trying to solve them with relentless efforts. These are in harmony with the developmental characteristics of young people. Personal life is intertwined with mental health. This means that the youth integrate their desires in a way that leads to satisfaction or relatively curbs or eliminates their anxiety. Hence, a healthy personality is observed in a person whose mental system has the least stress and such a person usually has flexible and trustworthy social relationships^[13].

As a person experiences less anxiety and stress, the acceptance of death would become easier and there would be less fear of death.

Conclusion

What is certain is that we all have the fear of dying as opposed to the desire for immortality. The outbreak of wars, accidents and incurable diseases increases this fear.

It seems that accepting death is more difficult in youth, which is the period of growth, maturity and fertility.

What positive psychology can provide for human beings in accepting death and reducing its anxiety is a kind of voluntary death thinking that has a positive relationship with the authors of mental health and individual, social, spiritual and even civilized domains. This conscious process is directly related to the mental health of the individual and the understanding of spiritual phenomena, and in the appropriate context of a genuine, meaningful, purposeful life with spiritual and social support, the acceptance of death is within the scope of human authority.

For this purpose, it is necessary to:

- 1- strengthening the image of God and a positive attitude towards God among young people,
- 2- Paying attention to spirituality and religiosity in life,
- 3- Raising the level of mental health,
- 4- Creating secure bases for attachment and parenting methods,
- 5- including attitudes towards death as an educational program in the educational structure of children,
- 6- Family education,
- 7- Social support for young people to overcome the biggest fear of their lives which is the fear of death

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