

**PERSONALITY TRAITS AND SOCIAL SUPPORT AS PREDICTORS
OF DEATH ANXIETY AMONG UNDERGRADUATES IN BENUE
STATE UNIVERSITY**

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Abstract

The study investigated personality traits and social support as predictors of death anxiety among undergraduates in Benue State University. An ex post facto research design was adopted. Seven hundred and sixteen (716) undergraduates participated in the study. 62.7% of the participants were male while 37.3% were female. Their age ranged from 17 to 28 years with mean age of 24.8 years. Data were collected using The Big Five Inventory, Multidimensional Scale of Perceived Social Support and Death Anxiety Scale. The result of the multiple regression analyses showed that personality traits are significant predictor of death anxiety. Extraversion neuroticism and openness were found to positively predict death anxiety while agreeableness and conscientiousness negatively predict death anxiety. Findings also showed that social support do not predict death anxiety. The implications of these results to research and clinical practice were discussed. It was concluded that this study extended death anxiety to neglected group when discussing death anxiety as much of the result on death anxiety is focused on terminal or chronic illness individuals neglecting undergraduate students.

Keywords: Personality Traits, Social Support, Death Anxiety, Undergraduates

INTRODUCTION

Death is one irrefutable fact of life. It is an inescapable reality for man. As part of the life process, death comes to each person whether one accept it or not. Death's inevitability is generally accepted, yet not many people want to talk about it. The general reaction is, "why do you want to talk about something so morbid"? or, why are you so obsessed with?

Death is a subject that is evaded, ignored and denied by our youth worshipping, progress oriented society (Kubler-Ross, 1975). Death is as much a part of human existence, of human growth and development, as being born. Death provides a context for life, for in it lies the meaning in life, and the key to growth. Death must be viewed from a different perspective, and reintroduced into each person's life as an accepted companion to life (Kubler-Ross, 1975).

Death is the only certainty and arguably the greatest source of anxiety for humanity (Jonasen, 2012; Nyatanga, 2005). Death anxiety is an evolving concept that researchers have struggled in recent decades to narrow into a succinct definition (Lehto & Stein, 2009). Nyatanga and de Vocht (2006) attempted to move closer to agreement by differentiating between what is meant by "anxiety" and "fear". They explained that while fear has a clear source for its cause, anxiety does not. Thus it is the lack of an object, in this case the unknown essence of what lies beyond death, that causes anxiety.

Death anxiety, or fear of death, is typically defined as anxiety that individuals experience in anticipation of the state in which they do not exist (Tomer & Eliason, 2000). At its core, death anxiety is the awareness that all that is meaningful to an individual will inevitably be destroyed. That is, people they care about as well as themselves will experience dying and death. Although many people experience death anxiety to some degree, it seems that an awareness of death would be particularly not salient for young adults because they, as a group, have likely not encountered death frequently as compare to older adults. Researchers suggest that death distress and anxiety level are associated with depression (Almalik, Fitzgerald & Clark, 2011). This constant fear creates anxiety and depression which can affect day –to- day life and can become very distressing.

Many variables have been found to predict death anxiety among undergraduates. Among such variables which the present research seek to examine their predictive power to death anxiety are personality traits and social support.

Personality trait is the characteristic reaction of an individual under different situation that is enduring and consistent (Costa & McCrae, 1989; Onyishi, Okongwu & Ugwu, 2012). Individual behavior reflects the person's personality. Evidence has pointed to the robustness of personality traits in explanation of death anxiety. This has been admitted and applied in psychology, sociology and management (Clayson & Sheffect, 2006). The Five Factor Model (Costa & McCrae, 1989) has been widely used in investigating the role of personality on death anxiety. These factors of personality traits are extraversion, neuroticism, agreeableness, openness to experience and conscientiousness. Extraversion focuses mainly on quantity and intensity of relationship (DeNeve & Cooper, 1998). Extraverted individuals tend to be sociable, gregarious and assertive (Costa & McCrae, 1992 cited in Onyishi, et al., 2012). They are prone to reward in interpersonal relationship (Watson & Clark, 1997), and are predisposed to experience positive emotion (Costa & McCrae, 1992 cited in Onyishi, et al., 2012). Agreeable individuals are friendly and cooperative. Related behaviors include being flexible, trusting, forgiving and tolerant (McCrae & Costa, 1986). Associated behaviors of conscientious individual include being careful, thorough, responsible, organized and achievement-oriented (McCrae & Costa, 1986). Openness to experience describes imaginative and carouse tendencies. Highly open people are original, cultured, broadminded and intelligent (McCrae & Costa, 1986). Individuals high in neuroticism experience more negative life event than others (Magnus, Diener, Fujita & Pavot, 1993). Related behaviors are being anxious, depressed, emotional, worries and insecure.

A number of studies have pointed to the importance of personality traits in understanding death anxiety (Chen, Tu & Wang, 2008; DeNever & Cooper, 1998; Joshanloo & Afsharia, 2011; Winkelmann & Winkelmann, 2008). Shimmack, Oishi, Furr and Funder (2004) found personality traits of extraversion and neuroticism to be the strongest predictors of death anxiety. Other studies have also linked extraversion, neuroticism, conscientiousness and agreeableness with death anxiety (Brakko & Sabol, 2006; Chen, Tu & Wang, 2008; Joshanloo & Afasharia, 2011; Vitterse, 2001). Wood, Joseph and Maltby (2008) found people's measurable personality traits to account for at least 35% of the between-person variance in death anxiety and this is typically much higher than the explanation of demographic characteristics such as an individual's income (4%), employment status (4%), and marital status (1.4%) (Anand, Hunter, Carter, Dowding, Guala & Van Hees, 2009; Argyle, 1999; Gutierrez, Jimenez, Hernandez & Puente, 2005; Lucas & Dyrenforth, 2006). High death anxiety has also been found to correlate with neuroticism and Type A behavior patterns (Frazier & Foss-Goodman, 2008).

Howells and Fields (2002) also confirmed that emotionality was significantly related to fear of death. However, whilst there is academic value in knowing that personality is an important predictor of death anxiety, from a purely applied perspective personality may only be interesting if it is something that changes (Ferrer-i-Carbonell, 2005). Given this background, it is therefore hypothesized that personality traits will significantly predict death anxiety among undergraduates.

Besides personality traits, another factor that may be associated with death anxiety is social support. Social support is the comfort given to us by our family, friends, co-workers and others (Onyishi, et al., 2012). This comfort can be in the form of resources provided by others to assist us (Onyishi, et al., 2012). Social support can be instrumental, tangible, informational and emotional. Social support for terminal illness patients is conceptualized as coming from three sources including family, friends and significant others (Edwards, 2004). These sources of support could help an individual cope with varying life challenges. Most people turn to social resources in an effort to contain stressful events in life (Kraus, 2004 cited in Malinauskas, 2010). In this case, support network is an indication of social integration and the more one is integrated, the more one can cope with different problems of life. Social support has been linked with overall death anxiety (Heady & Wearing, 1992; Young, 2004). Increase in social support has been associated with decrease in overall death anxiety (Malinauskas, 2010; Young, 2006), while lower social support leads to increase in death anxiety (Newson & Schulz, 1996 cited in Malinauskas, 2010). Studies have shown that friends and family support significantly predicted death anxiety (Au, Lau, Koo, Cheung, Pan & Wong, 2009; Yeung & Fung, 2007)

The death anxiety might be compensated or at least diminished if undergraduate are given social support during life threatening situations (Lorenzini & Giugni, 2010). The help of the family in supporting them financially might prove essential. Similarly, being in a relationship with a partner and having close friends with whom one can talk might help overcoming the psychological and physical distress caused by life threatening situations. More generally, one may think of social support of all kinds to be crucial to help cope with death anxiety.

Studies of social networks frequently find a link between social support and decreased death anxiety, generally demonstrating beneficial effects (Ervasti & Takis, 2010; Frijters, Johnston & Shields, 2011). However, much stands to be gained in understanding the processes involving social relationships and their effects on death anxiety (Sarason, Sarason, & Pierce, 1995 cited in Frijters et al.,

2011). The relative contribution of social support to death anxiety has been investigated and some researchers have found social support to be related to death anxiety (Walen & Lachman, 2000) while others do not find any relationship between social support and death anxiety. Therefore, in this study, it is hypothesized that social support will significantly predict undergraduate death anxiety.

METHOD

Design

An ex post facto research design was adopted for the study.

Participants and Procedure

Seven hundred and sixteen (716) undergraduate students from Benue State University, Makurdi participated in this study. 62.7% of the participants were male while 37.3% were female. Their ages ranged from 17 to 28 years with mean age of 12.8 years. Out of the 716 participants surveyed, 50.03% were Tiv, 29.95% were Idoma while 18.6% were from other tribes.

We administered the questionnaire to eight hundred (800) students of the Benue State University using simple random sampling technique, in the two campus of the university. Out of the 800 copies of the questionnaire distributed, 731 were returned, representing a return rate of 96.57%. Of the 731 returned questionnaire, 15 copies were discarded due to improper completion, leaving a total of 716 copies that were used for the data analysis.

The researchers employed the help of 4 students from psychology department who assisted in administering the questionnaire.

Instruments

Three standardized instruments were used in this study, The Big Five Inventory (John, Donahue & Kentle, 1991), The Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley 1988) and The Death Anxiety Scale (DAS) (Templar, 1970).

The Big five Inventory (BFI)

This is a standardized psychological assessment instrument developed by John, Donahue and Kentle (1991) validated for use with Nigeria sample by Umeh (2004). The instrument contains 44 items designed to measure personality from a

five dimension perspective (Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience). Direct scoring is used for all the items. It is scored on a 5-point scale ranging from 1-5, 1-Disagree strongly, 2-Disagree a little, 3- Neither agree nor disagree, 4-Agree a little and 5-Agree strongly. Values of the numbers shaded are added to obtain the clients scores in each of the subscales. Separate norms have been reported by Umeh (2004) for male and female Nigerian sample.

The coefficients of reliability provided by John et al. (1991) are Cronbach alpha .80 and 3-months test-retest of .85. Big Five Inventory has mean convergent validity coefficient of .75 and .85 with the Big Five Instrument authored by Costa and McCrea (1992); Golberg (1992) respectively. The divergent validity coefficient obtained by Umeh (2004) with University Maladjusted Scale (Kleinmuntz,1961) are Extraversion .05, Agreeableness .13, Conscientiousness .11, Neuroticism .39, Openness .24. For the present study, Cronbach's alpha of .83 was obtained.

Multidimensional Scale of Perceived Social Support (MSPSS)

This scale was developed by Zimet, Dahlem, Zimet and Farley (1988) using adult samples. It has been used to measure perceived social support across cultures (Canty-Mitchell & Zimet, 2000; Chou, 2000). The MSPSS has been shown to be relatively free of social desirability bias (Dahlem, Zimet & Walker, 1991). The 12-item MSPSS provides assessment of three sources of support: family support, friends support and significant others support. It is scored on a 5-point Likert-type structure from 1 "strongly disagree" to 5 "strongly agree". Items 3, 4, 8 and 11 measure family supports; items 6, 7, 9 and 12 measures friend support while items 1, 2, 5, and 10 measures significant other support. Sample items on the scale includes, "I get the emotional help and support I need from my family", "I can count on my friends when things go wrong", "There is a special person who is around when am in need". The factor loading of the items were relatively high. The internal consistencies of the subscales (Cronbach's alpha) are: .78, .76 & .70 for family support, friends support and significant other support respectively.

Death Anxiety Scale

The death anxiety scale (DAS) developed by Templar (1970) was used to measure death anxiety in undergraduates student sampled for the study. Death anxiety scale is a 15 item inventory which is design to measure the concerns, fears, apprehensions and forebodings people often have about dying. The scale is scored on a 'true' or 'false' response. A score of 1-point is given for each response.

Templar (1970) provided the original psychometric properties of the scale for American samples while the properties for the Nigerian samples were provide by Adebakin (1990). The reliability coefficients reported by Templar (1970) are: KR-20 internal consistency .76, 3-weeek test-retest .83. Adebakin (1990) reported a 3-week test-retest of .15

Concurrent validity coefficients were obtained by correlating DAS with Fear of Personal Death Scale (FDPS) developed by Florian and Kravetz (1983); Templar (1970) obtained .74 while Adebakin (1990) obtained .45.

RESULTS

Table 1: Descriptive statistics and correlations among study variables

Variable	Mean	SD	1	2	3	4	5	6	7	8	9
1 Extraversion	17.25	4.68	-								
2 Agreeableness	27.32	4.70	.02*	-							
3 Conscientiousness	1.53	.50	.06	.02*	-						
4 Neuroticism	1.71	.61	.24**	-.09	.13*	-					
5 Openness	1.12	.33	-.14*	.06	.20*	.10	-				
6 Family support	11.5	3.32	.18	.02	.06	.05	.07	-			
7 Friends support	12.87	5.49	.18*	.05	.10	.10	.06	.27**	-		
8 significant others	18.4	4.34	.12**	.02	.89	.00**	-.32	-.87*	.08*	-	
9 Death anxiety	45.06	6.01	-.34*	.54*	.02**	.00**	.45*	-.67*	.11**	.05*	-

Note: * = P < .05;
 ** = P < .01

Findings from TABLE 1 showed the relationship between personality traits and social support to death anxiety. The result showed that personality traits and social support were statistically significant to death anxiety. Among the personality traits, extraversion ($r = -.34, p < .05$) was negatively correlate with death anxiety while agreeableness ($r = .54, p < .05$); Conscientiousness ($r = .02, p < .01$); Neuroticism ($r = .00, p < .01$); Openness ($r = .45, p < .05$) were positively correlated with death anxiety with agreeableness and openness emerging as the strongest positive correlates of death anxiety. In terms social support, family support dimension was negatively correlated with death anxiety ($r = -.67, p < .05$), friends support found to be the strongest positive correlate of death anxiety ($r =$

.11, $p < .01$) and support from significant others as correlating positively with death anxiety.

Table 2: Regression analysis on personality and social support as predictors of death anxiety among undergraduates.

Variables	Std. Error	Beta	t
Extraversion	.273	.014	.12**
Agreeableness	.413	.081	-.11*
Conscientiousness	.354	-.232	-.21*
Neuroticism	.069	-.091	.07*
Openness	.008	-.167	.03**
Family Support	.024	.160	.23
Friends support	.113	.061	.11
Significant others	.078	.039	.05

Note: * = $P < .05$;
 ** = $P < .01$

The results of regression analyses revealed that among the central variables tested in the study, agreeableness ($\beta = -.11$; $p < .05$) and conscientiousness ($\beta = -.21$; $p < .05$) negatively predicted death anxiety while extraversion ($\beta = .12$; $p < .01$); neuroticism ($\beta = .07$; $p < .05$) and openness ($\beta = .03$; $p < .01$) positively predicted death anxiety. This result indicated that personality traits significantly predict death anxiety.

The second hypothesis was not supported as the result showed that all the domains of social supported did not predict death anxiety with family Support ($\beta = .23$, $p > .05$) being the strongest insignificant predictor of death anxiety, friends support ($\beta = .11$, $p > 0.05$) and significant others support ($\beta = .5$, $p > .05$). This result therefore, indicates that social support is not a significant predictor of death anxiety among respondents.

DISCUSSION

Findings from the study showed that personality traits were significant predictors of death anxiety among respondents. The result showed that extraversion, neuroticism and openness are positive and significant predictors of death anxiety, while conscientiousness and agreeableness had negative but significant

predictors of death anxiety.

However, extraversion emerged as the strongest predictor of death anxiety. This may be to the fact that extrovert individuals focus mainly on quantity and intensity of relationship (Dneve & Cooper, 1998). Extroverted individuals tend to be sociable, gregarious and assertive (Costa & McCrae, 1992). They are prone to reward in interpersonal relationship (Watson & Clark, 1997), and are predisposed to experience positive emotion (Costa & McCrae, 1992).

Undergraduate students who have dominant traits of extraversion are very much capable of facing anxiety when facing death situation, hence leading to greatest level of death anxiety as they may think of their gregarious life and the interpersonal relationship they are going to miss thus facing high level anxiety. Neuroticism was found to be the second strongest predictor of death anxiety among respondents. Neurotic individuals are characterized by a range of negative emotions such as anxiety, tension, and depression. The broad range of negative mood states, by definition, is a general source of subjective distress (Rylands & Rickwood, 2001). It follows that neurotic people experience anxiety on a daily basis making them even more sensitive to their negative emotions. As a result, their anxiety buffering defences are weak. Therefore, neuroticism is expected to increase personal death anxiety. Neuroticism could also exert an indirect influence on personal death anxiety through hindering psychosocial maturity in later life. Because neuroticism is characterized by emotional instability, it predisposes an individual to suffer more from his/her life adversities. Students who have dominant traits of neuroticism are very much incapable of facing death, hence leading to high level of death anxiety.

Findings from this study tally with findings from other researchers such as Duggan, Sham, Lee, Minne and Murray (1995); Suls, Green and Hillis (1998); Strachan, Pyszczynski, Greenberg, & Solomon, (2001), they found personality traits to predict death anxiety.

Our finding did not support the hypothesis that social support will predict death anxiety. This result agrees with findings by other researchers who found social support not to significantly predict death anxiety. It particularly agrees with the work of Hui (2012); who found low social support to predict death anxiety; Fortner, Neimeyer and Rybarczyk (2000) who discovered higher levels of death anxiety, in general, were predicted by less social support and Pinson (2010) who discovered loneliness to lead to death anxiety. In a related development, Cicirelli

(2002) found a correlation between less social support and greater fear of death.

One important implication of this study is on the area of clinical practices especially as it relates to counseling. There is need to encourage interpersonal relationship and support groups within individuals for these have implications for general death anxiety and general well-being.

Although this study contributes significantly to our understanding of the contributions of personality and social support to among undergraduate students in Benue State University, there are some factors that limits the generalization of the results. One limitation of this study is that it focused on just one university and one category of students, undergraduate students. The replication of the current study in other universities and other students may be important in generalizing the results. Another limitation of the study is on the number of the variables studied. Other variables such as family background including number of dependants, and other perceptual factors could also contribute to death anxiety of undergraduates beyond the effect of personality and social support. The exclusive reliance on self-report measure may have led to common method bias associated to such research. Finally, all measures in the present study were collected on a single questionnaire at one time. A longitudinal study may help us to establish cause and effect relationship.

CONCLUSION

The study found personality traits to significantly predict death anxiety while social support was not found to predict death anxiety. Although earlier studies have linked personality and social support with death anxiety, this study was one of the first attempts to empirically investigate personality traits and social supports as predictors of death anxiety among undergraduates in Benue State University. Also, the study extended death anxiety to neglected group when discussing death anxiety as much of the result on death anxiety is focus of terminal or chronic illness individuals neglecting undergraduate students.

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