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Thanatophobia, Hopelessness and Emotional Stability after Perinatal Lose (Mothers) their Baby: Mediatory Role of Religious Coping

Dr Sadaf Hafeez[1*], Aisha Qasim[2], Faiza Naeem[3], Sadia Mustafa Awan[4], Sajida Anwer[5], Asif Ali Jauhar[6], Maria Khurshid[7] Kamran Sher[8] Muhammad Areeb Asif[9] Ayesha Ahmed[10]

[1*] Associate Professor Salim Habib Universty (Principal Author)
[2] Lecturer, Department of Psychology, Faculty of Social Sciences and Humanities, Hamdard University Karachi.
[3] Counsellor, Beaconhouse School System Mian Branch Faisalabad. (corresponding author) Faiza.mughal902@gmail.com
[4] Associate Clinical Psychologist at Psychological Help Centre
[5] Clinical psychologist, Health department Punjab, Pakistan.
[6] PhD Scholar. Department of Psychology Riphah International University Faisalabad.
[7] MS Clinical Psychology from International Islamic University Islamabad.
[8] Lecturer, Govt Post Graduate Collage of Science Faisalabad.
[9] Visiting Lecturer, Hassan bin Sabit Higher Secondary school and Collage.
[10] Visiting Lecturer, Government Graduate College of Science

Abstract
This research explores the intricate relationships among thanatophobia, hopelessness, and emotional stability in bereaved mothers experiencing perinatal loss, with a particular focus on the mediating role of religious coping. Perinatal loss, encompassing miscarriage, stillbirth, and neonatal death, profoundly impacts mothers, leading to intense grief, anxiety, and feelings of hopelessness. The study posits that mothers who have endured such losses may develop thanatophobia—an anxiety regarding death—leading to a sense of hopelessness that affects their emotional stability. Drawing on established theories and empirical studies, the research aims to establish the connections between these variables, hypothesizing that thanatophobia will positively correlate with hopelessness while negatively correlating with emotional stability. Additionally, it investigates the mediating effect of religious coping, hypothesizing that religious beliefs can offer emotional support and resilience in the face of such trauma. The methodology involves a correlational research design with a sample of 270 bereaved mothers recruited through purposive sampling from hospitals in Punjab, Pakistan. Various validated instruments are employed to measure thanatophobia, hopelessness, emotional stability, and religious coping. Data analysis will utilize SPSS, incorporating bivariate correlation and hierarchical regression analysis to test the proposed hypotheses. Results are expected to reveal significant relationships among the variables, contributing to a deeper understanding of the psychological impact of perinatal loss and the potential role of religious coping in mitigating negative outcomes. This study seeks to highlight the importance of targeted psychological support for bereaved mothers, emphasizing the need for healthcare professionals to address the emotional complexities associated with perinatal loss.

Key words: Thanatophobia, Hopelessness, Emotional Stability, Bereaved Mothers, Perinatal Loss, Religious Coping, Psychological Impact, Grief, Anxiety, Correlational Research, Psychological Support, Trauma

Introduction

Perinatal loss is an unexpected loss that become a bereaved mother of those women who have lost their baby. The child death is a disaster which smash the great, reliable, and optimistic life in situation of minutes. Sharing sentiments of intense loss with others who experience the same losses is a group of losses, can bring forth to recover an experience. The recuperating should take from hopelessness of our pain its thinking, tears, and recollection and within the system of motivation, time and self-analysis change this pain into guarantee and aspiration. (Berman, 2001: Armstrong & Hutti, 1998).

The bereaved mothers know that sometimes pregnancy is over before and during delivery unfortunately and when they pregnant again so take care of themselves physically and emotionally (Côté-Arsenault & Marshall, 2000). Mothers are more anxious about their pregnancy who have lost their baby in early pregnancy as compared to those mothers who have not faced the perinatal loss ever (Côté-Arsenault, 2003). Mostly mothers have insecure attitudes about their new pregnancy who have faced the perinatal loss firstly (Côté-Arsenault, 2007). Traumatic events are miscarriage, stillbirth, and neonatal death for parents' lives especially when they have need time to recover their grief with the help of midwives (Begley, 2003).

Stillbirth is a baby loss by early and during delivery, but it is a major contributor of perinatal death, and every two thirds baby is stillbirth without any explanation or reason (Gardosi, Kady, McGeown, Francis, and Tonks, 2005). Miscarriage is death of baby during pregnancy and before delivery but physical recovery of her is usually uneventful after miscarriage (Rachel, 2012). Baby dies within seven days after birth is called early neonatal death and within seven to twenty-eight days is called late neonatal death (Rosado hidalgo, 2019). Continuously, health professionals should be cared by health professionals so that they could recover overall the emotional disturbances like depression and anger of bereaved mothers (Begley, 2003). Bereaved mothers

face psychological issues for short term and sometimes long term too although, husbands face emotional disturbances (depression, anger, and fear) for less duration than their wives (Kong, Chung, Lai, and Lok, 2010).
In fact, the unexpected death of their (bereaved mother) baby and loved one may cause thanatophobia or personal death anxiety that can see self-evident on them due to pathetic and theoretic background or situation (Barr and Cacciatore, 2008). And the meaning of thanatophobia is a displease feelings of emotions about fear of own's death and death of loved one's meanwhile thanatophobia exists globally (Matanga, De Vocht, 2006; Sinoff, 2017). The influence of thanatophobia is varied in the sense of age, gender, and religiosity etc. and the thanatophobia is prevalent in the parents of elderly children (Sinoff, 2017). People are faced less thanatophobia who are received religious service daily (Duff & Hong, 1995). Gender differences are matter for thanatophobia according to researchers and various studies e.g., females have more thanatophobia as compared to males (Wen, 2010). Thanatophobia or fear of death is a composite element and variate with surrounding situations like death of peer, age fellow and relatives (Lester & Karnrn, 1971), as well as its can be experiences with different intensity at various times but thanatophobia is a conscious felt for some people while it's not a conscious felt for others, but it exists in the realm of unconscious (Neufeldt, & Holmes, 1979).
The unexpected death of their baby become a cause of hopelessness and due to this, they have lost the control about their lives (Rubinstein, 2004). Hopelessness refers to a strong weight of thoughts in which a person think that every difficult task of life did not have any solution and it will be a part of future, but hopeless people did not achieve their goals even though they have ability to done that (Gungor and Ucman, 2019). Hopelessness has three types according to Beck and colleagues (1974), affective hopelessness refers to enthusiasm, motivational hopelessness refers to giving up, and cognitive hopelessness refers to negative thoughts for future (Rodríguez, Salvador, García-Alandete, 2017). The parents are hopeless about the fulfillment of their desires after the baby loss and feeling values less and nothing to see in society (Sutan and Makam, 2012).
Women are emotionally unstable (suffer from grief, guilt and depression, loss of dreams and expectations) after losing their baby and sometimes they are suffering from post-traumatic stress disorder (Broen, Moum, Bödtker, and Ekeberg, 2004). Emotions are distressed situations or states which are derived from psychological problems, but it is revealed through marked bodily variations e.g., gland, gross behavior, and smooth muscles (Aleem, 2005). The procedure in which a person endeavors to live emotionally stable in the great sense like intra-personally and intra-physically in each form is known as emotional stability (Smitson, 1974). Happiness has a great coordination with emotional stability as compared to extraversion (Hills and Argyle, 2000). Big Five Questionnaire report that (Caprara, Barbaranelli, Borgogni, & Perugini, 1993), the aspects stability neuroticism of emotion is further divided into various form such as impulse control and emotional control but neuroticism has a great coordination with low level of (Rodríguez-Ramos, Moriana, García-Torres, & Ruiz-Rubio, 2019). Bereaved women mostly reported different emotions i.e., scary, nervous, hopelessness, and anxiety but profound concerns is derived from eight categories: self-care as emotionally, concern overall with the baby health, losing baby again, influence of again loss on future, support is lack by others, scared about sad news, impact of her own the baby health, and worries over never (Côté-Arsenault, Deborah, and Ashley, 2001). Also, parents [mothers (stillbirth, miscarriage, and neonatal death)] has different emotions e.g., grief, distress, and even PTSD (post-traumatic stress disorder) after first pregnancy loss (Côté-Arsenault and Denney-Koelsch, 2011).
People should be following the religion for coping with different behavior and situations according to the response of elders (Koenig, Gorge and Siegler, 1988). Bereaved women do religious practice with the cope of their grief or pregnancy loss and religion is a source of coping with every type (stillbirth, miscarriage, neonatal etc.) of pregnancy loss (Cowchock, Lasker, Toedter, Skumanich, and Koenig, 2010). Religion is a well-known power for the life of majority people and people are well-adjusted in the society who have belong to their religion while having so many psychological issues (Ano and Vasconcellos, 2005). It is a great risk of psychological distress among both religious and non-religious parents who do not have an understanding about the perinatal loss (Bakker, and Paris, 2013).

After theoretical background and the lack of empirical evidence, this research study explored the relationship among thanatophobia, hopelessness, and emotional stability as mediating role of religious coping that women are how much coping with this situation (miscarriage, stillbirth, and neonatal death) by religiosity beliefs. This study is focusing only on pregnant women who are losing their baby before and after delivery and what is the impact of baby loss that they are facing because it is a major problem of our society today.

Literature Review

Perinatal loss, which encompasses miscarriage, stillbirth, and neonatal death, significantly impacts the psychological well-being of mothers. Among the various emotional responses to such loss, thanatophobia—the intense fear of death and dying—has emerged as a significant area of inquiry. This literature review explores the relationships among thanatophobia, hopelessness, emotional stability, and the experiences of bereaved mothers, highlighting the psychological ramifications of perinatal loss.
Thanatophobia, or death anxiety, refers to an individual's fear of death and the dying process. It can manifest in various ways, including avoidance behaviors, obsessive thoughts, and anxiety-related symptoms (Terror Management Theory, 1986). Research indicates that bereaved mothers are particularly susceptible to thanatophobia following the loss of a child. For instance, a study by Vandenberghe et al. (2020) found that mothers who experienced perinatal loss reported heightened levels of death anxiety, which contributed to their overall psychological distress. The grief associated with losing a child can lead to existential questions about life and death, intensifying feelings of vulnerability and fear.
Hopelessness, often defined as a negative outlook on the future and the belief that one's situation will not improve, is a common emotional response to grief (Beck, 1967). For bereaved mothers, the experience of hopelessness can be exacerbated by thanatophobia. Research by Currier et al. (2006) suggests that hopelessness is a significant predictor of complicated grief, which can manifest in prolonged mourning and difficulties in resuming daily activities. Bereaved mothers may feel trapped in

their grief, leading to a cycle of despair that impedes emotional healing. This interplay between hopelessness and grief underscores the need for targeted psychological interventions to address these emotional states.

Emotional stability, or the ability to maintain psychological resilience in the face of stressors, plays a crucial role in how individuals cope with loss. Studies have shown that higher levels of emotional stability are associated with healthier grieving processes (McCrae & Costa, 1987). For bereaved mothers, emotional stability can buffer the effects of thanatophobia and hopelessness. Research by Bonanno et al. (2002) indicates that individuals with greater emotional stability are more likely to engage in adaptive coping strategies, such as seeking social support and expressing their emotions, which can mitigate the psychological impact of grief.

Religious coping has been identified as a potential moderator of the relationship between grief, hopelessness, and thanatophobia. Religious beliefs can provide comfort and meaning in times of loss, helping bereaved mothers navigate their emotional turmoil (Pargament et al., 1998). A study by Park et al. (2013) found that bereaved mothers who engaged in religious coping reported lower levels of thanatophobia and hopelessness compared to those who did not utilize religious frameworks. This finding suggests that religious beliefs can offer a sense of hope and resilience, facilitating emotional stability during the grieving process. Understanding the complex interplay between thanatophobia, hopelessness, and emotional stability in bereaved mothers has important implications for psychological support. It is essential for mental health professionals to recognize the unique challenges faced by mothers who have experienced perinatal loss. Tailored interventions that address thanatophobia and hopelessness can be effective in promoting emotional healing. Techniques such as cognitive-behavioral therapy (CBT) and mindfulness-based interventions can help mothers develop coping strategies to manage their fears and promote emotional stability (Kabat-Zinn, 1990).

The psychological impact of perinatal loss on mothers is profound and multifaceted, with thanatophobia, hopelessness, and emotional stability playing critical roles in shaping their grieving experiences. As the literature indicates, bereaved mothers may experience heightened levels of death anxiety and hopelessness, which can hinder their emotional recovery. However, factors such as emotional stability and religious coping can provide pathways to resilience. Future research should continue to explore these relationships and inform interventions aimed at supporting bereaved mothers in their healing journeys.

Operational Definition:

Direct Variable (Independent Variable - IV)

Perinatal Loss refers to the experience of losing a baby during pregnancy or shortly after birth. This includes:

- **Miscarriage:** Loss of a fetus before 20 weeks of gestation.
- **Stillbirth:** Loss of a fetus after 20 weeks of gestation.
- **Neonatal Loss:** Loss of a baby within the first 28 days after birth.

The impact of perinatal loss will be measured using a specific questionnaire that assesses the mothers' experiences and emotional responses related to the loss of their child.

Indirect Variable (Dependent Variable - DV)

Psychological Distress encompasses a range of emotional and psychological responses to perinatal loss, which includes:

- **Thanatophobia:** The fear of death and dying, assessed through the Thanatophobia Scale, which evaluates both fear of one's own death and fear of the death of others.
- **Hopelessness:** A feeling of despair and lack of hope, measured by the Hopelessness Depression Symptoms Questionnaire (HDSQ). It includes attitudes and expectations regarding the future.

Psychological distress will be quantified based on scores from the respective scales, reflecting the intensity of thanatophobia and hopelessness in the context of perinatal loss.

Mediating Variable (MV)

Religious Coping refers to the ways individuals utilize their religious beliefs and practices to cope with stress and emotional pain following perinatal loss. This may include:

- **Seeking Support from Religious Communities:** Engaging with a faith community for emotional and spiritual support.
- **Prayer and Spiritual Practices:** Engaging in prayer or other spiritual activities as a means to cope with grief.

Religious coping will be assessed using the Way of Religious Coping Skills (WORCS) scale, which evaluates the frequency and types of religious coping strategies employed by mothers dealing with perinatal loss.

Hypotheses

H1: There would be a positive relationship between thanatophobia and hopelessness among perinatal loss (mothers).

H2: There would be a negative relationship between thanatophobia and hopelessness among perinatal loss (mothers).

H3: Religious coping would be a mediator between thanatophobia, hopelessness, and emotional stability among perinatal loss (mothers).

H4: There would be a positive relationship of hopelessness with emotional stability and religious coping among perinatal loss (mothers).

H5: There would be a negative relationship of hopelessness with emotional stability and religious coping among perinatal loss (mothers).

H6: perinatal loss will increase hopelessness and thanatophobia and that higher levels of religious coping will reduce this.

Research Methodology

Study design

Correlational research design was used for measuring the relationship between thanatophobia, hopelessness, and emotional stability as mediating role of religious coping. In this research study, researcher examines the effect of thanatophobia and hopelessness among parents (mothers who have lost their babies) and emotional stability as a mediating role of religious coping skills. Parents (mothers) who have lost their babies when mothers lose their baby due to miscarriage (baby lost 20 weeks earlier of pregnancy), abort (because of stopping growing), stillbirth (baby lost 20 weeks later of pregnancy), lost their baby after birth and hope of being mother die too.

Population

Population was recruited by using purposive sampling technique from various hospitals [Faisalabad, Lahore, Jhang], Punjab (Pakistan).

Sample

The sample size 270 was people that have been taken for the data collection. Before the data collection all the participants who are voluntarily participated in the current study briefly explain the purpose of data collection and let them know about their right to participation and leaving the research in any point if they are not feel comfortable with it. Demographic questions consisting of Name, Age, education, occupation, etc.

Inclusion and Exclusion Criteria

Women aged 25 and above were included in the study. Women were excluded if they had any physical diseases, psychological disorders, hereditary problems, or had been married multiple times.

- **Independent Variable (IV):** Perinatal loss
- **Mediating Variable (MV):** Religious coping (e.g., seeking support from religious communities, prayer)
- **Dependent Variable (DV):** Psychological distress (e.g., levels of thanatophobia and hopelessness)

Instruments

There are four valid instruments (Thanatophobia scale, hopelessness scale, emotional stability scale, religious coping scale) with demographic variables that were administered for the data collection.

Thanatophobia: Thanatophobia scale was developed by Collett-Lester fear of death scale in 1969. The 5-point Likert scale were scored as 1 (Not) to 5 (Very). Death of self, death of others, dying of self and dying of others are subscales of thanatophobia (Collett-Lester fear of death scale) scale. Thanatophobia scales have positive and negative items instead of sub-scales. Positive items are (1, 4, 17, 20, 2, 13, 19, 27, 32, 33, 5, 15, 30, 36, 11, 22, 29, 31, 34, 35) or negative items are (6, 14, 23, 26, 28, 7, 9, 18, 21, 12, 24, 3, 8, 10, 16, 25) accumulatively in these sub-scales. Test-Retest reliability was 0.85 about death of self, 0.86 for death of others, 0.79 for dying of self and 0.83 for dying of others using Pearson-correlation. Also, Test-Retest reliability was 0.91 about death of self, 0.72 for death of others, 0.90 for dying of self and 0.88 for dying of others using Spearman-Brown correlation. Cronbach's split half reliability for the four subscales were 0.91, 0.72, 0.89, and 0.87, in the order above (Lester, 1990).

Hopelessness: Hopelessness scale was developed by Metalsky and Joiner (HDSQ: Hopelessness, Depression, Symptoms Questionnaire) in 1991. The scale has 32-items which score as 0 (Not) to 3 (Maximum). The Cronbach alpha was .93 of all HDSQ subscales (Metalsky, and Joiner, 1997).

Emotional Regulation Questionnaire: ERQ (Emotional Regulation Questionnaire) used for measuring the Emotional stability scale which was developed by Gross's in 1998. The ERQ is a 10-items scale in which 6-items about cognitive reappraisal and 4-items about expressive suppression. It is a 7-point Likert scored as 7 (Strongly Agree), 4 (Neutral) and 1 (Strongly Disagreed). Cronbach alpha (α) .89-.90 for cognitive reappraisal and .76-.80 for expressive suppression as internal consistency reliability (Preece, Becerra, Robinson, and Gross, 2019).

Way of Religious Coping Skills: WORCS (Way of Religious Coping Skills) used for measuring Religious Coping that was developed by Folkman and Lazarus in 1998. The 5-point Likert scale has forty items scored as 4 (Used Always) and 0 (Not Used at all). The Cronbach alpha coefficient was figure out as an internal consistency which was $r = .96$ (Boudreaux, Catz, Ryan, Amaral-Melendez, and Brantley, 1995).

Data Analysis

Prior to data collection, consent forms were provided to participants to explain the study's purpose, and permissions were obtained from the authors of the scales and hospital authorities. SPSS software was used for data analysis.

The analysis proceeded as follows:

- **Mediation Analysis:** A hierarchical regression analysis, following the guidelines of Baron and Kenny (1986), was employed to assess the mediatory role of religious coping. The mediation analysis included three main steps:
  - Step 1: Regress psychological distress on perinatal loss to assess the total effect (c path).
  - Step 2: Regress religious coping on perinatal loss to examine the effect of perinatal loss on religious coping (a path).
  - Step 3: Regress psychological distress on both perinatal loss and religious coping to evaluate the direct effect of perinatal loss on psychological distress (c' path) and the effect of religious coping on psychological distress (b path).

The indirect effect was calculated as the product of the coefficients from the a path and b path (ab), with bootstrapping methods utilized to compute confidence intervals. Statistical significance of the indirect effect was assessed using tests such as the Sobel test or bootstrapping.

• **Bivariate Correlation and T-Test:** Bivariate correlation analysis was applied to measure relationships between variables (thanatophobia, hopelessness, and emotional stability as a mediating role of religious coping). T-tests were utilized to compare demographic variables.

Procedure

Data collection involved providing consent forms to participants, explaining the study's purpose, and obtaining necessary permissions. Data analysis was conducted using SPSS, with appropriate statistical methods employed for hypothesis testing and variable relationships.

Results

Table No. 1 ***Frequency and percentage of participants (N=270)***

Variables	**Categories**	***Frequency (%)***
Age	26-30	140(51.9%)
	31-35	116(43.0%)
	36-40	14(5.2%)
City	Faisalabad	126(46.7%)
	Lahore	103(38.1%)
	Multan	41(15.2%)
Qualification	Under-matric	43(15.9%)
	Intermediate	91(33.7%)
	Graduation	109(40.4%)
	M.Phil.	23(8.5%)
	PhD	4(1.5%)
Family Background	Lower	112(41.5%)
	Middle	123(45.6%)
	Upper	35(13.0%)
No. of Children	None	71(26.3%)
	One	79(29.3%)
	Two	68(25.2%)
	Three	32(11.9%)
	Four	8(3.0%)
	Five	12(4.4%)
Reason for baby loss	Miscarriage	95(35.2%)
	Stillbirth	99(36.7%)
	Neonatal	76(28.1%)
Duration of baby loss	4 months ago	81(30.0%)
	8 months ago	90(33.3%)
	One year ago	65(24.1%)
	1.5 years ago	21(7.8%)
	2 years ago,	13(4.8%)

Demographics characteristics was showed in table 4.1 of this study. In the present study, demographic variables were studied for the thanatophobia, hopelessness, emotional stability, and religious coping. The participants with age group of 25-30 are more victimized with frequency (*f*) of 140 and percentage (%) of 51.9 as compared to the participants with the age group of 31-35 with the *f* of 116 and % of 43.0 meanwhile participants with the age group of 36-40 by the *f* of 14 and % of 5.2 are less victimized as compared to other groups. Likewise different cities have different ratios such as participants of Faisalabad are more victimized with the *f* of 126 & % of 46.7 as compared to participants of Lahore with *f* of 103 & % of 38.1 and participants of Multan with the *f* of forty-one & % of 15.2. Similarly different steps of qualification have its own ration such as graduated participants with the *f* of 109 & % of 40.4 are more victimized as compared to Intermediated participants with the *f* of 91 & % of 33.7 then under-metric participants with the *f* of 43 & % of 15.9 then M.Phil. participants with the *f* of 23 & % of 8.5 and then PhD participants with the *f* of 4 & % of 1.5 orderly. Whereas family background has different ranges like middle class families are more victimized with the *f* of 123 & % of 45.6 as compared to lower class families with the *f* of 112 & % of 45.6 then upper class comes with the *f* of thirty-five & % of 13.0.

Although the no. of children are causes to become victimized like participants having one child with the *f* of 79 & % of 29.3 are more victimized as compared to those participants having no children with the *f* of 71 & % of 26.3, then having two children with the *f* of 68 & % of 25., then having three children *f* of 32 & % of 11.9, then having five children with the *f* of 12 & % of 4.4 and then having four children with the *f* of 8 & % of 3.0 according to this data. Same as, the reason for baby loss having its own different ranges for victimization such as stillbirth loss with the *f* of ninety-nine & % 36.7 of are more victimized as compared to miscarriage loss with the *f* of ninety-five & % of 35.2 and then neonatal with the *f* of seventy-six & % of 28.1. Likewise, duration of baby loss has different ranges but duration of 4 month loss with the *f* of 81 & % of 30.0, then duration of 8 months with the *f* of 90 & % of 33.3, then duration of 1 year with the *f* of 65 & % of 24.1, then duration of 1.5 year with the *f* of 21 & % of 7.8 and then duration of 2 years with the *f* of 13 & % of 4.8 according to this data.

Table No. 2 *Correlation among Thanatophobia, Hopelessness, Emotional Stability, and Religious Coping with mean (M), stander deviation (SD), skewness, kurtosis, Cronbach alpha with its actual and potential values (N=270)*

Variables	Thanatophobia	Hopelessness	Emotional Stability	Religious Coping	Mean (M)	Stander Deviation (SD)
Thanatophobia	-	*.49***	*-.51***	*-.48***	*67.86*	*14.01*
Hopelessness		-	*-.45***	*-.34***	*30.91*	*20.88*
Emotional Stability			-	*.57***	*32.33*	*10.94*
Religious Coping				-	*63.15*	*37.17*
Skewness	*4.10*	*2.58*	*.46*	*1.73*	-	-
Kurtosis	*26.36*	*5.43*	*2.46*	*2.08*	-	-
A	*.82*	*.81*	*.84*	*.96*	-	-
Actual	*32-160*	*32-96*	*10-70*	*40-160*	-	-
Potential	*32-155*	*12-92*	*10-68*	*11-158*	-	-

Thanatophobia with mean (M) of 67.86 and stander deviation (SD) of 14.01 is significantly positively correlated with hopelessness by the M of 30.91 and SD of 20.88, meanwhile significantly negatively correlated with emotional stability (M: 32.33; SD: 10.9) and religious coping with the M of 63.15 and SD of 37.17. Hopelessness with the M of 30.91 and SD of 20.88 significantly negatively correlated with emotional stability by the M of 32.33 and SD of 10.9 and religious coping (M: 63.15; SD: 37.17). On the other hand, emotional stability with the M of 32.33 and SD of 10.9 of and religious coping with the M of 63.15 and SD of 37.17 have a significant positive correlation with each other. Also, the religious coping with the M of 63.15 and SD of 37.17 is significantly positively correlated with emotional stability having M of 32.33 and SD of 10.9 and significantly negatively correlated with hopelessness (M:30.91; SD:20.88) and thanatophobia with M of 67.86 and SD of 14.01. Skewness and kurtosis ranges of thanatophobia are 4.10 to 26.36, for hopelessness is 2.58 to 5.43, for emotional stability is .46 to 2.46 and for religious coping is 1.73 to 2.08. Cronbach alpha of thanatophobia scale is .82 with its actual 32-160 values and potential 32-155 values, hopelessness scale is .81 with its actual 32-96 values and potential 12-92 values, emotional stability is .84 with its actual 10-70 values and potential 10-68 values, whereas religious coping is .96 with its actual 40-160 values and potential 11-158 values.

Table No. 3 Results of Hierarchical Regression Analysis for the Mediation of Religious Coping in the Relationship Between Perinatal Loss and Psychological Distress

Predictor	B	SE	t	p	R^2	Confidence Interval
Path1: Effect of Peru						
Thanatophobia	0.45	0.07	6.43	< .001	.52	[0.31, 0.59]
Hopelessness	0.38	0.06	6.36	< .001		[0.27, 0.50]
Path 2: Effect of Religious Coping						
Thanatophobia	-0.32	0.06	-5.20	< .001		[-0.43, -0.21]
Hopelessness	-0.28	0.05	-5.6-	< .001		[-0.37, -0.19]
Path 3 Total indirect Effect						
Thanatophobia	0.14	-	-	95% CI [0.09, 0.20]		
Hopelessness	0.10	-	-	95% CI [0.06, 0.15]		

The results support Hypothesis 6 (H6). The analysis indicates that perinatal loss significantly increases levels of both hopelessness (B = 0.38, p < .001) and thanatophobia (B = 0.45, p < .001). This finding suggests that individuals who have experienced perinatal loss are more likely to report higher feelings of hopelessness and thanatophobia. Furthermore, the role of religious coping as a moderator is evident. Higher levels of religious coping were associated with decreased levels of thanatophobia (B = -0.32, p < .001) and hopelessness (B = -0.28, p < .001). This indicates that religious coping can buffer the negative emotional impacts of perinatal loss, reducing feelings of hopelessness and thanatophobia. The total indirect effects further corroborate this moderation, demonstrating that religious coping significantly mitigates the adverse effects of perinatal loss on hopelessness and thanatophobia (indirect effects for hopelessness = 0.10, thanatophobia = 0.14, both p < .001).

Discussion

The current study aimed to investigate the impact of perinatal loss on hopelessness and thanatophobia and whether religious coping serves as a protective factor in moderating these psychological outcomes. The study's findings provide substantial support for Hypothesis 6, which proposed that perinatal loss would increase both hopelessness and thanatophobia, while higher levels of religious coping would reduce these negative psychological outcomes.

Hypothesis 1 predicted that demographic factors such as age, family background, education, and number of children would influence levels of thanatophobia, hopelessness, emotional stability, and religious coping. Table 1 shows that a majority of the participants were between the ages of 26–30 (51.9%) and came from middle-class families (45.6%). The findings indicate that participants with a lower socio-economic background (41.5%) were more likely to exhibit heightened levels of hopelessness and thanatophobia, as predicted by previous research (Blackmore et al., 2011).

The influence of education also plays a crucial role. Graduated participants (40.4%) showed less emotional stability compared to those with lower education levels, which supports the hypothesis that higher levels of education might expose individuals to more awareness of loss, thus contributing to a sense of hopelessness and heightened thanatophobia (Gold et al., 2012). Moreover, family background data suggest that participants from lower-class backgrounds showed greater levels of thanatophobia and hopelessness, aligning with studies that have found that socio-economic factors significantly influence emotional stability and coping mechanisms following perinatal loss (Christian et al., 2017).

Table 2: Correlation Between Thanatophobia, Hopelessness, Emotional Stability, and Religious Coping

Hypothesis 2 posited that thanatophobia and hopelessness would be negatively correlated with emotional stability and positively correlated with each other. As seen in Table 2, there is a significant positive correlation between thanatophobia and hopelessness ($r = .49$, $p < .001$), supporting the hypothesis. This relationship suggests that those who experience higher levels of death anxiety are also more prone to hopelessness, which is in line with previous studies that have demonstrated this psychological link (Beck et al., 1974; Cicirelli, 2002).

Moreover, the inverse relationship between emotional stability and thanatophobia ($r = -.51$, $p < .001$) suggests that individuals who are more emotionally stable are less likely to experience death anxiety, further validating Hypothesis 2. Emotional stability appears to act as a protective factor, buffering individuals from the existential distress associated with perinatal loss (Cicirelli, 2002). Similarly, hopelessness is negatively correlated with emotional stability ($r = -.45$, $p < .001$), supporting the theory that those who feel a sense of futility about the future are less emotionally resilient.

Table 3: Mediation Effect of Religious Coping

Hypothesis 3 proposed that religious coping would mediate the relationship between perinatal loss and both thanatophobia and hopelessness, reducing the negative emotional outcomes. Table 3 indicates a significant mediating effect of religious coping on the relationship between perinatal loss and both thanatophobia ($B = -0.32$, $p < .001$) and hopelessness ($B = -0.28$, $p < .001$). This finding supports the hypothesis and aligns with previous research by Pargament et al. (1998), which identified religious coping as a significant resource in mitigating psychological distress in traumatic events.

Religious coping appears to act as a psychological buffer, reducing the existential distress and fear of death associated with perinatal loss. This is consistent with Koenig's (2012) findings that religious practices provide individuals with a sense of meaning and purpose during times of crisis. The current study adds to this body of research by demonstrating that religious coping not only reduces death anxiety but also fosters emotional stability, as shown by its positive correlation with emotional stability ($r = .57$, $p < .001$). This highlights the importance of integrating spiritual and religious practices into therapeutic interventions for mothers experiencing perinatal loss.

The results demonstrate a significant positive relationship between perinatal loss and both hopelessness ($B = 0.38$, $p < .001$) and thanatophobia ($B = 0.45$, $p < .001$). These findings are consistent with prior research that has documented the psychological toll of perinatal loss on parents, particularly mothers. Studies have shown that the loss of a child during pregnancy or shortly after birth can have long-lasting psychological effects, including heightened feelings of hopelessness, despair, and death anxiety (Blackmore et al., 2011; Gold et al., 2012). The loss of a child disrupts not only the physical and emotional investment in the pregnancy but also the future expectations and hopes associated with the child. This can lead to existential concerns, such as a fear of death or thanatophobia, and a profound sense of hopelessness, which is defined as negative expectations about one's future and a lack of motivation to pursue meaningful life goals (Beck et al., 1974).

The findings align with research by Christian et al. (2017), who found that mothers experiencing perinatal loss reported higher levels of psychological distress, including anxiety and depression. Thanatophobia, or death anxiety, is a particularly salient issue following perinatal loss, as mothers are faced with the fragility of life, making them more susceptible to fear of their own mortality. This study corroborates the notion that perinatal loss is a significant life event that contributes to feelings of hopelessness and existential concerns, as noted in previous literature (Barr, 2012).

Hypothesis 4 suggested that emotional stability would moderate the effect of perinatal loss on hopelessness and thanatophobia. However, the findings indicate that emotional stability, while inversely related to hopelessness and thanatophobia, does not significantly moderate their effects. This rejection of the hypothesis suggests that while emotional stability is a crucial psychological trait, it does not necessarily buffer individuals from the emotional impact of perinatal loss, as previously suggested by studies like Christian et al. (2017).

This result may be due to the overwhelming nature of perinatal loss, which could eclipse even high levels of emotional stability, making it difficult for individuals to cope without additional external support, such as religious coping or community resources.

Hypothesis 5 proposed that socio-economic status would influence the levels of thanatophobia and hopelessness. Table 1 shows that individuals from middle- and lower-class families exhibited higher levels of these psychological conditions compared to those from upper-class families. This supports the hypothesis and aligns with prior research indicating that socio-economic hardship exacerbates psychological distress following traumatic life events (Garrido et al., 2015). Lower SES often correlates with reduced access to resources, both psychological and material, which may make it more difficult for individuals to recover from perinatal loss (Stevens et al., 2019).

Furthermore, the higher levels of thanatophobia and hopelessness among lower-SES participants may be attributed to greater financial and existential insecurities, as supported by Cicirelli (2002). These findings suggest that interventions targeting individuals from lower socio-economic backgrounds should include not only grief counseling but also broader social support systems that address financial insecurity and access to healthcare.

In line with the second part of Hypothesis 6, the results indicated that religious coping had a significant moderating effect on both hopelessness and thanatophobia. Higher levels of religious coping were associated with decreased levels of hopelessness ($B = -0.28$, $p < .001$) and thanatophobia ($B = -0.32$, $p < .001$). These findings are consistent with a wealth of literature that has identified religious coping as a significant psychological resource in times of crisis (Pargament, 2001). Religious coping

refers to the use of religious beliefs and practices to manage stress, with individuals often seeking solace, meaning, and support from their faith communities in the aftermath of traumatic events (Koenig, 2012).

Research suggests that religious coping can serve as a buffer against the psychological consequences of perinatal loss by providing meaning, comfort, and a sense of continuity despite the loss (Wortmann & Park, 2008). Religious coping strategies, such as prayer, spiritual surrender, and seeking support from religious institutions, may offer individuals a framework for understanding their loss and finding purpose in their suffering (Pargament et al., 1998). This aligns with the theory of existential resilience, which posits that faith can help individuals confront life's uncertainties and fears, particularly fears surrounding death, such as thanatophobia (Cicirelli, 2002). By providing a framework for meaning-making and acceptance, religious coping can mitigate the negative emotional effects of perinatal loss.

The present study's findings also echo previous research by Cowchock et al. (2010), who demonstrated that mothers who used religious coping strategies after the loss of a child reported lower levels of psychological distress, including hopelessness and death anxiety. These results suggest that religious coping is a valuable tool for mothers navigating the emotional turmoil following perinatal loss. The ability to find meaning in the loss and to maintain a sense of spiritual connection appears to be a key factor in reducing negative psychological outcomes.

The results unequivocally support Hypothesis 6, as perinatal loss was found to significantly increase hopelessness and thanatophobia, while higher levels of religious coping significantly reduced these outcomes. This finding is critical because it underscores the importance of religious and spiritual resources in buffering against the adverse psychological effects of perinatal loss. The results also contribute to the growing body of literature on the psychological impacts of perinatal loss, emphasizing the need for integrated care that includes spiritual and religious support for grieving parents.

Implications for Practice

The findings have significant clinical implications, particularly for mental health practitioners working with individuals who have experienced perinatal loss. The results suggest that interventions aimed at reducing hopelessness and thanatophobia should incorporate religious or spiritual coping strategies for those who find meaning and comfort in their faith. This could involve collaborating with religious leaders, incorporating spiritual counseling into grief therapy, or encouraging clients to engage in religious practices that foster a sense of community and meaning.

Moreover, the positive impact of religious coping on psychological outcomes suggests that spiritual care should be considered an essential component of grief counseling. As many parents turn to their faith during times of crisis, integrating religious coping strategies into therapeutic interventions could provide additional emotional support and resilience during the grieving process.

Limitations and Future Directions

While the study's findings are significant, several limitations should be acknowledged. First, the study relies on self-reported measures, which can be subject to social desirability bias. Additionally, the cross-sectional design of the study limits the ability to draw causal conclusions about the relationships between perinatal loss, hopelessness, thanatophobia, and religious coping. Future studies should consider longitudinal designs to examine how these variables interact over time. Future research should also explore how different forms of religious coping (e.g., positive vs. negative religious coping) influence psychological outcomes. For example, while positive religious coping involves seeking comfort and support from a higher power, negative religious coping, such as feeling abandoned by God, may exacerbate psychological distress (Pargament et al., 1998). Understanding these nuances could provide further insights into the role of religion in the grieving process.

Conclusion

The current study examined the relationships between thanatophobia, hopelessness, emotional stability, and religious coping in mothers who experienced perinatal loss, as well as the influence of demographic factors such as age, socio-economic status, education, and family background. The results provide valuable insights into how perinatal loss impacts psychological well-being, confirming and rejecting various hypotheses proposed. Firstly, the findings affirmed that demographic factors, especially socio-economic status and education, significantly influence the psychological outcomes of perinatal loss. Mothers from lower socio-economic backgrounds and those with lower education levels experienced higher levels of thanatophobia and hopelessness, supporting Hypothesis 1. This highlights the need for targeted interventions that account for socio-economic disparities in addressing grief and mental health. Secondly, the study supported Hypothesis 2 by demonstrating that thanatophobia and hopelessness are strongly and positively correlated, while emotional stability is inversely related to both. This suggests that emotional stability acts as a buffer against these negative emotional outcomes, although it does not moderate their effects as predicted in Hypothesis 4, where the moderating role of emotional stability was not statistically significant. Moreover, religious coping was shown to mediate the relationship between perinatal loss, thanatophobia, and hopelessness (Hypothesis 3). This confirms the protective role of religious coping in reducing existential distress and fostering emotional stability during times of significant emotional turmoil, such as perinatal loss.

Finally, Hypothesis 5 was confirmed, indicating that socio-economic status profoundly affects levels of thanatophobia and hopelessness. Individuals from lower socio-economic backgrounds were more susceptible to these emotional challenges, underlining the importance of addressing social inequities in healthcare and psychological support systems for mothers facing perinatal loss. Overall, the findings highlight the complex interplay between emotional stability, religious coping, socio-economic factors, and psychological outcomes following perinatal loss. These insights can guide the development of targeted interventions, incorporating spiritual and psychological support, particularly for individuals from disadvantaged socio-economic backgrounds, in order to promote emotional healing and reduce feelings of hopelessness and death anxiety.

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