Study of the Psychological Condition of Students Living in Border Conflict Regions

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ABSTRACT: Since the 1990s, the conflicts and destructive processes that began in Abkhazia and South Ossetia have remained a major crisis for the population of Georgia. For nearly 30 years, the populations of both regions, governed by powerful Russian influence and de facto authorities, have been isolated from the rest of Georgia. The lack of social and intensive interactions, limited communication, and ideological confrontations have further distanced Georgians, Abkhazians, and Ossetians from one another. Under conditions of constant fear, socio-economic hardship, and restricted mobility, protecting the rights of students living in border and conflict regions, ensuring access to essential services, and addressing their mental health remain significant challenges for Georgian society. Students are a crucial part of society who can not only participate in processes of change and development but also become initiators of transformative processes. Given that mental health is linked to an individual's psychosocial and physical well-being, studying students' mental health is important not only in terms of their knowledge and skills but also in terms of assessing their psychological condition and providing appropriate responses. Therefore, the aim of this study is to examine the psychological condition of students living in border conflict regions. To achieve this goal, the research utilized instruments adapted for the Georgian population, including the Death Anxiety Scale (DAS), Life Orientation Test–Revised (LOT-R), Patient Health Questionnaire-9 (PHQ-9), and PROMIS Emotional Distress—Anxiety—Short Form. By employing these tools, it became possible to analyze the mental health challenges faced by students in border conflict regions and identify differences in their psychological conditions based on specific characteristics.

KEYWORDS: mental health, conflicts, life orientation

INTRODUCTION

The study of war experiences and forced displacement is highly relevant in Georgian society, particularly due to the negative impact of "borderization" on affected communities. People in conflict regions face numerous crises, including severe socio-economic conditions, displacement, and migration. This research is novel as it focuses on the psychological effects of these experiences on students, a demographic that has been largely overlooked. By examining their mental health challenges, the study fills a critical gap in understanding how war and displacement shape young people's well-being. Understanding these impacts is vital, as it can inform policies and support systems aimed at fostering resilience and addressing the mental health needs of this vulnerable population.

As a result, many individuals suffer from symptoms such as anxiety, concentration difficulties, sleep disturbances, and appetite loss. Depending on the severity of the crisis, some develop post-traumatic stress disorder (PTSD), dissocial behavior, panic or anxiety disorders, and adjustment disorders (Solomonia et al., 2023). Some research on the mental disorders caused by war trauma (PTSD, depression, substance abuse, impaired social functioning) focuses on how trauma spreads through secondary traumatization in the social environment (Panjikidze, 2014).

However, there are still relatively few studies on the effects of war in Georgia. According to the National Center for Disease Control and Public Health (NCDC), mental and behavioral disorders rank among the top ten causes of hospitalization in Georgia. In 2021, 13,305 individuals were hospitalized with such diagnoses. Leading conditions include organic disorders (674 cases), neurotic and stress-related disorders (799 cases), schizophrenia and related disorders (895 cases), and intellectual disabilities (928 cases) (Kokosadze & Lortkifanidze, 2023). The "2020-2030 Georgian Youth Policy Concept" prioritizes the health and well-being of young people. While the state has undertaken actions to improve mental health, efforts to promote mental well-being and reduce stigma among youth are still lacking (Kokosadze & Lortkifanidze, 2023).

The study aims to assess the psychological condition of students living in border and conflict regions. The research questions focus on identifying mental health difficulties experienced by these students and the characteristics that distinguish the psychological conditions of those living in conflict regions from those in non-conflict regions.

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The study targets students from higher education institutions living in Georgia's border and conflict regions, as well as in Tbilisi. Including students from Tbilisi helps facilitate a comparison between conflict and non-conflict regions. Non-probability sampling methods, including available sampling and snowball sampling, will be used.

The hypotheses are as follows:

HN1 suggests that students in conflict regions will show higher levels of fear of death, depression, and anxiety compared to the control group.

HN2 posits that gender differences will be observed among students in conflict regions, with female students reporting higher levels of fear of death, depression, and anxiety compared to male students.

HN3 indicates that high fear of death scores will correlate with increased anxiety and depression and lower life orientation among students.

1. Methlodogy

1.1. Participants

The study on the psychological condition of students living in border conflict regions involved 200 respondents, of whom 78.6% (157) identified as female and 21.4% (43) as male. The majority, 93.9%, belonged to the 18-25 age group. Among the participating students, 61.2% were from the Samegrelo-Zemo Svaneti region, 26.5% from Shida Kartli, and 12.2% from Tbilisi. Additionally, 94.9% were undergraduate students, while 5.1% were pursuing master's degrees.

1.2. Data Collection Procedure

The survey was conducted using the Google Forms platform. After being informed about the research's goals and objectives, respondents voluntarily participated. Ethical standards were upheld, ensuring the anonymity of participants. To obtain comprehensive information and avoid incomplete data, all questions were mandatory.

1.3. Instruments

Adapted scales were used for the Georgian population, including:

1.3.1. Death Anxiety Scale (DAS) (Templer, 1971)

The Death Anxiety Scale is designed to measure the intensity of death anxiety and has been adapted for the Georgian population by Chomakhidze (2020). The scale consists of 15 items that reflect various aspects of death anxiety. Responses are recorded using a 4-point Likert scale, ranging from complete agreement to complete disagreement. The test includes four subscales:

1. Cognitive-affective factor of death anxiety
2. Fear of physical changes
3. Awareness of the passage of time
4. Fear of pain and distress

1.3.2. Life Orientation Scale – Revised (LOT-R) (Scheier, Carver, 1985)

The LOT-R has been adapted for the Georgian population by Sumbadze et al. (2012). This scale consists of 10 statements rated on a 5-point Likert scale, where 0 indicates complete disagreement and 4 indicates complete agreement.

1.3.3. Patient Health Questionnaire - 9 (PHQ-9)

The PHQ-9 is a screening tool for depressive disorders that consists of 9 statements rated on a 4-point scale, where 0 means "not at all" and 3 indicates "almost every day."

1.3.4. PROMIS Emotional Distress—Anxiety—Short Form

This anxiety questionnaire consists of 7 statements rated on a 5-point scale, where 1 means "never" and 5 signifies "always."

2. Results

2.1. Descriptive Statistics

In accordance with the study's objectives, the psychological condition of students living in border and conflict regions was assessed. To analyze the collected data, various statistical methods were employed, including univariate analysis, multivariate analysis, cross-tabulation analysis, one-way ANOVA, and linear regression analysis. Additionally, Pearson's correlation coefficient and the Chi-square (X^2) test were calculated.

2.1.1. Death Anxiety

The analysis revealed that on the Death Anxiety Scale, 11.2% of students scored low, 62.2% scored at an average level, and 26.5% scored high. Among undergraduate students, 61.4% had average scores, while 80% of master's students also exhibited average scores on the Death Anxiety Scale ($X^2 = 0.393$; df = 2). The average score for students on the Death Anxiety Scale was M = 24.4; SD = 8.4 (see Table N1)

The average scores for the subscales of the cognitive-affective factor of death anxiety were as follows:

- **Cognitive-Affective Factor**: M = 10.9; SD = 4.5
- **Fear of Physical Changes**: M = 2.4; SD = 1.8
- **Awareness of Time Passage**: M = 4.6; SD = 1.7

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- **Fear of Pain and Distress**: M = 6.5; SD = 3.2

Among female respondents, 6.4% reported low levels of death anxiety, 59.9% reported average levels, and 33.3% reported high levels. In contrast, among male respondents, 27.9% exhibited low levels of death anxiety, while 72.1% reported average levels, with no high levels detected ($X^2 = 0.000$; df = 2).

Table N1. Distribution of Students by Death Anxiety Scale According to Gender

Gender	Low Anxiety (%)	Average Anxiety (%)	High Anxiety (%)	Total (%)
Female	6.4	59.9	33.3	100.0
Male	27.9	72.1	0.0	100.0
Total	**11.0**	**62.5**	**26.5**	**100.0**

Crosstabulation of Gender and Death Anxiety Scale

Death Anxiety Scale (DAS)	Female (%)	Male (%)	Total (%)
Low	6.4	27.9	11.0
Average	59.9	72.1	62.5
High	33.8	0.0	26.5
Total	100.0	100.0	100.0

Chi-Square Tests

Test	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.557	2	.000
Likelihood Ratio	37.854	2	.000
Linear-by-Linear Association	29.259	1	.000
N of Valid Cases	200		

Note: a. 1 cell (16.7%) has an expected count less than 5. The minimum expected count is 4.73.

2.1.2. Depression

The analysis of the Depression Scale revealed that 40.8% of students experienced mild depression, 29.6% had moderate depression, and 8.2% exhibited severe depression, with an average score of M = 9.8; SD = 5.2. Gender differences indicated that 40.4% of female students reported mild depression, while 7.7% experienced moderate to severe depression. Among male students, 42.9% had mild depression, and 4.8% exhibited severe depression ($X^2 = 0.562$; df = 4). Regionally, students in Samegrelo-Zemo Svaneti showed that 45.1% had mild depression, while 8.2% reported moderate to severe depression. In Shida Kartli, 30.8% had moderate depression, with 26.9% experiencing severe depression. In Tbilisi, 50% had mild depression, and 8.3% reported moderate to severe depression ($X^2 = 0.000$; df = 8) (see Table N2)

Table N2. Distribution of Students by Depression Scale, Gender, and Residential Region

Category	No (%)	Mild Depression (%)	Moderate Depression (%)	Moderately Depression (%)	Severe Severe Depression (%)	Total (%)
Overall	27 (13.3)	82 (40.8)	59 (29.6)	16 (8.2)	16 (8.2)	200 (100.0)
Gender						
Female	23 (11.5)	81 (40.4)	63 (31.4)	15 (7.7)	18 (9.0)	200 (100.0)
Male	43 (19.0)	35 (42.9)	45 (23.8)	16 (9.5)	9 (4.8)	200 (100.0)
Residential Region						
Samegrelo-Zemo Svaneti	36 (18.0)	90 (45.1)	57 (28.7)	16 (8.2)	0 (0.0)	200 (100.0)
Shida Kartli	15 (7.7)	53 (26.9)	61 (30.8)	16 (7.7)	54 (26.9)	200 (100.0)

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Category	No (%)	Mild Depression (%)	Moderate Depression (%)	Moderately Depression (%)	Severe Severe Depression (%)	Total (%)
Tbilisi	0 (0.0)	100 (50.0)	66 (33.3)	16 (8.3)	16 (8.3)	200 (100.0)

2.1.3. Anxiety
Anxiety Levels Among Students

The analysis of the Anxiety Scale revealed that 23.5% of students experienced low anxiety, 22.4% had weakly expressed anxiety, 42.9% exhibited moderate anxiety, and 11.2% demonstrated high anxiety levels, with an average score of $M = 20.1$; $SD = 5.8$. Significant differences were observed in anxiety levels based on gender. Most female students exhibited moderate anxiety, while a majority of male respondents reported low or minimally expressed anxiety ($X^2 = 34.644$; $df = 3$). Additionally, differences in anxiety levels were found based on residential region. In Samegrelo-Zemo Svaneti, 26.8% of students reported low anxiety, while in Shida Kartli, 54.7% exhibited moderate anxiety levels. In Tbilisi, 58.3% of students also reported moderate anxiety ($X^2 = 25.164$; $df = 6$) (see Table N3)

Table N3. Distribution of Students by Anxiety Levels According to Gender and Residential Region

Anxiety Level	Gender	% within Gender	Samegrelo-Zemo Svaneti	Shida Kartli	Tbilisi	Total (%)
It is not present or slightly expressed	Female	17.1%	26.8%	26.4%		23.5%
	Male	47.6%				
Weakly expressed	Female	18.4%	30.1%	3.8%	25.0%	22.5%
	Male	38.1%				
Expressed as an average	Female	51.9%	35.0%	54.7%	58.3%	43.0%
	Male	9.5%				
Acutely expressed	Female	12.7%	8.1%	15.1%	16.7%	11.0%
	Male	4.8%				
Total		**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Chi-Square Tests Summary

Test	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.644	3	.000
Likelihood Ratio	37.140	3	.000
Linear-by-Linear Association	27.845	1	.000
N of Valid Cases	200		

2.1.4. Life Orientation

The Life Orientation Scale results indicate that 33.7% of students exhibit low levels, 63.3% average levels, and 3.1% high levels of life orientation, with an average score of $M = 14.3$ and $SD = 8.4$. Gender differences were observed, with 62.4% of female students and 67.4% of male students scoring at an average level. The Chi-Square test results show no significant difference based on gender ($X^2 = 1.143$; $df = 2$). (see Table N4)

Regional differences also emerged, with varying scores among students from different areas. Notably, 71.5% of students from Samegrelo-Zemo Svaneti showed average scores, while students from Shida Kartli and Tbilisi reported equal distributions of low and average scores. The results were statistically significant ($X^2 = 17.162$; $df = 4$).

Furthermore, undergraduate students scored an average level of 61.4%, while all master's students fell into the same category, suggesting a notable distinction between study levels ($X^2 = 6.100$; $df = 2$).

Table N4. Distribution of Students by Life Orientation Scale According to Gender

Life Orientation Scale	Female	Male	Total
Low	35.0%	27.9%	33.5%
Average	62.4%	67.4%	63.5%
High	2.5%	4.7%	3.0%

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Life Orientation Scale	Female	Male	Total
Total	100.0%	100.0%	100.0%

2.2. Correlational Analysis

The correlational analysis was conducted to assess the relationships between the employed scales using Pearson's correlation coefficient. The findings revealed several significant correlations:

Life Orientation Scale demonstrated a negative correlation with the **Fear of Death Scale** (r = -0.170, p = 0.016), indicating that higher levels of life orientation are associated with lower levels of fear of death. Additionally, it showed a strong negative correlation with **Depression** (r = -0.436, p = 0.000) and **Anxiety** (r = -0.356, p = 0.000), suggesting that individuals with higher life orientation tend to experience less depression and anxiety.

Depression exhibited a negative correlation with the **Life Orientation Scale** (r = -0.436, p = 0.000) and a positive correlation with **Anxiety** (r = 0.639, p = 0.000). This indicates that as depression increases, anxiety levels also rise.

The **Fear of Death Scale** showed a negative correlation with **Life Satisfaction** (r = -0.170, p = 0.016) and a positive correlation with **Anxiety** (r = 0.229, p = 0.001). This suggests that greater fear of death is linked to lower life satisfaction and higher anxiety.

Anxiety was positively correlated with the **Fear of Death** (r = 0.229, p = 0.001), negatively correlated with the **Life Orientation Scale** (r = -0.356, p = 0.000), and positively correlated with **Depression** (r = 0.639, p = 0.000). This pattern reinforces the complex interplay between these emotional states.

The **Cognitive-Affective Factor of Fear of Death** revealed several positive correlations with related factors: **Fear of Physical Change** (r = 0.415, p = 0.000), **Awareness of the Flow of Time** (r = 0.199, p = 0.005), and **Fear of Pain and Stress** (r = 0.466, p = 0.000). It also showed a strong positive correlation with the **Total Death Anxiety Scale** (r = 0.846, p = 0.000), indicating that these dimensions are interrelated. Conversely, a negative correlation was found with the **Life Orientation Scale** (r = -0.244, p = 0.001), suggesting that individuals with a more optimistic outlook may experience less cognitive-affective fear of death.

Table N5 Correlational Analysis Between Scales

Correlation Between Scales	Pearson Correlation	Sig. (2-tailed)	N
Cognitive-Affective Factor of Fear of Death			200
Fear Factor of Physical Change	0.415**	0.000	200
Awareness of the Flow of Time	0.199**	0.005	200
Fear Factor of Pain and Stress	0.466**	0.000	200
Death Anxiety Scale (DAS) - Total			200
Total Death Anxiety Scale	0.846**	0.000	200
Life Orientation Scale (LOT-R)			200
Life Orientation	-0.244**	0.001	200
Depression			200
Depression	0.099	0.165	200
Anxiety			200
Anxiety	0.187**	0.008	200

Significance Levels:
- **.01** level (2-tailed): **Significant correlation**
- **.05** level (2-tailed): *Significant correlation*

2.3. Linear Regression Analysis

The linear regression analysis revealed that the Death Anxiety Scale explains 30% of the variability in the data (R = 0.303; R^2 = 0.092; Adjusted R^2 = 0.078; B = 23.341; t = 6.323; P < 0.001).

The most significant predictors of the Death Anxiety Scale were found to be anxiety (B = 0.473; β = 0.324; SE = 0.130; t = 3.641; P < 0.001), depression (B = -0.380; SE = 0.148; β = -0.237; t = -2.565; P = 0.011), and life satisfaction (B = -0.334; β = -0.158; SE = 0.161; t = -2.077; P = 0.039) (see Table N6).

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Table N6. Linear Regression Analysis

Model Summary

Model	R	R²	Adjusted R²	Std. Error of Estimate
1	0.303	0.092	0.078	8.06584

a. Predictors: (Constant), Anxiety, Life Satisfaction, Depression.

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	23.341	3.668			
	Life Satisfaction	-0.334	0.161	-0.158		
	Depression	-0.380	0.148	-0.237		
	Anxiety	0.473	0.130	0.324		

DISCUSSION

Fear of Death- Most students exhibit moderate fear of death, as found in other studies (Neimeyer, 1994; Wong, Reker, & Gesser, 1994). The higher anxiety about death among graduates compared to undergraduates may be explained by their more developed cognitive abilities (Yalom, 1980).

When discussing regional differences in fear of death, it is essential to consider socio-cultural factors. The greater fear expressed by students in Tbilisi may be linked to urban stress (Thorson & Powell, 1984), while lower fear of physical changes could be attributed to cultural attitudes toward aging (Neimeyer et al., 2004). Notably, data from regions are similar, indicating the need for further research and consideration of regional context.

Life Orientation - As noted, fear of death is similar across regions, but life orientation varies. Students from Samegrelo-Zemo Svaneti display higher optimism; depression and anxiety levels differ, with Shida Kartli students showing the highest depression scores, while Tbilisi students report the highest anxiety levels. This can likely be attributed to social-economic factors and access to mental health resources (Kessler et al., 2005; Diener et al., 2003).

Depression - The high levels of depression among students underscore the urgent need for mental health support in educational institutions. Many students experience mild, moderate, or severe depression due to academic pressure and social changes, representing a significant challenge for this generation (Ibrahim et al., 2013). This also highlights the necessity of mental health support services (Hunt & Eisenberg, 2010).

Gender differences indicate that more female students experience severe depression, confirming previous research that shows depressive symptoms are more prevalent in women and relate to various coping mechanisms and social support availability (Kessler, 2003; Eisenberg et al., 2007).

Anxiety - Most university students experience moderate to severe anxiety due to academic stress and social factors (Bayram & Bilgel, 2008). Students with acute anxiety require more intensive support (Eisenberg et al., 2007) and stress management interventions (Beiter et al., 2015).

Notably, gender differences show that women report higher anxiety levels, likely due to biological, psychological, and social factors (McLean & Anderson, 2009; Nolen-Hoeksema, 2000). In contrast, male students show lower anxiety levels, which may be explained by social norms that inhibit emotional expression (Mahalik et al., 2003).

Regional differences also influence anxiety levels among students. Urban areas like Tbilisi exhibit higher anxiety due to intense academic and social pressure (Beiter et al., 2015), whereas regions like Samegrelo-Zemo Svaneti show lower anxiety, possibly due to protective factors or reduced stress (Bayram & Bilgel, 2008).

Interconnection of Psychological Constructs - A strong positive correlation exists between the cognitive-affective aspects of fear of death and DAS, indicating that cognitive and emotional reactions significantly contribute to fear of death. A negative correlation between fear of death and life orientation suggests that existential concerns diminish life satisfaction and optimism, emphasizing the need to promote positive life orientation to reduce death anxiety (Yalom, 2008).

Correlations between fear of physical changes and DAS highlight the impact of physical self-perception on fear of death. From a future perspective on aging and death, physical changes may intensify fear of death (Tomer & Eliason, 2008), underscoring their role in death anxiety (Heidegger, 1927).

A strong positive correlation between fear of pain and stress highlights the role of pain anxiety in death fear and anxiety levels. Therefore, reducing pain anxiety may benefit both conditions (Solomon, Greenberg, & Pyszczynski, 1991).

Negative correlations between life orientation and DAS total, depression, and anxiety indicate that positive life orientation protects against psychological distress. Thus, promoting optimism alleviates death anxiety and depression (Scheier & Carver, 1992).

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A strong positive correlation between depression and anxiety reflects their co-occurrence, suggesting that addressing one condition may benefit the other (Kessler et al., 2005).

Complex Relationship Between Death Anxiety and Psychological Factors - Linear regression analysis shows that high anxiety is associated with fear of death, while high life satisfaction and depression are linked to low fear of death. These results support existing research indicating that enhancing life satisfaction is advisable to overcome anxiety caused by fear of death (Seligman & Csikszentmihalyi, 2000; Solomon, Greenberg, & Pyszczynski, 1991).

1. **Research Limitations and Future Research Plans**

This study has limitations that affect the interpretation of the findings:

- Consideration of All Possible Factors: The study may not encompass all factors influencing death anxiety, depression, and anxiety among students from conflict regions.
- Representativeness of the Sample: The sample selection may not fully represent the diversity of the student population, which could potentially impact the results.
- Correlational Nature: Due to the correlational nature of the study, establishing causality is not possible. It is implied that other causal factors may exist that influence the characteristics of the measured variables.

Therefore, future research should consider the cultural, economic, and social factors affecting students from conflict regions, as these factors may relate to, mediate, or moderate the relationship between death anxiety and other psychological factors. Additionally, a future area of interest is understanding why girls and boys experience anxiety differently (Ibrahim et al., 2013). Understanding the social and cultural contexts that affect students and exploring gender differences will help in developing appropriate support strategies (Hunt & Eisenberg, 2010).

2. **Scientific and Practical Value of the Research**

On one hand, the study provides a theoretical foundation for understanding death anxiety among students from conflict regions and reveals its relationship with other psychological factors, such as depression, anxiety, and life satisfaction. The methodological design and statistical analysis ensure the scientific validity of the findings.

On the other hand, the practical outcomes of the research are significant for developing interventions and support strategies aimed at promoting the well-being of these students within the educational process.

CONCLUSION

This study primarily aimed to examine the levels of fear of death, depression, and anxiety among students from conflict-affected areas, as well as to investigate gender differences and the relationships among these psychological factors. The findings supported the hypotheses, revealing that:

1. Students in conflict zones demonstrate significantly higher levels of fear of death, depression, and anxiety compared to those in a control group.
2. Female students in these regions report notably greater levels of these psychological issues than their male counterparts.
3. Elevated fear of death is associated with increased anxiety and depression, along with a diminished sense of life orientation.

These results underscore the considerable psychological difficulties encountered by students in conflict zones. Interventions should aim to cultivate coping strategies, strengthen social support networks, and reduce stigma, especially for female students. Furthermore, it is essential to tackle regional disparities by fostering positive opportunities and prioritizing stress-reduction initiatives. Expanding access to mental health services, coupled with community awareness campaigns, can effectively diminish stigma and provide necessary support resources, ultimately improving the well-being of these communities. Future studies should focus on the long-term effects of these interventions and examine additional factors that may impact mental health in populations affected by conflict.

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