

Death Anxiety and Religiosity Among Patients with Chronic Illnesses: A Qualitative Perspective

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Abstract

The current research was designed to explore the patients' perspective having chronic illnesses about death anxiety and religiosity through semi-structured interviews. The patients with heart diseases and diabetes, age ranges between 25-60 years were the target population. Total 30 patients (15 from each disease) were selected through the purposive sampling technique from 4 cities of Pakistan. Semi-structured interviews were conducted based on interview guide. The interview guides was consisted of 18 open-ended questions on death anxiety and religiosity. Thematic analysis was used to analyze the data. Four main themes of death perception, disease and quality of life, concept about religion, role of religious practices and 11 sub-themes were derived from the data. The findings of the current study showed that chronic illnesses effect the death anxiety, mental and physical health as well as religiosity in the patients. The findings of the current study can be used to develop counseling and psychological intervention programs in order to improve the quality of life of patients with chronic illness.

Keywords: Death Anxiety, Religiosity, Lived experiences, Chronic Illnesses, Physical Health

Introduction

Living with a chronic illness presents a profound and multifaceted challenge that extends far beyond the purely medical aspects of a diagnosis. Chronic illnesses represent a formidable global health challenge, significantly impacting individuals' physical, psychological, and social well-being. Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The main types of NCDs are cardiovascular diseases (such as heart attacks & stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease & asthma) and diabetes. NCDs disproportionately affect people in low- and middle-income countries, where nearly three quarters of global NCD deaths (32 million) occur. Cardiovascular diseases account for most NCD deaths, or at least 19 million deaths in 2021, followed by cancers (10 million), chronic respiratory diseases (4 million), and over 2 million including kidney disease deaths caused by diabetes (World Health Organization, 2024). In Pakistan, a country grappling with unique socioeconomic vulnerabilities and a developing healthcare infrastructure, the prevalence of chronic diseases is substantial, with a reported 30% of the population experiencing such conditions, dominated by hypertension in rural areas and diabetes in urban settings (Liaqat et al., 2025). Chronic illnesses, such as diabetes and heart disease, present multifaceted challenges that extend beyond the purely physical realm (Korkut & Sevinç, 2021). Individuals grappling with these conditions often navigate a complex landscape of emotional, social, and existential concerns.

The diagnosis and management of chronic diseases can significantly impact an individual's quality of life, leading to feelings of uncertainty, fear, and a heightened awareness of mortality. Knowing how these patients live when they are undergoing treatment is key in establishing a holistic care environment that is patient-centered. One of the psychological aspects most present in chronic illness is death anxiety (Griffin & Rabkin, 1998). The possibility of being confronted with a life-threatening disease tends to evoke the most intense anxieties regarding dying, the manner of dying, and that which is beyond it (Kübler-Ross, 1972). These sometimes take on forms so variable that they can make or break the patient's emotional state, coping responses, and health-related decisions. Several studies have suggested that persons suffering from chronic illnesses, particularly those viewed as imminently life threatening, display the presence of death anxiety at a higher level (Korkut & Sevinç, 2021). This further aggravates physical symptoms, alters the social level of functioning, and depresses life quality overall (Bovero et al., 2015). Living with a chronic illness goes beyond the medical symptoms, encompassing profound psychological dimensions, including death anxiety, and a complex interplay with spiritual and cultural coping mechanisms like religiosity (Riaz & Bano, 2015). In a collectivist and strongly religious society like Pakistan, at life-limiting events, faith acts as a primary source of solace and meaning (Sadiq et al., 2023). This article discusses the lived experiences of chronic illness patients in Pakistan, focusing on how their disease experiences influence the death anxiety and religion-as-coping-mechanism perceptions. Taking the cue from a question guide that's explicit on both of these domains, this qualitative exercise seeks to illuminate the often complicated navigation paths taken by Pakistani patients through the existential challenges posed by chronic illness, as well as nuanced insights for culturally sensitive and holistic healthcare interventions. Existentially challenged, many turn toward religion and spirituality for comfort, meaning, and hope (Behere et al., 2013). Religiosity-the belief, practices, and affiliation-could allow to better frame such suffering, find meaning from adversity, and offer a supporting community. Certainly, Spirituality taking in a broader scope than just establishing oneness with something greater than oneself can also comfort and strengthen the individual to withstand the prolonged setbacks occasioned by chronic illness (Silva et al., 2023). Empirical studies have confirmed that religious coping and spiritual coping assist patients in managing the psychological and emotional burden of illness as well as death anxiety (Pandya & Kathuria, 2020). To fully appreciate the different relationships chronic illness has with life, especially about death anxiety and the role of faith, firsthand accounts are required from those undertaking it. Qualitative research, therefore, through in-depth conversations, becomes our most powerful tool. Imagine sitting next to a patient, not for the symptoms to be manifested, but rather the story of the subject themselves. Careful guided interviews can invite a patient to share their deepest fears of death and how his spiritual beliefs orient toward this dimension. This is not a form to check, but about those singular narratives of a person's beliefs, the rough edges of their own fears, and profoundly other ways they might be strong in their faith (Silva et al., 2023). By allowing individuals to voice their experiences in their own words, we gain invaluable insights. This intimate understanding then becomes the foundation for creating healthcare interventions and support services that genuinely resonate with people's unique needs, built on empathy and cultural understanding, rather than just clinical data (Lim, 2024). Crucially, approaching the topic of death with gentleness and an open heart is paramount. It's about creating a safe, trusting space where patients feel truly heard, empowered to explore their feelings, and connect with their inner spiritual resources. This human-centered approach allows us to walk alongside them, not just treat their illness, but acknowledge and support their journey through it.

Methods

The current study explored the patients' perspectives with diabetes and heart problems through qualitative research design. Patients with chronic illnesses (heart problems & diabetes) were the target population of the study. The data were collected from the 4 cities of Gujrat, Pakistan. The age range of patients was between 25-60 years. The sample size was 30

patients (15 from each category of disease) diabetes and heart problems. Both Type-I and Type-II diabetic patients were included in the study. One of the techniques that most researchers adopt during a research study, especially in the study of population or phenomenon is called purposive sampling (Creswell & Poth, 2018). The sample of patients was selected through purposive sampling technique whereby these patients were specifically chosen on the basis of relevance in regards to the study criteria. The study had excluded the patients with comorbid diseases. Table 1 presents the frequencies and percentages of patients' gender, disease diagnosed and duration of disease.

Interview Execution

The interview guide is a tool for gathering information from interviewees in a methodical and thorough manner for, maintaining the interview and focus on the planned course of action (DiCicca-Bloom & Crab 2006). The researcher prepared the interview guide based on literature review and field observation for patient with chronic illnesses. The interview guide was consisted of 18 open-ended questions about the death anxiety (9 questions) and religiosity (9 questions). In semi-structured interviews, themes based open-ended questions were asked to the patients in a systematic way to get detailed responses. Semi-structured interview method was preferred because of the interview protocol which a researcher uses as a flexible guide to conduct the interview and asks follow up questions for examining the beliefs, attitudes and perceptions of participants about the concerned topic. Moreover, researcher can manipulate the sequence and wording of the questions based on the informant and the context in which the interview is being conducted. Semi-structured interview also benefits both the informant and researcher by allowing the participants to express their true feelings and emotions and researcher gets extensive information about the concerned topic from the in-depth responses of participants (Cohen & Crabtree, 2006). The interviews were conducted with 15 heart patients and 15 diabetic patients, both male (14) and females (16) after getting permission from the Hospitals officials and the patients. Rapport was built and permission was taken to record the interviews. After getting permission from the Hospitals officials, clinics and community centers, the patients were informed about the research purpose and objectives of the study. To maintain their confidentiality, they were assigned the id numbers. The questions were asked from the patients after rapport-building. Interviews were conducted individually and lasted for 30 to 45 minutes on average. Native language (Urdu) and Punjabi was used throughout the interview and the responses were documented or recorded depending upon the informants' preference.

Table-1: Frequencies and Percentage of Demographic Variables of the Patients (N=30)

Variable Category	<i>F</i>	%
Gender		
Male	14	46
Female	16	54
Disease Diagnosed		
Diabetes	15	50
Heart Problem	15	50
Duration of Disease		
1 to 3 years	6	20
4 to 6 years	9	30
7 to 9 years	8	26.6
10 to 12 years	7	23.4

Data Analysis

Qualitative interviews yielded data was analyzed using thematic analysis. This analytical method was used to draw and explore the themes from data obtained from subjects with chronic illnesses. Thematic analysis is a qualitative data analysis procedure that allows

researcher to identify, comprehend, evaluate and interpret the frequently repeated themes reported by the informants (Braun & Clark, 2006). The process of thematic analysis in the research consisted of the following six steps as proposed by Braun and Clark in 2006:

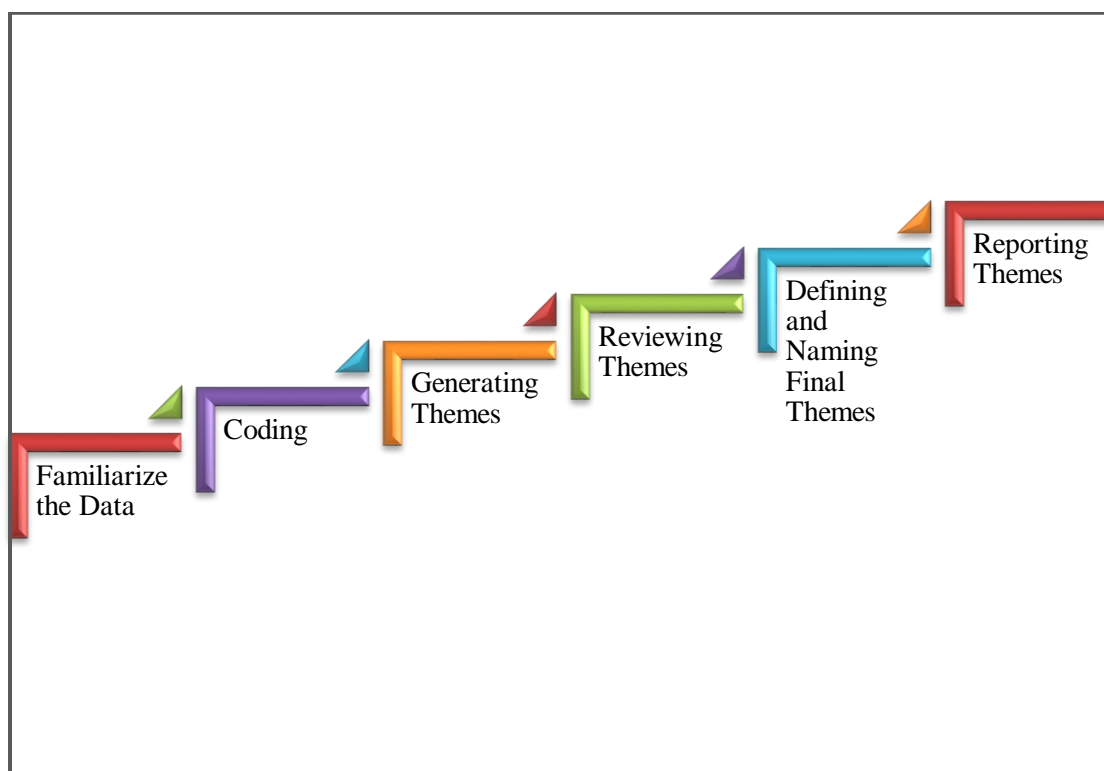


Figure-1: Steps of Data Analysis in Qualitative Research (Braun & Clark, 2006)

Phase 1: Familiarize the Data

This step involves getting familiar with the obtained data by transcribing it (audio to text), reading it multiple times, highlighting important and repeating points, making notes out of it and taking a general look of the data. Familiarization is essential because it provides full understanding of the data, benefits the researcher to identify and understand the thought patterns in the responses. Moreover, it provides important key points and ideas relevant to the research topic. The data was critically analyzed by the researcher; important points were noted down on paper for each interview.

Phase 2: Coding

After getting familiar with the data and developing general understanding of it, the data were coded. Code is a short meaningful label that explains its content. The process of coding was involved in highlighting the repeating patterns from data manually. This process was significant as it collated the whole data into many groups. All groups of data were coded into meaningful pieces and each piece was a condensed form of the feelings and ideas expressed in that particular group of the data.

Phase 3: Generating Themes

The third step involves developing potential themes from the initial codes assigned to the data. The process includes interpretation of the initial codes and drawing suitable themes. Some initial codes were discarded, as they were not relevant enough or were ambiguous. Most of the codes made it easy to classify the data.

Phase 4: Reviewing Themes

The purpose of this step was to retain the themes that accurately represent the data and are useful. Themes were created, split up, combined and removed by comparing the existing

themes with the data. This process was done to increase the effective use and validity of the final themes.

Phase 5: Defining and Naming Final Themes

Defining themes involves stating what is exactly meant by each final theme and how these represent the data. The themes were then assigned a succinct name that truly expresses its content. This process increases the clarity of data.

Phase 6: Reporting Themes

The final procedural step was to write up the findings of thematic analysis into concise themes. Similarly in current study following 4 main themes were generated from the data obtained in semi-structured interview from patients:

Results

By careful and detailed reading of every description, four main were identified with eleven sub-themes (Table 2).

Table 2 Main themes with Sub-themes (N=30)

Main Themes	Sub-themes
Death Perception	Fear of death Thoughts/feelings linked with death
Disease and Quality of Life	Focus on current condition Health related concerns regarding to the future Emotional and physical disturbance
Concept about Religion Role Of Religious Practices	Beliefs about religion Religious practices as a source of coping mechanism Role in person's life Religious practices in daily routine Religious beliefs affecting death anxiety Different religious beliefs and death anxiety

Explored themes explain the experiences of the patients with chronic illness, showing their fears, daily life challenges and reliance on the religious beliefs.

Main Theme 1: Death Perception

In this theme, the patients expressed and talked their thoughts and feelings related to the death. They also showed their anxieties that are caused due to chronic illness.

Sub-theme 1: Fear of Death

Extract 1. *Patient No 5 expressed the thoughts as "My biggest worry with diabetes is the complications... losing a limb, or going blind. It feels like a slow march towards something I dread."*

Extract 2. *Patient No 7 described that "I've seen friends pass with these conditions. You can't help but wonder if you're next. That's a constant, nagging fear."*

Extract 3. *Patient No 8 said that "I have young kids. The thought of not being there for them because of my diabetes... it's unbearable."*

Sub-theme 2: Thoughts/Feelings Linked with Death

Extract 4. *Patient No 10 explained his thoughts as "Sometimes I feel a strange calm about it. Like, if it's my time, it's my time. I've lived a full life."*

Extract 5. *Patient No 15 expressed "I just hope it's peaceful when it comes. I don't want to suffer. That's my main thought."*

Extract 6. Patient No 16 described as *"I think about what I'll leave behind. My family, my work... it makes me want to make every day count now."*

Main Theme 2: Disease and Quality of Life

Patient described how chronic illness has impacted their everyday life, management of their health and about worse condition as well as physical and psychological disturbance.

Sub-theme 1: Focus on Current Condition

Extract 1. Patient 17 discussed *"Every single meal, I have to think about my sugar. It's exhausting, honestly. No spontaneity anymore."*

Extract 2. Patient 21 described as *"My chest pain is always there, even when it's mild. It dictates how much I can walk, what I can lift."*

Extract 3. Patient 25 description was *"It's a constant management game. Blood pressure, blood sugar, medications... it's never-ending."*

Extract 4. Patient 30 stated that *"I spend so much time at doctor's appointments, getting tests. My life feels like it revolves around my illness."*

Sub-theme 2: Health Related Concerns

Extract 1. Patient 2 described *"My biggest fear is another heart attack, a bigger one. Or getting weaker and not being able to do things myself."*

Extract 2. Patient 5 description was *"I worry about my kidneys, my eyes. You hear stories, and it makes you so anxious about what's coming next."*

Extract 3. Patient 8 discussed *"The doctors warn you about strokes and heart failure. It's always in the back of your mind, like a dark cloud."*

Extract 4. Patient 9 described as *"What if I get nerve damage? What if I have to go on insulin shots permanently? These are real concerns for me."*

Sub-theme 3: Emotional and Physical Disturbance

Extract 1. Patient 13 described as *"I get so frustrated sometimes, so angry that my body has betrayed me. And the fatigue... it just saps all your energy."*

Extract 2. Patient 17 discussed *"I often feel depressed. It's hard to be cheerful when you're constantly monitoring your health and feeling unwell."*

Extract 3. Patient 20 described as *"My sleep is broken, I ache all over, and sometimes I just feel like crying from the sheer burden of it all."*

Extract 4. Patient 23 described as *"My mood swings are terrible, probably from the blood sugar fluctuations. One minute I'm fine, the next I'm irritable or tearful."*

Main Theme 3: Concept about Religion

The patients told about their meaning and belief system about religion. They used religion as a coping mechanism in order to deal with their illness. Religion provide them peace and comfort.

Sub-theme 1: Beliefs about Religion

Extract 1. Description of Patient 1 was *"I believe in God's plan. Whatever happens, it's in His hands. That gives me peace."*

Extract 2. Patient 2 described as *"My faith teaches me that there's a reason for everything. This diabetes, it must be a test of my patience."*

Extract 3. Patient 9 discussed as *"I grew up religious, and that belief in a higher power has always been my anchor. It tells me life isn't just random."*

Extract 4. Patient 16 description was *"I trust that God will give me strength to endure this. My faith in His mercy is unshaken."*

Sub-theme 2: Religious Practices as a Source of Coping Mechanism

Extract 1. Patient 20 expressed his thoughts "When I feel overwhelmed, I just sit and pray. It's like talking to someone who truly understands, and it calms me down."

Extract 2. Patient 21 description was "Fasting during Ramadan, even with diabetes, reminds me of perseverance. It's a way to feel closer to God and feel stronger."

Extract 3. Patient 25 discussed "Going to the mosque regularly, hearing the sermons, being with the community... it takes my mind off the illness and gives me hope."

Extract 4. Patient 29 stated "Reading my Holy book every morning, it's my moment of peace. It helps me face the day, no matter how tough my health is."

Main Theme 4: Role of Religious Practices

Sub-theme 1: Role in Person's Life

Extract 1. Patient 3 discussed "My religion is everything. It's not just a part of my life; it is my life. It shapes how I deal with this illness."

Extract 2. Patient 7 described that "It dictates my diet, my daily routines, my outlook. It's the framework I live by, especially now with my health issues."

Extract 3. Patient 10 expressed feelings "My faith has always been my guide. Now, it's even more central because it helps me find purpose in my suffering."

Extract 4. Patient 11 stated "It teaches me patience and gratitude. Without it, I think I would just give up sometimes."

Sub-theme 2: Religious Practices in Daily Routine

Extract 1. Patient 12 discussed "I pray five times a day, no matter what. It's a rhythm that grounds me and reminds me to be thankful for each breath."

Extract 2. Patient 14 description was "Every morning, I start with devotionals. It sets the tone for my day, gives me a sense of peace before the challenges begin."

Extract 3. Patient 17 discussed "Weekly services are non-negotiable for me. It's where I recharge spiritually and connect with others who share my beliefs."

Extract 4. Patient 23 explained "I try to give charity, even if it's small, because my religion teaches compassion. It makes me feel like I'm still contributing."

Sub-theme 3: Religious Beliefs Affecting Death Anxiety

Extract 1. Patient 5 explained "Because I believe in an afterlife, the idea of death isn't as terrifying. It's just a transition."

Extract 2. Patient 11 described as "My faith tells me that this life is temporary, and there's something better waiting. That really takes the sting out of the fear of dying."

Extract 3. Patient 16 discussed "I believe God has a plan for me, and if my time comes, it's His will. That thought brings a lot of comfort and reduces my anxiety."

Extract 4. Patient 20 stated "The idea of reunion with loved ones who passed before me, as promised by my religion, makes death less a departure and more a return."

Sub-theme 4: Different Religious Beliefs and Death Anxiety

Extract 1. Patient 23 discussed "Some people I know don't believe in anything after this life, and I see how much more they fear death. My belief is a comfort they don't have."

Extract 2. Patient 27 described as "My Christian friends talk about heaven, and I talked about Jannah. While the specifics differ, the common thread of hope after death is what truly eases anxiety." (Patient 27)

Extract 28. Patient 28 discussed "I've heard people from other faiths express worries about judgment, and while I believe in accountability, my faith emphasizes mercy, which helps manage my death fears." (Patient 28)

Discussion

The objective of this study was to explore the patients' perspectives about death anxiety and religiosity who were experiencing chronic or long-term illnesses. The qualitative research

underscores the cultural and social realities of patients suffering from chronic illnesses such as heart disease and diabetes. Through semi-structured interviews, four main themes emerged: perception of death, disease and quality of life, concepts about religion, and the role of religious practices. These themes demonstrate illness challenges and elaborate on how culture and religion in Pakistan shape the coping methods of patients within the framework of hope, life, and death. The first theme of death perception uncovers some of the most significant fears and worries associated with chronic illnesses. Patients reported a deep-rooted fear of death, which was borne out of their health conditions and their future prospects. As captured in responses, the death was heightened by watching friends go through similar conditions which fostered an unceasing anxiety about their own life span. These findings are aligned with the results which observe that death anxiety enhances a myriad of chronic illness patient's anxiety (Sarfraz et al., 2023). The sub-theme, fear of death is pervasive among people in Pakistan, especially with young dependents, from a cultural standpoint where family systems are deeply embedded. These findings align with the study in which any of these patients are likely to experience an amalgamation of fear and guilt, portraying the cultural backdrop with respect to love and duty towards family compresses with vivid intensity (Khawar et al., 2013; Plusnin et al., 2021). From the perspective of the emerging adults, life becomes a monotonous repetitive process which is profoundly affected by chronic illness, as was evident with the participants. The obligation to manage health conditions severely limits patients' spontaneity and alters their way of living, resulting in significant psychosocial and physical consequences. How many patients articulated their perspective on chronic monitoring and its impact on exhaustion resonates with that described the toll managing chronic conditions takes on people is overwhelming and filled with frustration (Leite, 2025). Patients with chronic illnesses not only experience the emotional stress related to illness but they also have to face the reaction of society. Furthermore, the health related worries about later on events such as heart attack or issues related to diabetes are consistent with a cultural perspective on ideas of stigma, where being ill could be perceived as helpless, and inadequate. Such reactions make the patients reluctant from openly discussing their health related anxieties, and therefore impacting access to medical help. Religion is represented as a major aid that participants draw upon to cope. The presence of a higher power offers comfort and meaning in the midst of suffering. These findings are strengthening by the study shown that religious faith helps to protect people from the mental distress of chronic diseases, like this study finds. A lot of participants find support in their faith, understanding hardship as something planned by God (Javaid et al., 2024). Because Pakistan is a mostly Muslim country, Islamic teachings influence the ways patients handle their medical problems. Prayer and taking part in religious activities makes people stronger spiritually and helps them feel included in the community (Sadiq et al., 2023; Bano et al., 2025). Religious beliefs and religious practices help the patients to make them feel as part of their cultural practices and also help them to deal with their emotional distress. Such practices and religious beliefs cause emotional relief for them. By giving charity and performing religious activities become helpful in decreasing distress and feelings of hopelessness hence supports their mental health. Additionally, religious beliefs played a role in reducing death anxiety by guiding how people perceive and think about death. Believing in another world after death made people feel less afraid and less upset with the idea of dying (Kocak, 2021). Summarizing, the Pakistani cultural context of heart disease and diabetes patients provides an exciting interplay between health, fear of death, and religious beliefs. The study thus suggests that, in coping mechanisms of patients, faith and religion play an important role and also gives a practical consideration for health and social care providers to address health or social care situations equally in terms of cultural and religious dimensions. Holistic patient care that attends to mental, emotion and spiritual well-being of patients becomes a key variable for improving health outcomes and quality of life.

Conclusion

The study provides a clear discussion as to how numerous relationships between the fear of death and religiosity may be characterized in a sample of chronically ailing individuals in Pakistan. These insights underscore the importance of addressing death anxiety directly in clinical interventions for chronically ill patients and considering the complex interplay of cultural and religious factors in shaping their overall well-being.

Limitations

- The findings of the study cannot be generalized on large number of population since the data were gathered only from the four cities of Punjab, Pakistan.
- Studied variables were not explored in relation to the chronicity of the diseases.

Future Recommendations

The future researcher can conduct a longitudinal study to track changes in death anxiety, religiosity, and sleep quality over time in chronic illness patients. This would help to understand causal relationships and the dynamic nature of these experiences as the illness progresses or as patient's age. Based on the findings, tests need to be developed and designed targeted interventions to reduce death anxiety, or leverage religiosity as a coping mechanism among chronic illness patients in Pakistan. These could be culturally sensitive psycho-spiritual interventions. Future research could conduct more extensive qualitative research to deeply explore the lived experiences of chronic illness patients, their perceptions of death, the role of their faith in coping, and factors influencing their physical as well as psychological health.

Clinical Implications of the Study

People living with chronic heart disease and diabetes in Pakistan show how their health fears about death and religion are connected. The research shows that culture and religion play a big role in determining how patients cope and their overall social life. Healthcare professionals are encouraged to support clients' minds, hearts and spirits, acknowledging how important religiosity is for better mental health results. The findings can inform policy-makers about the specific psychosocial needs of chronic illness patients in Pakistan, guiding the allocation of resources for mental health support and palliative care services. It can suggest to the government and administration of the hospitals to provide free counseling services to patients and work on their quality of life. Provide counseling to the family of the patients to improve their psychological as well as physical health.

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