

ORIGINAL ARTICLE

ROLE OF SELF-TALK IN PREDICTING DEATH ANXIETY, OBSESSIVE COMPULSIVE DISORDER, AND COPING STRATEGIES IN THE FACE OF COVID-19 AMONG UNIVERSITY STUDENTS

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Background: The current study examines, the role of self-talk in death anxiety, obsessive compulsive disorder (OCD), and coping strategies faced during COVID-19 by university students. The study was conducted among university students after COVID. **Method:** This study included 300 university students, living within the zones of Haripur, Pakistan. They participants were chosen using purposive sampling technique. The self-talk scale (STS), coping strategies inventory short form (CSISF), death anxiety scale (DAS), and Yale-Brown Obsessive-Compulsive Scale (YBOCS) were utilized for assessment. Information was analysed with Student's *t*-test and simple linear regression. **Results:** The female students significantly scored higher on STS, DAS, and CSISF, while male students scored higher on YBOCS. The regression test indicated that self-talk was a significant predictor of coping strategies and death anxiety among university students. **Conclusion:** Self talk was the predictor of death anxiety, obsessive compulsive disorder and copying strategies during COVID-19 outbreak among students gender wise

Keywords: self-talk, death anxiety, copying strategies, YBOCS, OCD, purposive

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INTRODUCTION

In December 2019, a novel virus infection was, to begin with, detected in the city of Wuhan, China. In 1.5 months the infection named corona virus started to dominate worldwide headlines. The World Health Organization (WHO) declared it as a pandemic because of its distant and wide transmission. In Pakistan, the first case of COVID-19 infection was detailed from Karachi on 26 February 2020. Around 9,474 individuals in Pakistan lost their lives due to COVID-19. Since the illness was spreading quickly, it created an environment of fear among individuals of all age groups.¹

Death anxiety (DA) is defined as, 'a reaction that folks experience when faced with chronic illness, death'. This reaction from the common people shouldn't be astonishing. Fear of dying is proposed to be a central portion of the involvement of being human.² Death anxiety is frequently experienced deliberately or unwittingly; it can persuade people to enhance their death anxiety through diversion endeavours to fortify self-esteem.³ Existential than at phobia is caught on to be the unsurpassed capable frame. Existentialism would propose that citizenry must confront their claim mortality within the occasion that they ought to degree completion. One existential logician, Heidegger, suggested the existential requirement in his book 'Being and Time'. Death anxiety could be an element of ordinary presence when it is a driving force for individuals to a degree completely.⁴

The obsessive-compulsive disorder (OCD) is a psychiatric disorder that involves intrusive and

protracted thoughts and time-consuming compulsive behaviours. Obsessions are thoughts that recur and persist despite efforts to ignore or confront them. People with OCD frequently perform tasks, or compulsions, to hunt relief from obsession-related anxiety.⁵ Some individuals with OCD perform the compulsive ritual when they feel that it would reduce distress, that relieve the anxiety rooted in particular over-the-top contemplations.⁶ Ponders appeared that due to the fear of getting tainted with the corona virus, the person with OCD endeavours to anticipate these inspections and actions but frequently cannot thrive, which eventually causes social and practical disconcerting influences in numerous circumstances. The sprain condition, strong infection, and lethality, in severe cases, can cause mental health problems. Therefore, people use coping strategies to protect themselves and overcome stressful situations. Additionally, living with a relative (within the same house) could also be either a protective factor or a vulnerability factor for developing symptoms, worsening the overall fear of getting contaminated and the importance given to non-public hygiene may have a negative crash on this clinical population.⁷

Coping strategies refer to 'the specific efforts (behavioural and psychological) that people employ to master, tolerate, or minimize stressful events'.⁸ They are contemplations and operations that people utilize to influence pressure and push. The COVID-19 flare-up brought about pressure and uneasiness in individuals. The component that appears to be viable inside and out of the three factors of death anxiety, OCD, and

managing stress is that cognition, a person's address to oneself impacts considerations, sentiments, and actions.

Self-talk refers to automatic statements which involve reflective and purposeful ways that people apply to control irrational thinking and establish a healthy psychological state in stressful conditions.⁹ Self-talk is also known as internal dialogue. Self-talk can be verbal (in the form of a word) or nonverbal (a thought, a smile, a frown).¹⁰ There is a significant positive relationship between coping strategies and self-talk while, a negative correlation was found among self-talk and death anxiety, and OCD. The regression analysis findings of Damirchi *et al*⁶ study indicated that self-talk could predict death anxiety and coping strategies for OCD. Seçer and Ulaş¹¹ indicated that the effect of corona virus fear on OCD is intervened by emotional reactivity and depression. Another cross-sectional study was conducted among residents in Australia, including patients. Women who had medium to high levels of psychological distress were associated with a higher level of fear and anxiety.¹² Zia and Aslam¹³ concluded that death anxiety was positively associated with intrusive and deliberate rumination. Female students scored significantly high on death anxiety, whereas male students significantly scored high on deliberate rumination. Male students scored significantly high on substance abuse coping and avoidance coping strategies whereas, female students scored significantly high on religious coping strategies.¹⁴ Hoelterhoff and Chung's study did not support the significance of religious coping as an important factor; while self-efficacy appeared as significantly related to death anxiety and psychiatric comorbidities.¹⁵

This study was conducted to investigate the role of self-talk in the prediction of death anxiety and OCD among university students in COVID-19, explore the role of self-talk in coping strategies among university students during the pandemic, and to evaluate the level of death anxiety across gender among university students during COVID-19.

METHODOLOGY

This cross-sectional study was conducted among university students. This study was purely based on a quantitative method. A sample of 300 students (male:female=1:1) of BS and MS were taken from the University of Haripur and Govt. Postgraduate College for Boys, Haripur using a purposive sampling technique. The participants were aged 19–26 years.

The tools used were Death Anxiety Scale¹⁶ which had 15 items with 3 response categories, and has confirmed remarkable internal consistency and stability of the scale as 0.83; Coping Strategies Inventory¹⁵ comprising of 16 items with confirmed remarkable internal consistency and stability as 0.72; the Self-talk

Scale of Brinthaup¹⁷ having 16-item rated on a 6-point Likert scale with internal consistency as 0.79; Yale-Brown Obsessive-Compulsive Scale¹⁸ with 10-items and 5 responses from 0 (no symptoms) to 4 (extreme symptoms), and confirmed remarkable internal consistency and stability of the scale as 0.96.

Data was entered and analysed using SPSS-20. Data were presented in tabular form. Student's *t*-tests and linear regression were used to assess the relationship among variables concerning gender, and $p < 0.05$ was considered significant.

RESULTS

The female students significantly scored higher on coping strategies inventory short form (Mean=55.4, $p < 0.05$), self-talk scale (Mean=69.2, $p = 0.01$) death anxiety scale (Mean=17.8, $p < 0.001$) compared to male students. The male students significantly scored higher on YBOCS (Mean=18.6, $p < 0.05$) compared to female students (Mean=10.4, $p < 0.05$). (Table-1)

As shown in Table-2, R^2 value 0.19 indicates that the predictor variable explained 19% variance in the outcome or dependent variable with $F(1, 299) = 151$, $p < 0.001$. Findings indicate that self-talk is a significant negative predictor of death anxiety among university students ($\beta = -0.44$, $p < 0.001$).

In Table-3, R^2 value 0.33 indicates that the predictor variable explained 33% variance in outcome or dependent variable with $F(1, 299) = 151$, $p < 0.001$. Findings indicate that self-talk is a significant positive predictor of coping strategies among university students ($\beta = 0.58$, $p < 0.001$).

Table-1: STS, YBOCS, CSISF and DAS scores in the subjects (n=300)

Logistic Parameters	Female (n=150)	Male (n=150)	t (298)	p	Cohen's d
	Mean±SD	Mean±SD			
CSISF	55.4±15.9	50.8±12.4	2.14	0.03	0.32
STS	69.2±16.6	62.7±14.9	2.46	0.01	0.41
YBOCS	10.4±7.80	18.9±8.18	-0.48	0.02	0.05
DAS	17.8±5.29	14.8±5.15	5.03	0.00	0.57

Table-2: Regression coefficient of self-talk on death anxiety (n=300)

Variables	B	β	SE
Constant	26.18*		1.18
Self-talk	0.15*	-0.44	0.01
R^2	0.19		

β =Standardized regression coefficient, B=Un-standardized regression coefficient, R^2 =proportion of variance, SE=standard error. * $p < 0.001$

Table-3: Regression coefficient of self-talk on coping strategies (n=300)

Variables	B	β	SE
Constant	18.6*		2.84
Self-talk	0.52*	0.58	0.04
R^2	0.33		

β =Standardized regression coefficient, B=Un-standardized regression coefficient, R^2 =proportion of variance, SE=standard error. * $p < 0.001$

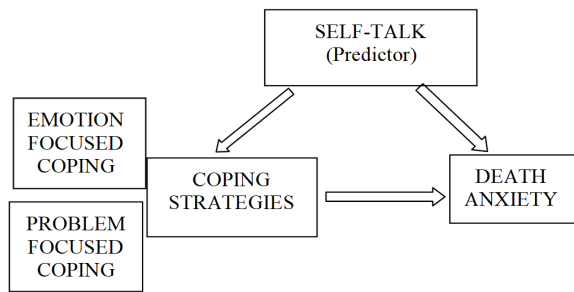


Figure-2: Flow diagram of the variable with reference to Tables-2 and 3

DISCUSSION

Our first hypothesis proposed that levels of death anxiety, self-talk, coping strategies, and obsessive-compulsive disorder will be significantly different in male and female university students. However, female students significantly scored higher on death anxiety, self-talk, and coping strategies than male students, while males scored significantly higher on OCD as compared to female students. Al-Bahram *et al*¹⁹ indicated that female adolescents seem to use maladaptive coping styles more than males. One study results consistent with present research findings indicated that female students scored significantly high on death anxiety, while male students scored significantly higher on substance abuse coping and avoidance coping strategies. Female patients present more OCD symptoms and greater comorbidity with eating and impulse-control disorders as compared to males.¹² Interestingly, Zana's study showed the same result that women have a higher level of fear of death and anxiety.²⁰

The second hypothesis proposed that self-talk will significantly predict death anxiety in facing COVID-19 among university students. The result indicated that self-talk is a significant negative predictor of death anxiety among university students. This result was congruent with the study of Damirchi *et al* had reported that the findings of the regression test indicated that, self-talk predicted death anxiety.⁶

The third hypothesis proposed that self-talk will be significantly predicted coping strategy used by university students in facing COVID-19. Our findings indicated that self-talk is a significant positive predictor of coping strategies among students. Damirchi conducted a study and found that self-talk is a predictor of coping strategies (problem-centred style and emotional-coping style).⁶

CONCLUSION

Self-talk serves as a predictor for obsessive-compulsive disorder, death anxiety, and coping strategies among university students during the COVID-19 pandemic. The female students exhibit elevated levels of death anxiety, while male students experience more obsessive-compulsive thoughts.

LIMITATIONS

The following are some shortcomings of this study:

1. The study was limited only to age 19–26 years.
2. As the research was conducted in an educational setting so the findings cannot be used for other settings.
3. This study was performed only among university students of Haripur; it may not be generalized to other areas.

RECOMMENDATION

The university students can get benefits from use of psychological interventions that focus on self-talk since they can help with OCD symptoms, death anxiety, and improving coping mechanisms. Adapting these approaches to address issues unique to a person's gender can increase the efficacy of mental health assistance. To counteract potential negative impacts, educational programs or counselling services that promote constructive self-talk and useful coping methods should be put into place. Studies with a longitudinal design can shed light on how these variables evolve over time, particularly in reaction to current events like the epidemic. By teaching pupils the coping mechanisms, death anxiety and self-talk may decrease.

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