

Impact of Death Anxiety and Hopelessness on Psychological Wellbeing among War Soldiers

Nouman Ali Hashmi¹ Rizwan Ali Hashmi² Farhan Ali Hashmi² Rehan Ali Hashmi² Riffat Parveen²
 Afshan Kanwal² Muhammad Haroon³

1.National Collage of Business Administration and Economics (Principal Author)

2.Wafaqi urdu University Islamabad

3.IIMS, University of science and Technology BANNU

Abstract

The current research was conducted to find out the effect of “Impact of Death Anxiety and Hopelessness on Psychological Well Being among War Soldiers” who are fighting against Terrorism in Northern Areas. For this purpose data was collected from target sample soldiers deployed in district Bannu. The selection of sample based on the philosophy of operation Zarb –e- Azab. Results indicate that the death anxiety and hopelessness develops among war soldiers due to fear of uncompleted life tasks. From the analysis of data we can conclude that in the death anxiety, hopelessness develops among war soldiers due to the fear of uncompleted life tasks. Uncompleted life task means that most of the soldiers wants to leave some sort of financial benefits to their family members (e.g. Parents/spouse/children’s). As most of the benefits available to lower cadre soldier are not enough to meet their family requirements. Hence the fear about their family member wishes create fear about life, when they are performing their jobs in war affected areas. Most of the soldiers who belongs to urban areas and those who are married are affected from death anxiety. On the other hand hopelessness is also related with psychological well-being of deployed soldiers. If soldier will be mentally, psychologically satisfied from their job nature and they are intrinsically and extrinsically motivated to perform their duties than the factor of hopelessness will be minimum. Findings of the study suggest that the research should be conduct in different cities of Pakistan.

Introduction

1.2 Death Anxiety:-

The anxiety cause due to the conscious and unconscious fear of death and dying. According TMT (Terror Management Theory) which move around an individual’s fear of death. A Social Anthropologist Ernest Becker of Stemming, this theory assume the person’s death anxiety is the beneath motivation for his or her behavior. Humans knows about the death anxiety due to their own experiences, unlike other species. Humans have instinctual behavior for survive. The instinctual behavior give them essence, therefore they are aware about their own mortality and yet they strive for self-protection. The information about inevitability of death move towards death anxiety. [1], [2]

The time in which we live, is called as the age of anxiety or the human history could be the same way. The anxiety fear and worry see to be permanent parts of the human conditions, Death is a powerful human concern that has been conceptualized as a powerful motivating force behind much creative expression and philosophic inquiry throughout the ages. “Death anxiety” is a term used to conceptualize the apprehension generated by death awareness. Humans are unique in that they must learn to live and adapt to the consciousness of their own finiteness. Thus, a major task for cultural systems is to provide a symbolic structure that addresses death and provides meaning for its occurrence and a context for its transcendence. [3],[4]

The dying is a strengthened for a person’s relationships that played as a solid activated power which have much creative expression and philosophic uniqueness to know more about the world near about all the ages. “Death anxiety” is a conceptual knowledge to leading to death awareness. The human being is the only a specie on the earth which have the ability to learn the process how to live and adaptive conscious of their fitness and betterment. , a big responsibility to the traditional systems is to give the procedure which tells the death, gives information fur understanding the concept of death. To comprises the death and the anxiety developing conditional knowledge for universal psychological assessing phenomenon for human being. The professions which related to the care of health agencies , death is the cruel and bitter fact that separate nearest and dearest ones .The death is reality despite increasing technologies becomes advanced this advance technology can improve the health systems, help the patients for their survivals and cure the diseases which are threatened for life.[5]

1.3 Hopelessness

The persons having negative thoughts about the future and the emotions developed, negative and keep away from the pleasure in life. The person with negative thoughts, result fail to develop positive outcome. The expectations are related to the feelings therefore could not change the process. The person who have covered with negative events, he has more risk of hopelessness. There are some types of hopelessness. [7],[8]

1.4 Types of Hopelessness:-

- 1.4.1 Alienation (Attachment)
- 1.4.2 Forsakenness (Attachment and Survival)
- 1.4.3 Powerlessness (Mastery)
- 1.4.4 Uninspired (Attachment and Mastery)
- 1.4.5 Oppression (Mastery and Attachment)
- 1.4.6 Limitedness (Mastery and Survival)
- 1.4.7 Doom (Survival)
- 1.4.8 Captivity (Survival and Attachment)
- 1.4.9 Helplessness (Survival and Mastery)

1.4.1. Alienation (Attachment)

In the alienation person believe that he different from others. The persons feels that he loose support, care, love in life. On the other hand feeling rejection and more pain.

1.4.2. Forsakenness (Attachment and Survival)

The person feels that at the time of need people leave him alone. This attitude keep the person alone from others and fix negativity along the peoples and person belief on God becomes week.

1.4.3. Uninspired (Attachment and Mastery)

In the uninspired person inspirational feeling become less, and person growth opportunity and becoming positive character model either lack or value less.

1.4.4. Powerlessness (Mastery)

The person from every age believe that he is the author of his life story. Whenever the person wants to set his desire goals then fail to navigate ones way and then set in the powerlessness.

1.4.5. Oppression (Mastery and Attachment)

The oppression is the Latin word which means to “press down”. When the person in the state of oppression feelings or desires becomes press down.

1.4.6. Limitedness (Mastery and Survival)

When the person tries to do something but powerlessness comes in front of him and both becomes combined and the person feels limited. Therefore for the person in the world the experiences due to deficiency and lacking right things. The hopelessness is common among the persons with learning disabilities and poor’s.

1.4.7. Doom (Survival)

The persons feels that there life is over and the death is near. The persons thinking that they are sinking in the particular way of hell. These are those who thinks about the illness these persons feels doom.

1.4.8. Captivity (Survival and Attachment)

When the two forms of hopelessness becomes combined the state is called captivity. Prisoners falls into the abusive relationships, the person cannot leave this bad relationship because his self will not allow it.

1.4.9. Helplessness (Survival and Mastery)

The person comes in mind that he could not live long in the world safely. The person believe, same as the cat believe that the bird grounded in front of him with broken wings. The repeated incidents can create helplessness. The person survivor from trauma in the world, “I was unable to go my own any placeI feel that I could not do for defend myself and vulnerable to do anything”.

1.5 Psychological Well-Being

Psychological well- being is connected with positive affective condition such as happiness (hedonic-perspective) and functioning in persons and social life with optimal effectiveness. The psychological well -being is about life going well. The psychological well- being is comprises that of feelings good and working effectively. [8]

According to definition, the people with high psychological well- being reports feeling happy, having the capacity to support satisfied with life and so on. The result of psychological well-being include better physical health and mediated possibly by brain working pattern, physiological and neurology effects and biological/genetic factors. [9]

1.5.1. Components of Psychological Well- Being

Psychological wellbeing is outlined separately below for explanation and clarification purposes.

- 1.5.2 Autonomy
- 1.5.3 Personal growth
- 1.5.4 Environmental mastery
- 1.5.5 Purpose in life
- 1.5.6 Positive relation with others
- 1.5.7 Self –acceptance

1.5.2 Autonomy

Autonomy is the regulation of one’s own behavior through an internal locus of control. A fully functional person

as a high level of internal evaluation, assessing the self on personal standards and achievements. While not relying on the standards of others. They are focused on their beliefs and are less swayed other people's ideas. Internal locus of control is an important component of motivation.

1.5.3. Personal Growth

Personal growth is the ability to develop and expand the self to become a fully functioning person. This requires to continually evolve and solve the problems there by expending one's talent and abilities.

1.5.4. Environmental Mystery

Environmental mystery refers to choosing and controlling the shrouding and imagined environment through physical and mental actions. While a high level of environmental mystery reflects control over ones' content, a low level is related to inability to successful control one's environment. A mature individual is generally able to interact and relate to a variety of people in diverse situations and adopt to various context upon demand. Being in control of physiological and cognitive arousal can improve mental conflict and understanding of their soundings as well as their interactions with others.

Environmental mystery means being able to control complex environmental and life situations and seize opportunities with present themes.

1.5.5. Purpose in Life

The person having aim in life is refers to the perceived importance of ones' presence and comprises the arrangement and reaching of targets, while contribute to the appreciation of life. Mental health includes awareness that ones' has a greater goals and purpose in life. Purpose in life creates direction, whereby irradiating despondency. Goals are an important part of striving for success. Maturity involves having a clear sense of interaction nullity. The setting and achieving of goals can be inspirational and motivational in nature.

1.5.6. Positive Relations

Person containing positive relationship with others. To have a positive relations with other is a necessary component in the growth of trusting and remaining relationship as well as belonging to a network of communication and spouse. The ability to have a good human relations is one key features. Of mental health with pathology often characterized by impairment in social functioning. In group/ team setting, positive relations with others often result in increased knowledge, empowerment and improved supporting performance.

1.5.7. Self-acceptance

Self-acceptance is the most recurring and fundamental feature of mental and an element of optimal functioning in the psychological wellbeing.



Fig.1.1 Psychological Well-Being.(Ryff's Psychological Well-Being)

1.6. Research Question:-

Is there any relationship between Psychological wellbeing and hopelessness feelings among Armed forces soldiers?

Is there any relationship between Psychological wellbeing and death anxiety among Armed forces soldiers deployed in war affected areas?

1.7. Rational of the study:-

Death is inevitable and permanent danger in the war effected areas and the soldiers are prepared to face this danger and any kind of training could not eliminate the fear of death from human beings. Therefor soldiers as

human being face such fear. This study will help to investigate how much the soldiers face the death anxiety and at which rank the death anxiety is high.

1.8. Objectives of the study:-

Following are the objectives of this study.

1. Investigate the level of death anxiety among soldiers in war areas.
2. Investigate the level of hopelessness among soldiers working in war areas.
3. To study the correlation between war conditions and death anxiety among soldiers.
4. To investigate the effects of death anxiety and hopelessness on psychological well-being among war soldiers.

1.9 Hypothesis:-

1. Death anxiety is positively and significantly related with soldiers deployed in war areas.
2. Hopelessness is positively and significantly related with Soldiers deployed in war conditions.

1.9.1 Sub hypothesis:-

- H3 Death anxiety have positive and significant effect on autonomy of personal.
- H4 Death anxiety have positive and significant effect on environmental mystery.
- H5 Death anxiety have positive and significant effect on personal growth.
- H6 Death anxiety positive and significant effect on positive relation.
- H7 Death anxiety negative have effect on purpose in life.
- H8 Death anxiety positive and significant effect on self-acceptance.
- H9 Hopelessness have negative effect on autonomy.
- H10 Hopelessness have negative effect on personal growth.
- H11 Hopelessness have negative effect on positive relations.
- H12 Hopelessness have negative effect on purpose in life.
- H13 Hopelessness have negative effect on self-acceptance.

Literature Review

2.1 Introduction

The death anxiety is an important concept to consider in a wide range of practice settings, including community cancer screenings of healthy individuals, psychiatric care, acute and trauma care, chronic care, and pediatrics and in individuals facing diagnosis of a life-threatening illness. The goal of this article is to help move nursing science forward by identifying important defining attributes, antecedents, and consequences of the concept and to provide a synopsis of this work for nursing utilization and practice. [6],

Death anxiety is the fear of death and dying due to conscious and unconscious thoughts. About the fear of death a theory written by Ernest Becker which called as "Terror Management Theory" (TMT) is moved around an individual of death fear. A social anthropologist Stemming proposed a hypothesis that this theory, motivation the behavior of death anxiety of persons. Humans having the awareness about their own mortality as compared other species. Humans have another behavior of survival which get from the instinctual. Instead of peoples knows about their mortality they preserve their self. [1]

Now a days we live in a time age of death anxiety but perhaps all the era of human history in the same way. The human condition have the parts permanently like fear anxiety and worry. In the all ages the death is the powerful motive for creative expressions and inquiries innovations are behind the death. The awareness of death is the concept of "Death anxiety". The humans belongs to the unique species who have learn knowledge to live and adopt the ways of their own fitness. The cultural system gives the symbolic information about the death and its presence. The death is the power tool for human creation inquiries to know more about the things as a motivational in the ages. [6],[9]

The word "Death anxiety" is the concept of death awareness. The humans are the unique species in the whole living kingdom who learn to live and how to keep fit selves. Hence the cultural system provide the information about this. [6]

According to health care providers as the advanced and modern health systems are available, the patients are survive in the long term and can be cure the condition which can be threatening for life. These threatening can be generated from the death and anxiety.

Weather the "death anxiety" is an important concept which can provide the patients in different practices like the illness due to life threatening. [6]

2.2 Factors of Death Anxiety:

Six factors of death anxiety were studied: emotions, cognition, experiential, development, anthropology, and ways of motivation. [4],[6]

- 2.2.1 Emotions
- 2.2.2 Cognition
- 2.2.3 Experiential
- 2.2.4 Development
- 2.2.5 Anthropology
- 2.2.6 Ways of Motivation

2.2.1 Emotions

The death anxiety contains on the fear core of annihilation to the individuals existence and basic ancient structure limbic in stems to adopt for survival. The foundation brain system produce death anxiety comprises on amygdala which create the memories of fear are non-conscious on the other hand conscious fear memories developed from hippocampus and cortical areas . In the same time two types of emotional memories system act parallel in human beings which activated with the help of same stimuli. In humans, the perceptual death threat connected with the process of cognition. The non-conscious (implicit) and conscious (explicit) provide key role in the perceiving of threat.

2.2.2 Cognition

The person from his life experiences develop the cognition about the death, they will be the threatened of the concept of death. The important cognitive components are death awareness, future fear, prediction capacity and attitude. The cognition of a person includes the belief about death, person fear of death to see himself as dead and will not exist more. The death anxiety compels a person to think that “the belief of a state the does not exist the self”.

2.2.3 Experiential

According to experiential that the death anxiety is not the part of conscious condition. According to self-regulation mechanism, the ability to setup the limitations and focus will, comprises on the self-control and preventer ability-defend parallel the threat of death and result of death anxiety.

2.2.4 Development

In the developmental stage, the result of death anxiety are differ .The developmental stages reveals that in the development that the healthy process age that makes ego strengthened. The death anxiety high in the elderly adults which related to the psychological and physiological problem and integrity cause low ego.

2.2.5 Anthropology

The basic responsibility of culture to give the protection against the feelings and death fear.

2.2.6 Ways of Motivation:-

Death anxiety is a source of motivation for all human beings.

On the basis of factors describe above identification, death anxiety is multidimensional concern with fear of and anxiety connected to the awareness of the real situation of death and dying which comprises on motivational participation, emotional and cognition and life spend sociocultural. To continue the death awareness in human beings, then it will be clear that the death anxiety encompasses for the fear and anxiety emotional part.

2.3 Precursors:-

Death anxiety is the base by an increase of consciousness of passing salience. Demanding environment such as war, and involvements through passing and vanishing.

2.4 Worrying Environments:-

The longstanding familiarization to self-doubting demanding surroundings, such as long-lasting political conflict, might over period diminution echelons of death anxiety in a populace.

2.5 Judgment of a Dangerous Disease:-

The judgments of a dangerous disease is associated through heightened death anxiety.

2.6 Experiences with Death and Dying:-

Between youngsters who had practiced the death of a antecedent, pain due to remembrance was the only momentous analyst of death anxiety. Consuming an unspoken test that unrushed death valence, worry, and rejection in calculation to a death anxiety scale, burial trainings children were shown to have lower unambiguous death anxiety and understood death rejection than general university students. The training advocates that obvious death anxiety procedures may underreport death anxiety skill and that enlightening introductions of the funeral students may decrease death rejection. The conclusions of difference amongst understood and unambiguous death anxiety emphasize the position of hypothesis characteristics that may happen outside aware mindfulness. Additional knowledgeable treatment students report higher death anxiety than do their less knowledgeable complements. Dangerous maintenance nurtures described meaningfully more death anxiety, exhaustion, and anxiety associated with sanatorium nurture. Similarly it is found lower death anxiety and

heightened recall of both positive and challenging patient care experiences among hospice nurses. Hospice philosophy approaches death as an essential component of living and, as such, openly confronts the issues associated with death's presence. A study examined the effects of palliative care training and death anxiety in palliative care volunteers. Topics such as spiritual issues from a multi faith and multicultural background, communication, the dying process, and grief and bereavement were included. While death anxiety scores did not change before and following training, participants felt better prepared and more competent to manage situations of clients facing terminal illness and death in this study. [4]

2.7 Significances of Death Anxiety:-

Result of death anxiety cluster around acquire and mal acquire presentations.

2.7.1 Acquire significance:-

Many studies shown that the knowledge of death attach with anxiety are being grows, the person shows his traditional believes.

2.7.2 Mal acquire significance:-

When the death anxiety in dual conditions e.g normal and universal, a specific condition which may leads to the mental or psychological issues. The death anxiety has been linked with increasing of negativity connected to the growing age. Death anxiety has been found to predict posttraumatic stress reactions in individuals with spinal cord injuries. These individuals were less likely to have a future time orientation, suggesting an avoidance of projecting into the future the fact that death is inevitable with the lapse of time. Death anxiety is also associated with eating and self-mutilation complaints. The Death anxiety was initiate to be suggestively developed among both males and females with quantifiable anxiety disorders when linked to nonclinical, schizophrenic, and dependent rallies. It is assumed that universal unease and death anxiety segment discrepancy in that together hold negative sentiments, categorized by fear, grief, uncertainty, pressure, and discomfort, whether directed toward the risk of death or more general vulnerabilities. Moreover, the death anxiety may lead to ambivalence toward the body, disruption in personal relationships, and withdrawal from sexual intimacy because the physical body serves as a reminder of death. More study is desirable to regulate if death anxiety growths as a result of current psychiatric situations or is a ancestor to psychiatric surroundings. [4],[6]

2.8 Hopelessness

Persons having negative thoughts about the future and the emotions developed, negative and keep away from the pleasure in life. The person with negative thoughts, result fail to develop positive outcome. The expectations are related to the feelings therefore could not change the process. The person who have covered with negative events, he has more risk of hopelessness. There are some types of hopelessness. [11],[12]

The three major parts of the hopelessness: (1) Thinks for the future, (2) loose power of will, and (3) Loss of trust. The hopelessness test extent the limit of a participant negative attitude, for the future. The hopelessness scale work as indicator for suicidal attempts. The test is multiple choice. The hopelessness scale is used for the drug abuser, suicidal attempter's and the patients with depression.

2.9 Psychological Well-Being

Psychological well- being is connected with positive affective condition such as happiness (hedonic-perspective) and functioning in persons and social life with optimal effectiveness. The psychological well -being is about life going well. The psychological well- being is comprises that of feelings good and working effectively.

According to definition, the people with high psychological well- being reports feeling happy, having the capacity to support satisfied with life and so on. The result of psychological well-being include better physical health and mediated possibly by brain working pattern, physiological and neurology effects and biological/genetic factors.

Components of Psychological Well- Being

Psychological wellbeing is outlined separately below for explanation and clarification purposes. Autonomy, personal growth, environmental mystery, purpose in life, positive relation with others and self -acceptance. [8],[9]

Psychological wellbeing is a multidimensional concept which is used for the research of mental health, it is produce for the composition and regulation of emotions personality representation and recognition life events. The psychological well-being is increase with conscious and make positive relations with peoples, education, and age. The psychological wellbeing decrease neuroticism. Psychological well-being is used to assess the theoretical and empirical. Psychological well-being provide information about the positive and negative effect of experiences. Psychological well-being scale provide the data to understand either the person is satisfied from the quality of life or not. Psychological well-being scale tells about the negative and positive affect on the participant's life. [8],[9]

Present social pointers can arrest phenomena such as law-breaking, divorce, conservational problems, child

mortality, sexual category equality, etc. Thus, they can detention features of quality of life that enhance to the explanation haggard by financial needles. Though, these social indicators nosedive to arrest the individual well-being of people because they do not reproduce the actual involvements such as the superiority of associations, the guideline of their sentiments and whether moods of segregation and unhappiness permeate in their day-to-day life. On the additional hand, economic needles fail to embrace side effects and the adjustments of bazaar manufacture and utilization. For example, the conservational costs of trades positively are not experimental from the countrywide accounts. Another shortcoming of fiscal and social procedures in terms of their associations to psychological well-being is that they are based on replicas of lucid choice, whereby persons follow a set of rational rules when creation growth plans. Though, everything by Kahneman (1994) in psychology and finances reveal that people do not always make balanced choices, and that these selections do not unavoidably improve psychological well-being.

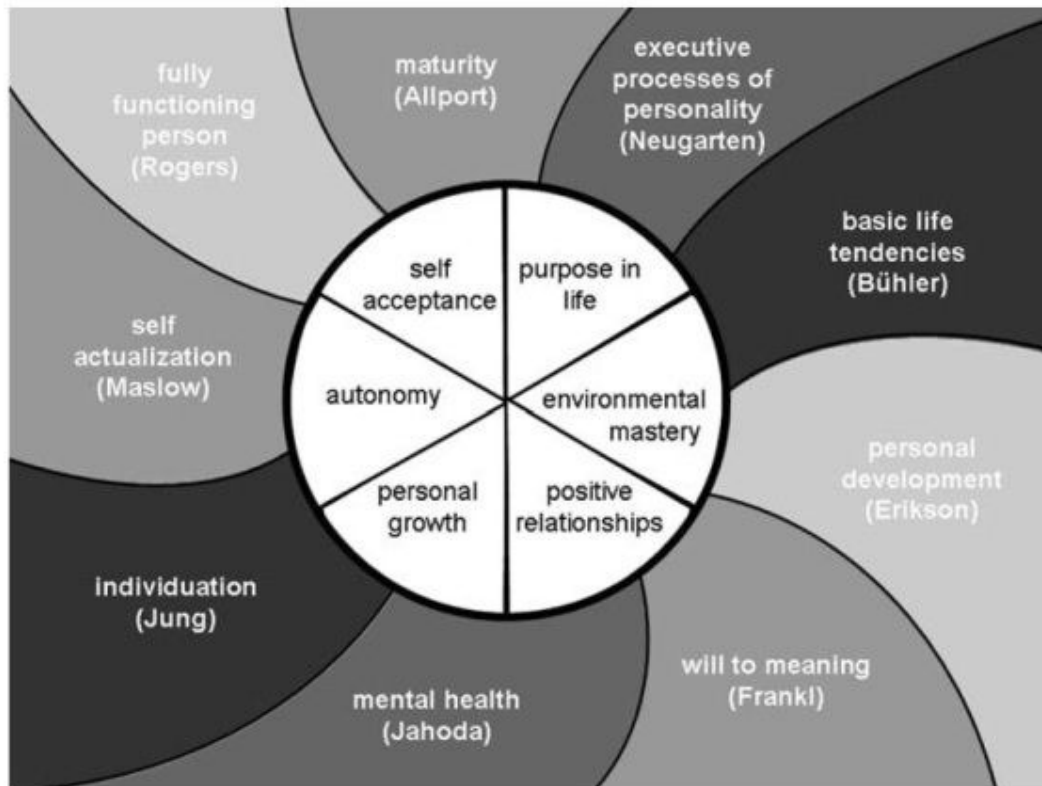


Fig.2.1 Psychological Well-Being.(Ryff's Psychological Well-Being)

Research Methodology

3.2 Method/ Approach:

3.3 Sample:

The sample consisted on 100 participants whose age range was from 21 to 51 years. All respondents were males. 64 respondents were from rural areas and 36 were from urban areas. 70 of them were married and 30 were unmarried. The data was taken from Combined Military Hospital (CMH) Bannu. Purposive and convenience sampling techniques were used to collect the data.

3.4 Participant:-

The 100 participants whose age range was from 21 to 51 years. All respondents were males and Army persons. 64 respondents were from rural areas and 36 were from urban areas. 70 of them were married and 30 were unmarried. The data was taken from Combined Military Hospital (CMH) Bannu.

3.5 Research Instrument/Tools:

3.6 Death Anxiety Scale (DAS):

Death Anxiety Scale (DAS) developed by Donald Templar in 1970 consist on 15 true false statements was used as a research instrument.

3.7 Beck Hopelessness Scale (BHS):

Beck Hopelessness Scale (BHS) developed by Aron. Beck in 1998 consisting of 20 was used as research instruments in this study.

3.8 Ryff's Psychological Well-Being Scales (PWB), 42 Item version

The Ryff Psychological well-being scale was published in Oct 1995. This scale comprises on degree of agreement (using a score ranging from 1-6) to the following sentences.
 Strongly disagree, strongly disagree

3.9 Procedure:

Consent was taken from the respondents first of all and then demographic data was collected. After that the scales were applied to them and thanked, these were with the assurance of confidentiality.

3.9.1 Research Sample

Comparative and correlative research design was used in this research

3.9.2 Sampling Frame

Sample was taken from soldiers working in war affected areas of northern Waziristan Pakistan.

3.9.3 Sampling Technique

Purposive and convenience sampling technique was used in this study.

3.9.4 Sample

Sample consisted be consist on 100 participants from soldiers working in northern Waziristan Pakistan.

3.9.5 Research Instrument

Death anxiety Beck hopelessness and psychological well-being scales were used in this research

3.9.6 Independent Variable

In this research war conditions were an independent variable.

3.9.7 Dependent Variable

In this research level of death anxiety and hopelessness and psychological well-being were be at the dependent variable.

3.9.8 Statistical Analysis:

Correlation, percentage and Z test were used through SPSS for the analysis of data

3.9.9 Data collection procedure

Permission was taken from the soldiers working in war affected areas and then the questionnaires was filled by them.

4.1 Results

4.2 Reliability of data

The reliability of different constructs and their factors was checked by measuring Cronbach Alpha. According to social sciences research Cronbach alpha value of construct ranging in (.50) is acceptable, while value higher than (.60) are good and having value of (.80) show perfect reliability.

Table .4.1 Descriptive statistics and reliability test.

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|----------|----------------------------|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| DAnxiety | 17.2910 | 16.884 | .412 | .742 | .71 |
| HPL | 17.2810 | 19.613 | -.288 | .944 | .76 |
| AUT | 16.7710 | 14.943 | .607 | .999 | .66 |
| EM | 16.7910 | 13.792 | .869 | .999 | .62 |
| PG | 16.6910 | 14.026 | .406 | .997 | .70 |
| PR | 16.7310 | 12.894 | .505 | .989 | .67 |
| PIL | 16.3910 | 13.057 | .401 | .998 | .71 |
| SA | 16.9110 | 15.186 | .646 | .999 | .66 |
| PWB | 17.0700 | 16.934 | .185 | .890 | .73 |

D Anxiety= Death Anxiety, HPL= Hopelessness, AUT=Autonomy, EM=Environmental mystery, PG= Personal Growth, PR=Positive Relations, PIL=Purpose in Life, SA=Self-acceptance, PWB=Psychological Well-being.

The above table shows following values.

The death anxiety has reliability value of (.71). The hopelessness has reliability value of (.76).

The autonomy has reliability value of (.66). The environmental mystery has reliability value of (.62).

The personal growth has reliability value of (.70). The positive relations has reliability value of (.67).

The purpose in life has reliability value of (.71). The self-acceptance has reliability value of (.66).
 The psychological well-being has reliability value of (.73).
 After the reliability test, data will be used for further analysis. If the reliability is poor that those items must be deleted.

Table.4.2 Correlation:- Correlation of measured Variables was determined using Pearson’s Correlation (2-tailed). See the table

| | | PWB | HPL | DAnxiety | AUT | EM | PG | PR | PIL | SA |
|----------|---------------------|---------|---------|----------|---------|--------|--------|--------|--------|---------|
| PWB | Pearson Correlation | 1 | -.296** | .439** | .076 | .043 | .237* | .455** | -.148 | .001 |
| | Sig. (2-tailed) | | .003 | .000 | .451 | .673 | .018 | .000 | .142 | .995 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| HPL | Pearson Correlation | -.296** | 1 | -.178 | -.565** | -.136 | -.185 | .140 | -.211* | -.277** |
| | Sig. (2-tailed) | .003 | | .077 | .000 | .176 | .066 | .165 | .036 | .005 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| DAnxiety | Pearson Correlation | .439** | -.178 | 1 | .241* | .225* | .394** | .529** | -.017 | .121 |
| | Sig. (2-tailed) | .000 | .077 | | .015 | .024 | .000 | .000 | .870 | .229 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| AUT | Pearson Correlation | .076 | -.565** | .241* | 1 | .721** | .386** | .028 | .715** | .863** |
| | Sig. (2-tailed) | .451 | .000 | .015 | | .000 | .000 | .783 | .000 | .000 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| EM | Pearson Correlation | .043 | -.136 | .225* | .721** | 1 | .346** | .481** | .872** | .878** |
| | Sig. (2-tailed) | .673 | .176 | .024 | .000 | | .000 | .000 | .000 | .000 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| PG | Pearson Correlation | .237* | -.185 | .394** | .386** | .346** | 1 | .624** | -.041 | .083 |
| | Sig. (2-tailed) | .018 | .066 | .000 | .000 | .000 | | .000 | .685 | .414 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| PR | Pearson Correlation | .455** | .140 | .529** | .028 | .481** | .624** | 1 | .054 | .081 |
| | Sig. (2-tailed) | .000 | .165 | .000 | .783 | .000 | .000 | | .596 | .420 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| PIL | Pearson Correlation | -.148 | -.211* | -.017 | .715** | .872** | -.041 | .054 | 1 | .908** |
| | Sig. (2-tailed) | .142 | .036 | .870 | .000 | .000 | .685 | .596 | | .000 |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| SA | Pearson Correlation | .001 | -.277** | .121 | .863** | .878** | .083 | .081 | .908** | 1 |
| | Sig. (2-tailed) | .995 | .005 | .229 | .000 | .000 | .414 | .420 | .000 | |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

PWB=Psychological Well-being, HPL= Hopelessness, D Anxiety= Death Anxiety, AUT=Autonomy, EM=Environmental mystery, PG= Personal Growth, PR=Positive Relations, PIL=Purpose in Life, SA=Self-acceptance, PWB=Psychological Well-being.

In the above table results of different variables are shown. Which indicate that

PwB is negatively but significantly correlated to hopelessness. Which indicate that hopelessness have negative affect on PWB (-.296**P<0.01). PwB is positive but significantly correlated to death anxiety. Which indicate that death anxiety have positive affect on PWB (.439**P<0.01). PwB is positively correlated to autonomy. Which indicate that autonomy have positive affect on PWB (.076 P<0.01). PwB is positively correlated to environmental mystery .which indicate that EM have positive affect on PWB (.043). PwB is positively but significantly correlated to personal growth .Which indicate that PG have positive affect on PWB (.237* P<0.05). PwB is positively but significantly correlated to personal relations. Which indicate that PR positive affect on

PWB (.455**P<0.01). PwB is negatively correlated to purpose in life. Which indicate that PIL negative affect on PWB (-.148). PwB is positively correlated to self-acceptance. Which indicate that SA positive affect on PWB (.001).

Hpl is negatively correlated to death anxiety. Which indicate that death anxiety have negative effect on Hpl (-.178).Hpl is negatively but significantly correlated to autonomy. Which indicate that autonomy have negative affect on (-.565**P<0.01). Hpl is negatively correlated to personal growth. Which indicate that personal growth have negative affect on Hpl (-.185).Hpl is positively correlated to positive relation. Which indicate that PR have positive affect on Hpl (.140).Hpl is negatively but significantly correlated to PIL. Which indicate that PIL have negative affect on Hpl (-.211*P<0.05). Hpl is negatively but significantly correlated to SA. Which indicate that SA have negative affect on Hpl (-.277**P<0.01).

DAnxiety is positively but significantly correlated to autonomy. Which indicate that autonomy have positive affect on Danxiety (.241*p<0.05). DANxiety is positively but significantly correlated to EM. Which indicate that EM have positive affect on Danxiety (.241*p<0.05). DANxiety is positively but significantly correlated to PG. Which indicate that PG have positive affect on Danxiety (.394**p<0.01).DANxiety is positively but significantly correlated to PR. Which indicate that PR have positive affect on DANxiety (.529**p<0.01).DANxiety is negatively correlated to PIL. Which indicate that PIL have negative affect on DANxiety (-.017).DANxiety is positively correlated to SA. Which indicate that SA have positive affect on DANxiety (.121)

AUT is positively but significantly correlated to EM. Which indicate that EM have positive affect on AUT (.721**p<0.01).AUT is positively but significantly correlated to PG. Which indicate that PG have positive affect on AUT (.386**p<0.01). AUT is positively but significantly correlated to PR. Which indicate that PR have positive affect on AUT (.028**p<0.01). AUT is positively but significantly correlated to PIL. Which indicate that PIL have positive affect on AUT (.715**p<0.01). AUT is positively but significantly correlated to SA. Which indicate that SA have positive affect on AUT (.863**p<0.01)

EM is positively but significantly correlated to PG. Which indicate that PG have positive affect on EM (.346**p<0.01).EM is positively but significantly correlated to PR. Which indicate that PR have positive affect on EM (.481**p<0.01).EM is positively but significantly correlated to PIL. Which indicate that PIL have positive affect on EM (.529**p<0.01). EM is positively but significantly correlated to SA. Which indicate that PR have positive affect on SA (.863**p<0.01).

PG is positively but significantly correlated to PR. Which indicate that PR have positive affect on PG (.624**p<0.01).PG is negatively correlated to PIL. Which indicate that PIL have negative affect on PG (-.041).PG is positively correlated to SA. Which indicate that SA have positive affect on PG (.083).

PR is positively correlated to PIL. Which indicate that PIL have positive affect on PIL (.054). PR is positively but significantly correlated to SA. Which indicate that SA have positive affect on PR (.081)

PIL is positively but significantly correlated to SA. Which indicate that SA have positive affect on PIL (.908**p<0.01)

Table.4.3 Regression Table

Model Summary^b

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|-------------------|----------|-----|-----|---------------|---------------|
| | | | | | R Square Change | F Change | df1 | df2 | Sig. F Change | |
| 1 | .492 ^a | .242 | .226 | .66488 | .242 | 15.457 | 2 | 97 | .000 | 2.009 |

a. Predictors: (Constant), HPL, DANxiety
 b. Dependent Variable: PWB

Table.4.4 ANOVA

ANOVA^a

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|----|-------------|--------|-------------------|
| 1 | Regression | 13.666 | 2 | 6.833 | 15.457 | .000 ^b |
| | Residual | 42.880 | 97 | .442 | | |
| | Total | 56.546 | 99 | | | |

a. Dependent Variable: PWB
 b. Predictors: (Constant), HPL, DANxiety

Table.4.5 Coefficients.

| | | Coefficients ^a | | | | | | | | |
|--------------|-------|-----------------------------|-------|---------------------------|------|-------|--------------|-------|-----------|-------------------------|
| | | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. | Correlations | | | Collinearity Statistics |
| Model | B | Std. Error | Beta | Zero-order | | | Partial | Part | Tolerance | VIF |
| 1 (Constant) | 1.445 | .393 | | 3.672 | .000 | | | | | |
| DAnxiety | .655 | .147 | .399 | 4.442 | .000 | .439 | .411 | .393 | .968 | 1.033 |
| HPL | -.372 | .149 | -.225 | -2.501 | .014 | -.296 | -.246 | -.221 | .968 | 1.033 |

. Dependent Variable: PWB

4.3 Regression Analysis

According to regression result from above table Modell summary result indicate that model is 24% fit and have the ability to explain the predictor’s variable effect on the PWB. F statistic value is also in acceptable range while our model show significant results. From ANOVA table result also indicate that F statistics value is (15.45) and model is significant at (.000).

In coefficient table separate effect of both independent variable is shown. Results indicate that death anxiety is positively and significantly affect PWB. (B=.399, p<.000). While hopelessness is not affected PWB respondents. Results shows that HPL (B=-.225, p<.014). Hence our hypothesis two was rejected. While hypothesis one was accepted because of significant results.

5.1 Discussion

In the current study research to find out the relationship between helplessness, death anxiety of psychological well-being of Armed forces employees. For this purpose data was collected from different rank of employees and result indicate that death anxiety is strongly related with soldier attitude deployed in war affected areas .Means that soldiers attitude at different places varies because variation in environmental, strategic and psychological factors associated with one’s life.

Hopelessness and death anxiety are common among the war soldiers because the risk of the major injury or the soldiers dies during war and they could not see their beloved ones or they lost their major body parts therefore the soldiers in the war zone most of them have short temper, anxious and falls in the mental conflict.

Death anxiety is the fair of death and dying due to conscious and unconscious thoughts. About the fear of death a theory written by Ernest Becker which called as “Terror Management Theory” (TMT) is moved around an individual of death fear. A social anthropologist Stemming proposed a hypothesis that this theory, motivation the behavior of death anxiety of persons. Humans having the awareness about their own mortality as compared other species. Humans have another behavior of survival which get from the instinctual. Instead of peoples knows about their mortality they preserve their self. [1]

Now a days we live in a time age of death anxiety but perhaps all the era of human history in the same way. The human condition have the parts permanently like fear anxiety and worry. In the all ages the death is the powerful motive for creative expressions and inquiries innovations are behind the death. The awareness of death is the concept of “Death anxiety”. The humans belongs to the unique species who have learn knowledge to live and adopt the ways of their own fitness. The cultural system gives the symbolic information about the death and its presence. The death is the power tool for human creation inquiries to know more about the things as a motivational in the ages. The word “Death anxiety” is the concept of death awareness. The humans are the unique species in the whole living kingdom who learn to live and how to keep fit selves. Hence the cultural system provide the information about this. [4],[6]

According to health care providers as the advanced and modern health systems are available, the patients are survive in the long term and can be cure the condition which can be threatening for life. These threatening can be generated from the death and anxiety.

Weather the “death anxiety” is an important concept which can provide health care to the patients in different practices like the illness due to life threatening.

Psychological wellbeing is a multidimensional concept which is used for the research of mental health, it is produce for the composition and regulation of emotions personality representation and recognition life events. The psychological well-being is increase with conscious and make positive relations with peoples, education, and age. The psychological wellbeing decrease neuroticism. Psychological well-being is used to assess the theoretical and empirical. Psychological well-being provide information about the positive and negative effect of experiences. Psychological well-being scale provide the data to understand either the person is satisfied from the quality of life or not. Psychological well-being scale tells about the negative and positive affect on the

participant's life. [20],[21]

According to the different theories of motivation if employees are satisfied from their job nature and opportunities. Than an ordinary employees will try to to their level best to produce up to maximum. It is the case also with soldiers fighting against enemies in any area. If soldiers have enough belief of their job profession (from Islamic point of view aware about fruit of Jihad) as well as the rewards. Than hopelessness feeling can be minimize. So it is mandatory to provide benefits to the soldiers as well as also work on their psychological well-being related to their profession. By this they (soldiers) will be strongly belief and will be in a position to fight against any sort of enemies, in any condition, any area.

Soldiers don't overwhelmed their fear in battle. The one who is not afraid to die is a dead soldier. This terror is permanently with you, in all fight. It's assistances you to bear, as it makes you more alert.

Comparison the results of current research to already done studies.

According to the Templer's (1976) theory about the death anxiety if the answer would be 'Yes' the war would be suggestively rise the level of death anxiety. Through and large, there is a nearby connection between war and death in the minds of numerous peoples.

1. Lonetto, Mercer, Fleming, Bunting, and Clare (1980) conduct their study among the university students and found that war is significantly increase the level of death anxiety.
2. Abdel-Khalek (1998) conduct their among the university students and found that war is significantly increase the level of death anxiety

My results are in line with findings of, 1. Lonetto, (1980) and 2. Abdel-Khalek (1998) war is significantly increase the level of death anxiety. Hence it is concluded that war significantly increase the level of death anxiety in the soldiers.

The above mentions both studies were conducted on the university students, it is great honors to me that I did the research on the soldiers which are directly affected by the consequences of the war.

5.2 Conclusion

From the analysis of data we can conclude that in the death anxiety, hopelessness develops among war soldiers due to the fear of uncompleted life tasks. Uncompleted life task means that most of the soldiers wants to leave some sort of financial benefits to their family members (e.g. Parents/spouse/children's). As most of the benefits available to lower cadre soldier are not enough to meet their family requirements. Hence the fear about their family member wishes create fear about life, when they are performing their jobs in war affected areas. Most of the soldiers who belongs to urban areas and those who are married are affected from death anxiety. On the other hand hopelessness is also related with psychological well-being of deployed soldiers. If soldier will be mentally, psychologically satisfied from their job nature and they are intrinsically and extrinsically motivated to perform their duties than the factor of hopelessness will be minimum.

5.3 Limitations:

- Research was conducted at one city, Bannu Pakistan.
- Data was collected only from one hospital CMH Bannu Pakistan.
- Data collected was cross-sectional.

5.4 Recommendations/Suggestions:

- Research should be conducted in other cities of Khyber Pakhtun Khah (KPK), as well as Ranger policeman of Karachi.
- Research should be conducted on the other war affect areas.
- Research should be conducted on civilians also living in war affected areas of Pakistan.

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