

## ROLE OF RESILIENCE IN RELATIONSHIP BETWEEN DEATH ANXIETY AND DISSOCIATIVE SYMPTOMS AMONG BEREAVED EARLY ADULTS

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### ABSTRACT

*Current study aimed to explore the role of resilience in relationship between death anxiety and dissociative symptoms among bereaved early adults. Correlation research design was applied. Sample consisted (n =250) participants with age ranging between 18-30 years (Mean =21.39; SD =2.52). Sample included two categories (n =150) bereaved with having equal proportion of men (n =75) and women (n =75), who have experienced the death of one or both of the parents during the two years and control sample consisted of (n=100) non-bereaved, male (n =50) and female (n =50). English version of Arabic Scale of Death Anxiety (ASDA), Severity of Dissociative Symptoms Adult, Brief Dissociative Experiences Scale (DES-B) and Connor-Davidson Resilience Scale (CD-RISC) were administered to the participants. The results depicted positive correlation between death anxiety and dissociative symptoms, whereas death anxiety was inversely correlated resilience. Multiple regression analysis revealed that death anxiety was a significant predictor of dissociative symptoms. It was also indicated from the result that the bereaved adults experienced more dissociative symptoms and were less resilient as compared to non-bereaved adults. However bereaved women tended to be more resilient as compared to bereaved men. The finding of the study might provide directions in designing interventions for the bereaved to improve resilience through the use of various strategies.*

**Keyword:** Bereavement, Resilience, Death Anxiety, Dissociative Symptoms

### INTRODUCTION

Majority of the people have lost their loved ones due to death during their lifetimes. After the death of someone, bereavement is the period of sorrow and remembrance, which normally extended for a specific duration. For both children and adults, the death of a close relationship is a stressful life event, which ranked at the top of gradient among all other stressors (Holmes & Rahe, 2005) that is linked to dissociative symptoms (Keyes et al., 2014). People can react to death in a variety of ways, both positively and negatively (Murphy et al., 2014).

Death of some near and dear especially parents commonly cause sorrow and grief which may expressed in yearning and longing and individual lose interest in ongoing and everyday activities. This typical response to loss of loved one is called bereavement or grief, which may hinderes the physical and psychological wellbeing of the sufferers (Dejonckckheere & Fried, 2016). Grief is considered as a normal and usual mourning process resulting in loss, which is not a psychological disorder. It is used as synonyms of bereavement, which is normal reaction after loss (Bonanno et al., 2004). After an extended period of grief individual is able to return with ongoing activities and interest or pleasure (Shear et al., 2013). Mourning specifies the reaction of a bereaved person towards the loss as well as it also identifies how and when the individual will adjust himself in his daily routine while adjusting the financial and lifestyle changes due to that specific loss. Keeping in view the whole scenario, the dual process model suggested that coping with grief is always a reciprocal process in which the bereaved persons alternate between the feelings of grief and attempts to admit the loss (Dunne, 2004).

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On the other hand, an unhealthy psychological response to the death of a loved one is termed as death anxiety (Templer et al., 2006). It is a hazy feeling of unease and panic conveyed by the perception of a genuine or anticipated risk to one's life (Moorhead et al., 2008). The term death anxiety is used for the apprehension produced by death awareness. It is currently regarded as one of the widespread human psychological issues (Lehto & Stein, 2009) and a pathological and enduring fear of death or dying (Azaiza et al., 2010). Frestone and Catlett, (2005) used this term of death anxiety as unfavorable emotional responses of varying intensity brought on by the idea of losing one's life).

It always expected that those who have had a loss exhibited higher degrees of fear of dying and death anxiety than those who have not experienced a loss. Studies have looked at the connection between fear of dying and generalized loss and grieving. Individuals who experienced a loss exhibited higher degrees of fear of dying and death anxiety than those who have not experienced a loss. People who had to experience the death of a close partner are more prone to death fear (Mikulnicer & Florian, 1983). The death of one or both parent is a risk feature for the advancement of several psychological symptoms (Melhem & Shamseddeen et al., 2011; Nickerson & Hofmann 2013). A relation found between experiencing adverse life events, such as parental death and psychological symptoms, posttraumatic stress disorder and dissociative symptoms. After a traumatic incident, such as the loss of a loved one, dissociation may occur (Bui et al., 2013). Dissociation is defined as the interruption or incoherence in the usual integration of mindfulness, remembrance, individuality, affect, insight, body representation, motor coordination, and behavior" (American Psychiatric Association, 2013).

The reaction of grief is subjective and different people respond differently to it. Resilient persons retain the ability to grip life and thrive even the face to aversive life events (Bonanno, 2005). Resilience is the promotion of positive adaptation under stress and eventually thrives from adversity. It is the capacity to overcome difficulty, annoyance, and disaster. The ability to recover from adversity, conflict, failure, or even from favorable events, progress, and more responsibility is known as resilience (Ledesma, 2014). Bereavement studies, indicating that resilience is usually the most frequently observed consequence trajectory (Bonanno, 2004, 2005). After a crisis, resilience significantly contributes to the people's ability to lead normal lives (Florian & Mikulnicer, 2005).

The existing literature portrayed a number of psychopathologies among the bereaved, such as Murphy et al. (2014) aimed at discovering various psychological responses to stressful life events taking bereaved parents as the sample of their study. They intended to measure whether the traumatic background is enough in portraying the complete emotional responses to death. They explained that the bereaved parents scored significantly higher on the Trauma Symptoms Checklist, i.e. Anxiety, Dissociation, Interpersonal Sensitivity, Sleep Disturbances, Somatization, , and Aggression subscales. Keyes et al. (2014) observed associations of a loved one's death with the first inception of common anxiety, mood, and dissociation and substance disorders. They reported that experiencing mourning concurrently with the loss of a loved one is linked to an elevated chance of developing a variety of psychiatric diseases throughout life. Russ (2020) carried out a systematic review to identify the link between difficult mourning and attachment insecurity in persons who have experienced a loss of a loved one. Findings revealed that endangerment as well as ongoing dissociation is linked to more severe symptoms of complicated sorrow. While attachment avoidance was not connected to dissociation or grieving, attachment anxiety was positively correlated with danger, persistent dissociation, and complicated mourning.

The research has paid a lot of attention to the correlations between dissociation and fear over dying. It is anticipated that experiencing someone else's death is expected to have a substantial role; an increase in death experiences should result in an increase in death anxiety (Ens & Bond 2005). Women who have experienced loss manifest increased anxiousness (DePaola et al., 2003). After a traumatic incident, such as the loss of a loved one, dissociation may occur. After a crisis, resilience significantly contributes to these people's ability to lead normal lives (Florian & Mikulnicer, 2005). Poor mental health, which can exacerbate elderly people's experiences of death dread and depression, could result from a low level of resilience. Resilience has a role in effective psychosocial adjustment, is linked to mental health, and decrease the level of death anxiety (Davydov et al., 2010). We might therefore draw the conclusion that dissociative symptoms and death anxiety are common in early bereaved individuals and interfere with daily functioning. People may currently be experiencing some psychological issues

The basic objective of the current research was to highlight the psychological outcomes that encountered by the early adults who had been experiencing the loss of one or both parents. To the best

of our knowledge, there are still very limited researches available on this topic in Pakistan, which hinders the development and application of suitable interventions for the people who are suffering from psychopathological issues especially dissociative symptoms due to severe grief and bereavement. To meet the demand of gap in existing literature, there was a high need of this research. Therefore, the current study will be an effort to highlight the role of resilience among bereaved early adults. This study might provide help in managing the death anxiety among bereaved young adults through the improvement in resilience.

Based on the existing literature, we predicted a significant relationship between death anxiety and dissociative symptoms among bereaved early adults. We also hypothesized that death anxiety would be a significant predictor of dissociative symptoms among bereaved early adults. Resilience will mediate the relationship between the death anxiety and dissociative symptoms among bereaved and non-bereaved early adults. There would be significant difference on dissociative symptoms, death anxiety and resilience in term of gender and among bereaved and non-bereaved early adults.

## METHODOLOGY

The current research was aimed at investigating the relationship among death anxiety, dissociative symptoms and resilience, it also intended to measure the predictive values of death anxiety for dissociative symptoms and resilience among bereaved early adults.

### Participants of the study

Sample of the study consisted of two groups of university students. One group (N =150) bereaved with equal proportion of men (N =75) and women (N =75). For the sake of comparison, matched control subject (N=100) with equal proportion of men (N =50) and women (N =50) were also taken. Total sample consists (N =250) participant with the age range of 18-30 years (Mean =21.39; SD =2.52). For the current study, students from different universities and colleges of Faisalabad, i.e. GC university of Faisalabad, GC women university Faisalabad, superior College, GC Community college and Tips College).

### Inclusion and Exclusion Criteria

Participants who had experienced the death of one or both of the parents during the two years period were included in the study. Both married and unmarried and male or female adults were included. Whereas, adults with any diagnosed psychological disorder and those with the age of below 18 and above 30 were not included.

**Table No. 1 Demographic Characteristics of Sample 1 (n=150), and Sample 2 (n=100)**

Variables	Group	Sample 1 (N=150)		Sample 2 (N=100)	
		f(%)	M(SD)	f(%)	M(SD)
Age			21.8(2.70)		20.6(2.05)
Siblings			4.62(1.82)		4.24(1.66)
Gender	Male	75(50.0)		50(50.0)	
	Female	75(50.0)		50(50.0)	
	Total	150(100.0)		100(100.0)	
Family system	Joint	55(36.7)		44(44.0)	
	Nuclear	95(63.3)		56(56.0)	
	Total	150(100.0)		100(100.0)	
Marital Status	Married	6(4.0)		1(1.0)	
	Unmarried	144(96.0)		99(9.0)	
	Total	150(100.0)		100(100.0)	
Parents Death	Yes	150(100.0)		-----	
	No	-----		100 (100.0)	
	Total			-----	
Death of	Father	97(38.8)		-----	
	Mother	46(8.4)		-----	
	Both	7(2.8)		-----	
	None	-----		100(100.0)	
	Total	150(60.0)		-----	

Duration of Death	1year	25(10.0)	-----
	½ year	48(19.2)	-----
	2 years	77(30.8)	-----
	None	-----	100(100.0)
	Total	150(100)	-----

### Research Design and Sampling Technique

The correlation research design was used for current research. Purposive sampling technique was used for the selection of research participants.

### Measures

In this study, we administered three measures on the participants.

#### Arabic Scale of Death Anxiety (ASDA; Abdel-Khalek, 2004)

ASDA contains 20 items. Item are responded on a 5-point Likert scale where the numbers from 1-5 depicts “no”, “little bit”, “almost”, “lot” and “Very much” respectively. The score range of scale is from 20 to 100 and higher score indicates higher level of the death anxiety. Regarding the reliability, Cronbach's alpha reliability ranged from .88 to .93.

#### Severity of Dissociative Symptoms (Brief Dissociative Experiences Scale (DES-B)-Modified; Dalenberg & Carlson, 2010)

It consists of 8-items which are designed to measure the severity of the dissociative experiences among adults ranged from 18years and older. Items are scored on a 5 point likert scale ranging from 0 “Not at all”, to 4 “More than once a day”. Higher scores indicated more severe dissociation episodes; the overall scale score varied from 0 to 32.

#### The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 1993)

The CD-RISC is comprised of 25 items. Each item score ranged from 0 to 4. The sum of the 25 items is used to determine the final score, which has a range of 0 to 100. Higher scores reflect greater resilience, whereas lower scores demonstrate less resilience.

### Procedure

The study was approved from the Departmental Board of Studies and from Institutional Review Board of the University as well. Formal permissions of data collection were obtained from the Head of concerned Departments. We approached the participants and informed them about the objectives of the current students. Participants were informed about their rights of confidentiality. Consent forms along with demographic data sheet were filled and the participants responded to the above-mentioned scales.

## RESULTS

**Table 2: Inter Correlation among Study Variable i.e. Death Anxiety, Dissociative Symptoms and Resilience with subscale among Bereaved Early Adults (N=150)**

	1	2	3	4	5	6	7	8	9
10	11	12	13	14					
DES-B total	1								
CDRIS-C total	0.47	1							
Hardship	.06	.91	1						
Coping	-.04	.78	.61	1					
Adaptability/flexibility	-.01	.76	.62	.52	1				
Meaningfulness/purpose	.02	.47	.42	.27	.35	1			

Optimistic	-	.61	.51	.43	.44	.16	1							
	.20	4**	6**	1**	9**	3*								
Regulation of emotion	.04	.66	.55	.39	.48	.17	.51	1						
	8	6**	7**	4**	8**	8*	9**							
Self-efficacy	.06	.73	.68	.48	.41	.34	.38	.55	1					
	3	3**	0**	7**	1**	1**	5**	5**						
ASDA-total	.36	-	-	-	-	-	-	-	-	1				
	2**	.10	.13	.14	.00	.11	.07	.09	.1					
		7	3	4	3	1	3	1	06					
Fear of lethal diseases	.33	-	-	-	-	-	-	-	-	.93	1			
	4**	.14	.16	.16	.01	.14	.06	.08	.0	6**				
		4	5	5	9	4	5	3	16					
Fear of dead people	.34	.04	.08	-	.03	-	-	-	-	.89	.75	1		
	6**	0	0	.01	6	.04	.09	.09	.0	5**	2**			
				7		3	2	7	71					
Fear of tombs	.29	-	-	-	-	-	-	-	-	.83	.69	.66	1	
	6**	.14	.13	.16	.07	.02	.06	.09	.0	7**	4**	3**		
		5	9	6	4	1	7	9	39					
Fear of postmortem event	.18	.13	.08	.15	.14	.03	.03	.04	.0	.56	.41	.543	.38	1
	3*	5	5	5	8	7	9	9	83	4**	8**	**	1**	

Note: DES-B= Dissociative Symptoms scale total, CDRIS-C= Resilience Scale total, (hardship, coping, adaptability, meaningfulness optimistic, regulation of emotion and self- efficacy ASDA= Arabic Scale of Death Anxiety (fear of lethal disease, fear of dead people, fear of tombs and fear of postmortem event). \*p<.05, \*\*p<.01

The table results showed that Optimistic subscale was significantly negative correlated with dissociative symptoms. Death anxiety had a significant positive correlation with dissociative symptoms. All of the subscales of death anxiety scale were positively correlated with dissociative symptoms.

**Table No. 3 Multiple Regression Analysis of Death Anxiety and Resilience as Predictors Variables for Dissociative Symptom among Bereaved Early Adults (N=250).**

Predictors	B	SE	β	T	R <sup>2</sup>	ΔR
Death anxiety	.090	.022	.256	4.17	.066	.052

F(df) = 17.40(249), p < .001.

Multiple regression analysis revealed that dissociative symptoms was predicted by death anxiety at (R<sup>2</sup> = .06 F (1) 17.40, P < .01). The result showed that death anxiety (β = .256, p < .001) proved to be highly positive significant predictor of dissociative symptoms accounting for 5% variance. However, resilience was excluded being the non-significant predictor of dissociative symptoms.

**Table No. 4 Difference of Male and Female Bereaved Adults (N =150) on Death Anxiety, Resilience and Dissociative Symptoms**

VARIABLES	Men		Women		t	p	Cohen's d
	M	SD	M	SD			
ASDA	50.5	14.2	57.2	15.7	-10.4	.001	0.44
DES-B	16.0	4.88	15.8	5.91	-1.22	.852	0.03
CDRIS-C	52.2	16.2	57.2	16.9	-9.14	.015	0.30

Note: DES-B; Severity of Dissociative Symptoms Adult (Brief Dissociative Experiences Scale total, CDRIS-C: Connor-Davidson Resilience Scale total, ASDA: Arabic Death Anxiety Scale Total.

Table showed that the bereaved men experience less death anxiety as compared to bereaved women. A non-significant gender difference on dissociative symptoms was depicted from the table. However, a week significant difference of resilience was depicted from the table as women scored higher on resilience than men.

**Table No. 5 Group Differences among Bereaved and Non-Bereaved early adults (N=250) on Death anxiety, Resilience and Dissociative Symptoms**

VARIABLES	Bereaved		Non-Bereaved		<i>t</i>	<i>p</i>	<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
ASDA	54.0	13.0	53.7	18.4	.169	.886	0.01
DES-B	17.7	4.47	13.3	5.65	6.7	.000	0.86
CDRIS-C	53.64	15.5	56.6	17.7	-1.4	.035	0.18

Note: *DES-B*: Severity of Dissociative Symptoms Adult (Brief Dissociative Experiences Scale total, *CDRIS-C*: Connor-Davidson Resilience Scale total, *ASDA*: Arabic Death Anxiety Scale Total.

The table showed that the bereaved adults experienced more dissociative symptoms as compared to non-bereaved adults. Bereaved adults experience less resilience as compared non-bereaved.

## DISCUSSION

The present research aimed at finding the relationship between death anxiety and dissociative symptoms among bereaved early adults. It also intended to highlight the role of resilience on dissociative symptoms. It was demonstrated from the results that the death anxiety was positively correlated with dissociative symptoms. While non-significant correlation was found among resilience and dissociative symptoms. The findings of our study were supported by Ens and Bond (2005) who described that the adults through the process of bereavement might experiencing death anxiety. Mikulnicer (1983) also reported the similar findings stating that the participants who had experienced subjective loss had claimed more fear of death than those of people who had not.

Bui et al., (2013) depicted that the distress and dissociative symptom arise at the time of death and in those days which surrounding the death of loved one. Another study on the prevalence of dissociative symptoms among bereaved indicated that these symptoms may delay essential working through of the traumatic experiences such as death of loved one (Spiegel, 2005). Study on death of one or both parent is a risk feature for the advancement of several psychiatric symptoms (Melhem & Shamseddeen et al., 2011; Nickerson & Hofmann 2013). All these results supported our findings that dissociative symptoms correlated with bereavement.

Research supported the recent study results as death anxiety was negatively correlated with resilience. Inadequate resilience could result in poor mental health, which can cause people to experience fear about dying and depressive symptoms. Its resilience contributes to good psychosocial transition, is linked to mental health, and lowers anxiety when faced with bereavement (Davydov et al., 2010). Coping techniques enabled individuals to strengthen resistance and more resilient against the impacts of death anxiety and lessen its detrimental effects on mental health (Heolterhoff & Chung, 2017). Result of study also displayed that there was a non-significant relation between resilience and dissociative Symptoms. Literature that claimed that dissociation contributed to clients' resilience after complex trauma, this result was not supported by prior research . Dissociation was considered in the literature as a defense that might be connected to attachment and the capacity for relationship maintenance. The study concentrated on dissociation as a constant means of client survival. (Pearlman & Courtois 2005). Resilience help the traumatic individual for positive adaption and reduces psychiatric symptoms).

The current study also revealed that death anxiety was a highly positive significant predictor of dissociative symptoms. Polemikou (2019) who had investigated such PTSD indicators as death anxiety supported the result. He added that a key aspect of PTSD is detachment. As a person seeks to expel their trauma from consciousness and ease discomfort, they symbolize their existential endeavors to achieve a felt sense of spatiality between themselves and the horrific experience. Therefore, this explanation of this result death anxiety is a predictor of dissociative symptoms. Current study revealed that non-significant difference on death anxiety among bereaved and non-bereaved early adults as they stated that bereaved and non-bereaved were about the same in death anxiety. One explanation for this pattern is that bereaved persons are not frightened by death because they may view it as a relief from their grief and suffering and they may also think of death as a chance to meet their loved one again (Azaiza et al., 2010).

Significant difference was seen on resilience among bereaved and non-bereaved. It indicated that the bereaved experienced less resilience as compared non-bereaved. Researchers found positive relation between trauma exposure and resilience (Bensimon's, 2012). Finding of western research stated that during the process of reconstruction traumatized individuals experienced more resilience (Walsh 2007; Bensimon, 2012). Finding of this research was that a significant difference was found on death anxiety among male and female students. These findings supported by Barr and Cacciatore (2008) that found grieving women who lost their children experienced higher levels of worry about death but not the actual dying process. Though it has been demonstrated in many studies that women tend to experience more death anxiety than men do, but not always the case (Ens & Bond, 2005).

Study claimed a significant difference on male experience less resilience as compared to female. The finding was supported by the idea that men and women have different personality features that affect how people deal with adversity. Men, for instance, frequently communicate less and receive more sympathy and other forms of support from others during difficult times than do women, men are not as resilient as women (Sun & Stewart 2007). Gender has a stronger impact on people's levels of resilience. Males are more resilient than females (Sambu & Mhongo, 2019). Concluding remarks were that many negative psychological reactions can occur after trauma experience (Armour et al., 2014; Spinhoven et al 2014). Trauma survivors can lose sense of control, survivor experience more fear (Mikkelsen and Einarson, 2002). The bereaved people who had suffered a traumatic event especially the death of parents, had to developed psychiatric symptoms during the period of grief and resilience helped them to cope with at the time of adversity.

This Investigation objects were supportive in recognizing the bereavement process and its relationship with death anxiety, dissociative symptoms and resilience. The findings of present study were implicated in the field of clinical and counseling psychology. As hospital and mental health professional can use these findings for the betterment of bereaved people in clinical settings. Focused more on the use of interventions; involvement of support systems, attachments, and rebuilding trust to address the complex trauma.

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