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Editor Speech of IC - BTI 2020

International Conference is the 9th international interdisciplinary peer reviewed conference which publishes works of the scientists as well as practitioners in the area where UBT is active in Education, Research and Development. The UBT aims to implement an integrated strategy to establish itself as an internationally competitive, research-intensive institution, committed to the transfer of knowledge and the provision of a world-class education to the most talented students from all backgrounds. It is delivering different courses in science, management and technology. This year we celebrate the 19th Years Anniversary. The main perspective of the conference is to connect scientists and practitioners from different disciplines in the same place and make them be aware of the recent advancements in different research fields, and provide them with a unique forum to share their experiences. It is also the place to support the new academic staff for doing research and publish their work in international standard level. This conference consists of sub conferences in different fields: - Management, Business and Economics - Humanities and Social Sciences (Law, Political Sciences, Media and Communications) - Computer Science and Information Systems - Mechatronics, Robotics, Energy and Systems Engineering - Architecture, Integrated Design, Spatial Planning, Civil Engineering and Infrastructure - Life Sciences and Technologies (Medicine, Nursing, Pharmaceutical Sciences, Physiology, Dentistry, and Food Science),- Art Disciplines (Integrated Design, Music, Fashion, and Art).

This conference is the major scientific event of the UBT. It is organizing annually and always in cooperation with the partner universities from the region and Europe. In this case as partner universities are: University of Tirana – Faculty of Economics, University of Korca. As professional partners in this conference are: Kosova Association for Control, Automation and Systems Engineering (KA – CASE), Kosova Association for Modeling and Simulation (KA – SIM), Quality Kosova, Kosova Association for Management. This conference is sponsored by EUROSIM - The European Association of Simulation. We have to thank all Authors, partners, sponsors and also the conference organizing team making this event a real international scientific event. This year we have more application, participants and publication than last year.

Congratulations!

Edmond Hajrizi,

Rector of UBT and Chair of IC - BTI 2020
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Understanding the process of dying among young and old adults
Abstract: This qualitative study aimed to further understand and explore the different perspectives that young and old adults have regarding the process of dying, respectively how young and old adults perceive and understand the process of dying, their thoughts, feelings and beliefs regarding the personal death and the death of loved ones, the connection between life and death cycle, their insights regarding the pivotal role that culture has on the way how people approach death, different coping mechanisms when facing loss, the idea of afterlife and perspectives for the idea of being immortal. In this research study participated 8 young adults (4 women and 4 men; 24-29 years old) and 7 old adults (3 women and 4 men; 65-72 years old). All participants were from Kosovo and were recruited through snowball sampling method. The data were collected through semi-structured interviews which lasted around 15-40 minutes. The data gathered from semi-structured interviews were analyzed through Thematic Analysis. After the data coding, seven themes were generated: Appreciation for being alive, Life and Death Cycle, The meaning of Death, Afterlife, The universal fear of dying, Coping with the process of dying and The idea of being immortal.

Introduction

The process of dying is considered a universal and general threat with an eclectic impact on human’s wellbeing. Why death is being considered as one of the most threatening processes? According to some studies it is because “the uncertainty it entails” (Hohman & Hogg, 2011), because it reduces the ability to find meaning (Heine, Proulx, & Vohs, 2006 as cited in Pyszczynski, Solomon & Greenberg, 2015); it is a process which we cannot control (Fritsche, Jonas, & Fankhanel, 2008) and it has a large impact on social relationships and in our sense of belonging as well (Leary, 2004). Self-awareness as one of the most precious ability that humans have also serves as a death-reminder, making us understand that our existence is not perpetual and some day we will inevitably diminish and die. In this account, death becomes frightful or “the loneliest event of our life” because not only separates an individual from others, but also from the world itself (Yalom, 2008). This study provides a wide perspective regarding the process of dying and the different ways how people approach and cope with this process. In this regard, throughout this study will be discussed the different insights that people have regarding death, the pivotal role that culture has on the way how individuals approach and cope with death, the different theories which further explain how people rely on certain cultural worldviews and also the different perspectives that young and old adults have when dealing with personal death or the death of their loved ones.

Although the process of dying is perceived as dreadful event, it is not irrational to be afraid from death since an individual not only finds it hard to face the fact that someday he/she will seize to exist, but also he/she will constantly have the insecurity of what will happen after he dies and the feeling of sadness for the loss of many valuable things and beloved ones. One of the reasons why death remains an unpleasant process it has to do with the fact that our unconscious mind is not capable to perceive the ending of our own life, and if our life has to end than it might be caused by an external factor or by somebody else. It is just inconceivable for our unconscious mind to imagine death in regard to ourselves from a natural cause (e.g. the old age). Thus, death in itself is perceived by people as something scary, threatening, unfair or even a punishment act. Despite all the evidences that after a time death might occur to us, we keep denying the fact of mortality. Instead, we have the need to convince our self that death might happen to someone else and we hold on to the idea of being immune from this process or in the image of us being immortal. (Kubler-Ross, 1969). In a qualitative study conducted by Beth (2010), when participants were asked about the most fearsome aspects of death, the generated themes regarding this question included: Uncertainty of death (not knowing when and how the individual will die), Unknown afterlife (fear from the unknown-if there is an afterlife, the uncertainty whether heaven and hell truly exist and what happens with our soul), Unfulfilled life (being afraid of dying especially in a young age, without being able to accomplish several life goals), Finality of Death (Believing in afterlife but being afraid from the perceived nothingness that death brings, finding difficult to accept the fact that life is over and that suddenly we stop thinking and feeling), Loss of loved ones (the pain of both leaving loved ones behind when they die and the pain of loss when the loved one dies; being more concerned for the death of the loved ones than for the personal death).
Culture has a pivotal role on how an individual might approach death and what kind of cultural worldviews a person chooses to maintain when confronting death. The explanations or approaches towards the process of dying constructed by a certain culture may contribute on repressing the fear from dying or encouraging people to not be afraid from this process. Whether a culture induces repression of feelings, fear from death or encouragement to see this process in different perspective, the main aim is to develop a system of thoughts and beliefs which offer people a possibility to find meaning and have a sense of belonging. Consistent with this, early societies have developed different religions which offered comfort and hope for life after death, an eternal soul or a cycle of rebirth through enlightenment or nirvana (Moore and Williamson, 2003). Culture shapes the way how an individual not only perceives the process of dying but also how an individual copes with loss and bereavement, since both death and bereavement do not occur in a social vacuum. Hence, social context largely influence how groups of people deal with these phenomena. Moreover each culture is unique, meaning that different cultures express different ways of perceiving the process of dying with different social responses to loss (Thompson, Allan, Carverhill et. al, 2016). Despite the fact that each culture or society approaches the process of dying in different ways, most societies tend to avoid the topic of death and especially when it comes to explain this process to children. Kubler-Ross (1963) also claims that society tends to perceive death as taboo and children are usually excluded with the pretext that explaining to children what really happened might be too much for them. By not giving a proper explanation they will end up being confused or scared from the idea of dying.

Terror Management Theory (TMT)

According to Terror Management Theory (Solomon, Pyszczynski&Greenberg, 1991, Pyszczynski et al., 2015), despite the instinctive drive of survival, individuals systematically are faced with the fact that death is unavoidable process. Humans are afraid from the idea of nonexistence respectively the fear of annihilation; the fact that someday our mind, body and spirit will seize to exist. Terror management theorists claim that in order to manage the idea of our mortality, individuals usually develop and absorb some general "Cultural worldviews" (e.g. religion, ethnicity, other cultural norms and shared values) which fulfill their need of belonging in the community. Such ideas and beliefs include: (1) a theory of reality which offers a meaning and purpose of life, (2) some sort of standards/norms by which humans can live in comfort and are used to evaluate human behavior and (3) the hope for literal or symbolic immortality to those who embrace and live by these standards. On this account, the literal immortality represents the religious aspects of cultural worldviews which embraces and supports the idea of life after death and the existence of heaven, reincarnation or other types of afterlives that humans have developed and maintained throughout centuries. Symbolic immortality has to do with the idea of belonging somewhere greater than oneself which will continue to exist even after the individual dies. Hence, different people contribute in several ways in the community with the desire to be remembered for an eternity. In this context, they leave behind their fortune, family, monuments or other things that persist throughout the time such as books, pictures, music and memorable acts. In order to enhance their certainty, people who live by these standards seek for confirmation by other people; meaning that they will cooperate more with people who share the same values and avoid others who have different worldviews. Generating certain beliefs, values and norms and also believing in the cultural systems, help individuals find meaning for their life, having the sense of belonging, relieving anxiety and creating the illusion of being protected from death (Pyszczynski, Solomon and Greenberg, 2015). TMT suggests that old people have already achieved their life goals and when confronted with death-reminders, they seem to accept this fact easier than young people. Respectively, old people are more willing to contribute and help the future generations by becoming more prosocial and with a desire to leave an impact in their community that will last forever (Maxfield, Greenberg, Pyszczynski et al., 2014)

Approaching and Coping with the process of death
Since death is an unknown and complex process, the way how a person understands mortality determines not only how he/she reacts or copes with this process but also how functional he/she is in everyday life. Thus, death attitudes define the personal meaning and our striving to find purpose (Neimeyer, 2005). When thinking about the process of dying or coping with the loss of a beloved one, Davis and Nolen-Hoeksema (2001) have suggested that the process of understanding death or the effort to give a meaning for this process, may help an individual emerge two coping functions: (1) when dealing with an unexpected or traumatic death, a person might feel lost and will question all his/her beliefs and assumptions about the world and how life functions. In this case, the first coping function is to search for a personal meaning for the death or to find an approach that best suits individual’s worldviews or beliefs. Such approach towards death usually is beyond the medical explanations or natural causes and is related more with a philosophical or spiritual explanation. People usually find satisfactory meaning for the process of dying through religion or spirituality; (2) the second coping function on trying to give death a proper meaning is to help the bereaved individual acknowledge that dealing with this process as difficult as it may seem, it is also beneficial. Respectively, finding a satisfactory meaning contributes on personal growth and resilience. Moreover, this process might serve on increasing awareness for other important things in life or to cherish other important personal relationships (Davis and Nolen-Hoeksema, 2001). Together with coping functions, finding meaning from the process of dying and mortal salience contribute even more on having the desire and willingness for social interactions (Taubman-Ben-Ari, Findler, &Mikulincer, 2002), desire for intimacy in romantic relationships (Mikulincer & Florian, 2000), or desire to have children and taking care of them (Wisman & Goldenberg, 2005). Becoming aware about death and accepting it as part of the life cycle may serve as an awakening experience which can motivate an individual undertake significant life changes, taking responsibility for his/her actions, constantly striving for a life purpose and being more willing towards building an authentic life (Yalom, 2008).

When confronting death because of a terminal illness or dealing with the loss of a loved one, there are five stages of psychological confrontation which an individual goes through. Bowlby (1983) proposed five stages of grief due to the loss of a loved one whereas Kubler-Ross (1963) suggested five stages in terms of coping mechanisms when dealing with a terminal illness, respectively being faced with personal death. In the case of bereavement, the first stage is called dulling of sensitivity in which grievers are confused, face difficulty to accept the loss and do not seem to have any emotional reactions even though there are cases when individuals experience also outbreaks of anger, intense pain or panic attacks. The second stage is called longing and search for the lost one where grievers are faced more with the fact that the loved one will not return. During this phase there is an intense pain and yearning for the loved one but also this stage might be associated with feelings of anger and questioning why the loved one had to pass away. The third stage is negotiation where grievers want to arrive at a pact to recover the loved one. The fourth stage is disorganization and despair where grievers truly acknowledge the reality and convince themselves for the loss. This phase is associated with deep pain, weeping, despair and depressed feelings. The fifth phase and the last one is acceptance and reorganization where grievers accept the death of the loved one and make effort to move on by reconstructing their life (Bowlby, 1983 as cited in Abengozar, Bueno & Vega, 1999).

According to Kubler-Ross (1963), when dealing with personal death, the first stage is Denial where the patient finds it impossible to accept the fact that he/she is about to die. The shocking news is usually followed by the expression of: “No, not me, it cannot be true!” The patient finds himself in a complete denial and will make many efforts on finding other possibilities to recover from the certain illness. The first stage of denial is replaced later by the stage of Anger where the patient experiences feelings of anger, rage and resentment. While the first stage is characterized with “Not me, it cannot be true”, in the second stage the question is “Why me?” This stage is quite difficult not only for the patient but for the family as well because anger is projected into several things. The patient will be harsh with everyone, including the doctors who according to the patient they are not doing a good job or they are not trying enough to save him/her. Especially, if the patient is still young will feel?! Angry from a premature death since he/she will not be able to achieve many life goals. The third stage is called Bargaining during which patient wants to reach an agreement usually with God to postpone this inevitable process. Kubler-Ross (1963) described this stage as follows “If we have been unable to face the sad facts in the first period and have been angry at people and God in the second phase, maybe we can succeed in entering into some sort of an agreement which may postpone the inevitable happening: If God has decided to take us from this earth and he did not respond to my angry pleas, he may be more favorable if I ask nicely (p. 74)”. In
addition, the patient will ask for any last wishes to come true such as, being able to have one last performance (if the patient is an artist), being in the son’s wedding, meeting any significant person etc. After the terminally ill patient has convinced himself that there is no escape from death, he/she will go through the stage of Depression where he/she will be grieving the personal loss. Rather than being angry with everything, he/she will have feelings of fatigue and weakness and starts to feel sad for everything and for everyone he will leave behind. The last stage of confronting the personal death is Acceptance where patient will be willing to accept the fact that he/she will die. This is not a stage where patient feels happy but is more described as a time where patient doesn’t feel pain anymore, all the struggles came to an end and now is the time to find peace and acceptance.

**The process of dying among young and old adults**

While old people are more exposed with the process of dying, it can be assumed they will be more concerned about personal death than young people. Considering this case in one perspective, old people may be more vulnerable from death-reminders since they deal more with health issues and are more likely to witness the death of their loved ones such as, any member of the family or best friends. Moreover, it can be assumed that older people will also face difficulties on maintaining self-esteem and beliefs in their worldviews and this might contribute even more in their vulnerability when thinking about death (McCoy, Pyszczynski, Solomon, & Greenberg, 2000 as cited in Maxfield et al., 2007). Surprisingly, the exact opposite seems to be true because many studies claim that the level of “death-related thoughts” decrease with increasing age (Russac, Gatiff, Reece, & Spottswood, 2007). Kastenbaum (2000), suggested that “People become less anxious [with age] because (a) death does not threaten as many of our values, and/or (b) there is a continued developmental process through which we ‘come to terms’ with mortality” (p. 122). Given the fact that older people can be more often exposed to death related thoughts as their journey of life is about to come to an ending, it seems like they are more used with the concept that death is truly an inevitable process. Therefore, they have a higher level of acceptance than young people and become less responsive towards constant death reminders (Maxfield et al., 2007). Embracing the fact that death is inevitable, old people start to be more prosocial and generative, meaning that they have a will and desire to help future generations by sharing their experiences or offering their service to contribute somehow in their community (Lang and Carstensen, 2002). An increased generativity among old people it might be considered as a coping mechanism regarding death and a desire of immortality (Maxfield et al., 2014). It is also suggested that in later life, old people increase their emotional reappraisal by focusing more on perceiving the bright side of life and decrease suppression of emotions. This also reflects a positive shift regarding the emotional regulation where old adults are more willing to embrace life situations and have an increased sense of control over their own feelings and emotions (John & Gross, 2004).

In the other hand, death-related thoughts and death anxiety occur more often to the young people especially to men and women in their 20s. It can be postulated that one of the reason why they seem to be more afraid from death, it is associated with the reproductive status, meaning that both of them have reached the highest peak of reproductive and sexual maturity. Consequently, young adults can report more anxiety from death because they are concerned about their offspring. Their anxiety arises when they face with the question: If anything happens to me, who will look after my children? (Russac et al., 2007). Young people seem to be more occupied on finding the life purpose and having expectations for the future. It is a time when they are searching for a meaning or even questioning their beliefs about God. They become aware about their vulnerability from death, experience fear, anxiety or depression when thinking about this inevitable process, yet they choose to deny it or they will perceive death as a process which will occur in a distant future. Hence, the affirmation of “I will die” is putted away, for future reconsiderations. Moreover, when confronted by death signals, young people will make an effort to accept these signals, but will also transform them in something less threatening (Kastenbaum, 2000).

Although the process of dying might be perceived as a frightful event and people have the tendency to avoid thinking about this process, the idea of living in a world where all people would be immortal was considered as an attractive option at first thought, but not so desirable after second thought. In a research study conducted by Kastenbaum (2000), young adults were asked to imagine a world without death and they identified more negative perspectives than positive ones. Young adults considered that a world without death would be overcrowded and the life would lose its meaning because after all death is a sort of motivator mechanism which prompts the individual to work hard and achieve life goals or to find purpose. If people would be immortal and have unlimited time, they would not only lack structure in their everyday life and have no sense of direction but also would not appreciate many important things in life.
Based on all the literature review elaborated above, this qualitative study aims to explore how young adults (24-29 years old) and old adults (65-75 years old) perceive or understand the process of dying. There is a lack of qualitative studies which tend to explain death related thoughts of young and old adults, so this qualitative research will offer a wide perspective on how young and old adults approach this process, the coping mechanisms, their cultural worldviews their thoughts, feelings and beliefs regarding the process of dying in general, their own death and their perception about the process of dying of their loved ones. Most of the studies of this nature were quantitative and were conducted through surveys which can direct participants to reflect only on particular features. This can alter the answers that people provide on surveys. Therefore, this qualitative research will offer a wider and deeper perspective on how people understand the process of death without imposing any answer. Taking into consideration that process of dying it’s a sensitive topic and people have different perspectives on understanding it, the qualitative methodology offered the opportunity to understand in-depth the participant’s thoughts, beliefs, and emotions regarding this process. In addition, the research question which will be further elaborated through this study is “How young and old adults perceive the process of dying?”

**Methodology**

**Participants**

In this research have participated 8 young adults (4 women and 4 men; 24-29 years old) and 7 old adults (3 women and 4 men; 65-72 years old). All participants were from Kosovo and were recruited through snowball sampling method. There were eight interviews with old adults planned to be conducted through this research study, but one of the potential participants after meeting with the researcher decided not to conduct the interview because the topic was quite sensitive for her and she did not feel comfortable talking about the process of dying.

The researcher has begun the recruitment of young adults in the Department of Psychology at the University of Pristina and after conducting the first interview, the participant recommended another friend (between ages 24-29 years old) who was interested and willing to participate in this research study. Most of the participants were in the last phase of finishing master studies in Psychology except one participant who studied Management and Economics. The exclusion criteria was for students who were already diagnosed with any mood disorder or anxiety disorder because the research topic was sensitive and would induce feelings of discomfort.

Regarding the old adults, 7 old adults (4 men and 3 women; 65-72 years old) were also recruited through snowball sampling method where the first participant recommended a friend/relative who was interested in this research topic. The recruitment of the old adults begun in a center for elderly people in Pristina. The old adults had different professions and academic background (3 doctors, 2 merchants, 1 lawyer and 1 teacher). All of them retired from their previous jobs but some of them still continued to work 2-3 hours per day. The exclusion criteria was for old adults who were diagnosed with any mental disorder (especially mood disorder or anxiety disorder) or possessed any health condition since the topic could be sensitive for them.

**Instrument**

The data were collected through individual semi-structured interview since this research aimed to further explore the issues raised by the research question and also to gather participants’ experiences, insights, attitudes, beliefs and feelings regarding the process of dying. Semi-structured interviews were mainly focused in the participant’s perceptions and insights regarding personal death, their thoughts and feelings about the process of dying of their loved ones, their appreciation for being part of this universe, the impact that culture has on the way how people understand the process of dying and the different how people cope with loss. All interviews were transcribed to further analyze the different perspectives offered by young and old adults regarding this topic (Appendix 1: Interview transcripts).

**Design**

The research study was qualitative since it was more focused on exploring in-depth how young and old adults approach the process of dying. It was a cross-sectional study because it included more than one case and the fact that participants were from different age and gender, it offered different perspectives.

**Procedure**

The request to conduct the research study was approved from the Ethics Committee of University of Sheffield. After the recruitment procedures, an Information sheet and the consent form was handed to all the participants. The Information sheet obtained information about the research, the purpose of the research, the methods/procedures of how the data will be generated, further information about the semi-
structured interviews, the duration of the interview and also who is supervising the study/the researcher. After reading the Information Sheet, the participants signed the Consent Form as an agreement to take part in the study. The Information Sheet and Consent Form were translated from English to Albanian for the old adults because they did not speak English language.

Seven individual semi-structured interviews with young adults took place in the city park of Pristina in accordance with participants because it was considered as a quiet and suitable place to talk, whereas one interview was conducted through Skype because the participant was not currently in Pristina. The interviews with old adults took place in Pristina in a private office which was located in the city center. All semi-structured interviews were audio-recorded, were conducted in Albanian language and the duration of the interview varied from 15-40 minutes.

All the participants were ensured about the confidentiality meaning that their personal data would not appear in the report. They were informed that individual interviews would be audio-taped only to transcript the whole discussion and for the purpose of the research. Due to the fact that topic of this research was sensitive and in any case could trigger any feeling of stress or discomfort, the participants were informed about the opportunity to withdraw the interviewing process in any time they wanted, since their participation was voluntarily based. However, if they would decide to withdraw from the research study, they agreed to inform the researcher at least two weeks after conducting the interview because after that time the data were generated in a large dataset and could not be removed from the study. Both documents provided the contact number of the researcher and supervisor in case participants would have any question before and after semi-structured interviews. In case of having any emotional discomfort induced from the interview, they were also informed about the opportunity to address their concerns with a professional psychologist who worked in a licensed psychological clinic in Pristina.

Data Analysis

The data from the semi-structured interviews will be analyzed through Thematic Analysis. Thematic Analysis offers the opportunity to organize and structure the data by identifying the main themes and developing categories. It is used within qualitative data to further analyze the different perspectives offered by different people for any specific topic (Willing, 2014). Taking into consideration that research question is mainly focused on how young and old adults understand the process of dying, Thematic Analysis will offer the opportunity to generate themes which will represent different perspectives from these two age groups.

Results

After carefully analyzing all transcripts of the interviews, becoming familiarized with the raw data, the line-by-line coding was used in order to analyze and code every line of each interview. After the process of coding, the codes which overlapped or were similar with each other were organized into themes. Initially, eleven themes were created but after reviewing, modifying and structuring themes which fitted together, seven themes were generated:

1. Appreciation for being alive
2. Life and Death Cycle
3. The meaning of Death
4. Afterlife
5. The universal fear of dying
6. Coping with the process of dying
7. The idea of being immortal

Every theme contains subthemes to further elaborate and understand the different perspectives of young and old adults about the process of dying. The inductive thematic analysis was used to analyze the data (the bottom up-analysis), respectively the themes were directly emerged from the data itself without having a predetermined framework. The themes were identified at the semantic level meaning that “the analyst is not looking for anything beyond what a participant has said or what has been written” (p. 84) (Braun and Clarke, 2006 as cited in Maguire and Delahunty, 2017). The table below shows the final themes, subthemes and codes which were identified from 15 (fifteen) semi-structured interviews:
| Theme 1: Appreciation for being alive | Subtheme: Working and being active- Old adults perspective  
| Goal achievements  
| Enjoying success  
| Working and serving as the most important thing  
| Obligations and responsibilities towards life  
| Being highly committed and productive  
| The will and desire to work systematically  
| Facing and overcoming life challenges |
| Subtheme: Happiness for being part of the universe- Old adults perspective  
| Cherish every day we’re living  
| The unconditional love and support from family and friends  
| Personal and moral values  
| Feeling inspired and accomplished  
| Physical and Mental wellbeing  
| Appreciation towards God  
| Positive thinking  
| Academic achievements |
| Subtheme: Living and being part of the universe- Young adults perspective  
| Being alive and part of something bigger than us  
| To live- the greatest gift  
| Feeling unique and lucky  
| Consciousness and the ability to control our behavior  
| Physical and mental wellbeing  
| Fulfilling our potential  
| Contributing in the society for a better social welfare  
| Positive relationships with family and friends  
| Personal and professional achievements  
| Limited time- doing the best that we can to live every moment |
| Theme 2: Life and Death Cycle | Subtheme: Accepting the natural life cycle- Old adults perspective  
| Birth, growth, maturity, adaptation, decline and death  
| Life and death as physiological processes  
| Death is inevitable process  
| Limited time to live  
| Waste of time to think whether life and death have any connection  
| Accepting and embracing every stage of life  
| Accepting death as a normal process  
| Not being afraid from death but enjoying each day |
| Subtheme: Life and death connection- Young adults perspective  
| Life and death as one process  
| Death gives meaning to life  
| Death- inevitable and the final product of life  
| Life and death as a continuation of one another |
| Subtheme: Understanding the process of dying  
| Biological/ Natural process |
## Theme 3: The meaning of Death

The consumption of energy and mechanisms
Unpredictable process
Death is a physical act
Completion of life duties, responsibilities and challenges
The end of everything
The end of a cycle followed by a new beginning

### Subtheme: Embracing personal death- Old adults perspective
Not being afraid from death
Feeling accomplished
Dying in peace, without suffering or misery
Passing away easily without being a burden to others
The desire to leave behind good deeds
Leaving an impact for eternity and helping future generations
The desire to be surrounded by family in the last moments of living

### Subtheme: Fear regarding the personal death- Young adults perspective
Feeling anxious when thinking about non-existence
Difficulties on accepting the process of dying
Helplessness- Not having control and being defeated
The fear of annihilation
Sadness for no longer being part of this life

### Subtheme: Accepting the process of dying- young adults perspective
Accepting death as a natural and unavoidable process
Embracing the dreadful idea of dying in order to be released from anxiety
The way of seeing death determines the way we live
Being more active knowing that we have limited time

## Theme 4: Afterlife

Subtheme: No life after death- Old adults perspective
The matter as primary and soul as secondary
Reincarnation is an illusion
There is no scientific evidence for afterlife
The influence of religion

### Subtheme: Believing in afterlife- old adults perspective
There must be something after we die
Passing physically and spiritually into another world

### Subtheme: No life after death- Young adults perspective
There is nothing after the process of dying
The idea of afterlife is imposed from the culture
Afterlife- defense mechanism to overcome existential anxiety
| Theme 5: The universal fear of death | **Subtheme: Believing in afterlife- Young adults perspective**  
Not sure if there is life after death but I like the idea of it  
Reincarnation- energy and transformation  
Religion- Heaven and Hell  
Understanding the whole meaning of life after we die |
|--------------------------------------|---------------------------------------------------------------|
| **Subtheme: Avoiding the discussions for death**  
People talk for death only in specific cases  
Discussing with others- causes emotional discomfort  
Unquestionable and absolute fact- no need discussing it  
Enjoying life instead of talking about death |
| **Subtheme: Childhood memories**  
Death was not discussed or explained properly as a process  
Understanding the process of dying while growing up  
Fear was induced by society, family or religion  
Experiencing death of a loved one/relative- the lack of information  
Explanations from religion |
| **Subtheme: The fear from death is a social construct**  
God’s will for life and death  
Religion has enforced the fear from death  
We learn to be afraid from death  
Culture offered support and coping mechanisms when facing death |
| **Subtheme: The fear from death is innate- young adults perspective**  
Evolution- human body has survival mechanism and reflexes when perceiving any danger  
Fear from death- biological and programmed in our genes  
Human body is pro-life and always tends to survive |
| **Subtheme: reasons why other people fear death- old adults perspective**  
Human beings are selfish  
The fear from the unknown  
People are concerned about their offspring  
The fear of dying alone  
The fear of dying from any disease |
| **Subtheme: reasons why other people fear death- young adults perspective**  
The fear of annihilation  
Existential anxiety-inability to find meaning  
Dying young and not being able to achieve life goals |
| **Subtheme: The death of loved ones**  
Hard to cope with the idea of losing someone |
| Theme 6: Coping with loss | We should be prepared
Avoid thinking about losing someone
Difficult to imagine life without them
A person is more prepared and strong if he experienced loss before |
|--------------------------|-----------------------------------------------------------------|
| **Subtheme: Bereavement through traditional rituals** | When someone dies- collective mourning brings people together
The process of grief-wailing and verbal lament
Traditional rituals- comforting and supporting family members
Some of the rituals are prolonged and exaggerated
Honoring the life and good deeds of the person who passed away
The emotional and moral support from relatives
Religious rituals-helping people to cope with death |

| Theme 7: The idea of being immortal | Life won’t be interesting and challenging anymore
Everything that has a beginning should have an ending
Procrastination- not being active and thinking we have infinite time
Humans would be unstable and self-destructive
The world would be prevailed by chaos
Being immortal only if we could stay young
Only good deeds remain immortal |

### Interpretation of themes and subthemes

The focus of this data analysis was to identify and structure themes and patterns which represent the different perspectives that young and old adults have regarding the process of dying respectively how young and old adults perceive and understand the process of dying, their thoughts, feelings and beliefs regarding the personal death and the death of loved ones, the connection between life and death cycle, their insights regarding the pivotal role that culture has on the way how people approach death, different coping mechanisms when facing loss, the idea of afterlife and perspectives for the idea of being immortal.

The first theme which was generated from the semi-structured interviews was “Appreciation for being alive”. The old adults stated that working and being active was one of the most important things in life. In this regard, they highly appreciated commitment and productivity, working systematically, having the will and desire to serve in the community, being responsible and facing life challenges and constantly working to achieve life goals. As one of the participants said: *We should work systematically in order to build a life where you feel accomplished and happy for having reached your goals because after all, we have an obligation and responsibility towards life!* They expressed their happiness for being alive and part of the universe by being thankful for the love and support from family and friends, for having a good physical and mental wellbeing, feeling inspired and accomplished for having the chance to live this life, the appreciation towards God for giving them strength to face and overcome life challenges and feeling happy for being surrounded with positive energy. In the other hand, young adults perceived the process of being alive and part of the universe as an extraordinary experience and the life itself as the greatest gift. They felt unique and lucky for being part of this life, for having the sense of awareness, the capacity to think and the ability to control their behavior. Things that they cherished the most were related with personal and professional achievements, positive relationships with family and friends, physical and mental wellbeing and the desire to fulfill their capacity in order to contribute in the society for a better social welfare. Since each person has a limited time in this world, as one of the participants said “*we should try and do the best that we can to live and enjoy every moment*.”
The second theme “Life and Death cycle” provides the different perspectives of young and old adults regarding the connection between life and death. The old adults perceived life and death as physiological and natural processes and accepted the fact that death is inevitable and each individual should embrace every stage of life. Furthermore, for some participants thinking whether life and death have any connection was considered as a waste of time because according to them, rather than being concerned for death, we should enjoy each day we live. In the other hand, young adults tended to see life and death as one process, death being as the final product of life and somehow both life and death are a continuation of one another. The connection between them lies in the fact that death gives meaning to life, respectively acknowledging the fact of having a limited time to live makes people become more active, prompts them to cherish more the fact of being alive and motivates them to find meaning and purpose. Moreover, the way an individual approaches death, highly determines the way how an individual perceives life in general and how he/she functions in everyday life. Besides these perceptions, one of the young adults integrated a philosophical perspective regarding life and death by stating that “The opposite of death is not life but the process of birth…Life is the presence itself, ineffaceable, eternal and without a beginning or an end! Living is perpetual and has to do with knowing our inner self and understanding our essence.”

The third theme which was generated is “The meaning of Death” and contains four subthemes: (1) Understanding the process of dying which represents the way how young and old adults perceive this process and how they would explain death to someone. Both groups perceived death as natural process which usually occurs when the energy and body mechanisms are consumed. Furthermore, they viewed the process of dying as a physical act, an unpredictable process, a completion of life duties and responsibilities and as the end of everything. For some of them, death is just the end of a cycle followed by a new beginning; (2) Embracing personal death-Old adults perspective – represents the fact that old adults were not afraid from death, embraced and accepted the idea that someday they will seize to exist and they already feel accomplished and happy for having achieved life goals. They emphasized the desire to die in peace, without suffering and especially without being a burden to others, the desire to leave an impact for eternity and helping future generations and the desire to be surrounded by family members in the last moment of their life; (3) Fear regarding the personal death -While old adults were straightforward when talking about accepting the process of dying and not being afraid to die, within the group of young adults there were some participants who were quite afraid from dying and some other participants who were quite willing to embrace the idea that someday they will seize to exist. The young adults who were more afraid to die, reported to feel anxious when thinking about the non-existence, they were afraid from the process of annihilation, they had difficulties on imagining personal death, and felt helpless for not having control upon the process of dying. According to a participant: “When I think about my funeral, I have the feeling that I am just perishing from this world, leaving behind all the people I love and I will not be part of many things that will continue to happen. It makes me feel sad the separation from this world, from my family and friends and especially from all the love and comfort that others have given to me”. Or another perspective was: “I just cannot imagine the fact of non-existence, it makes me feel anxious and like I am in a huge abyss!”

The rest of the young adults considered personal death as an inevitable process from which we cannot escape. Furthermore, they supported the idea that embracing and accepting the dreadful idea of dying is the first step to release ourselves from anxiety the way how an individual approaches death, determines the way how he/she lives. For this reason, knowing that we have limited time and accepting death as inevitable process makes us more active and appreciative towards life. The interesting result was that young adults who tended to fully embrace the process of dying, could not slightly imagine their personal death or declared that they don’t need to think so much for that process. This point of view could also act as an unconscious coping mechanism of denying death. Another statement from a young adult which reflects somehow the denial of death was: “I am not afraid from death but I cannot imagine my personal death because I always tend to think that I will never die…I will live forever”.

The fourth theme identified from the data analysis is “Afterlife” which contains the perspective of participants who did not support the idea of afterlife and the participants who supported the idea that there is life after death. The old adults who didn’t support the idea of afterlife perceived the idea of reincarnation as an illusion and emphasized the fact that there are not any scientific evidence to support the idea of afterlife. Despite this, the religion imposed the idea of having the life after death only to control people by offering the perspectives of being rewarded in heaven or punished in hell after we die. The young adults who did not support the idea of afterlife emphasized the impact that culture has on offering
such perspectives to people in order to decrease their level of anxiety, offering them a sense of belonging and helping them to find meaning for unknown processes such as death. Moreover, the idea of afterlife was perceived from young adults as a defensive mechanism to overcome the existential anxiety. The old adults who tended to believe in the idea of afterlife were more religious and perceived death as a process of passing physically and spiritually into another world. “There must be something after we die” — stated one of the participants who was quite optimistic with the idea that God thinks about people even when they die. The young adults who supported the idea of afterlife emphasized the idea of reincarnation and perceived human body as an energy which will be transformed in another dimension — where people will understand the main purpose of life. Another perspective of young adults who believed in afterlife was the religious perspective — the existence of heaven and hell by perceiving life as a challenge and depending how people behave during their lives, they will be rewarded or punished in the afterlife.

The fifth theme “The universal fear of death” tends to elaborate the reasons why people avoid discussing the topic of death, how participants of this study understood death while growing up, the impact that culture and evolution might have in the fear of death and reasons why people are generally afraid from the process of dying. Young and old adults stated that they avoid discussing with others about death because: it might cause emotional discomfort, they perceive death as unquestionable and absolute fact, so there is no need discussing it, people tend to talk about this process only in specific cases such as any disease or when they hear that someone died and in some cases because death is a sad reminder, people tend to enjoy life instead of talking about death. An old adult when stating reasons why he doesn’t prefer talking about death he claimed: “I don’t see any reason to talk about death. In my experience as a doctor, I have seen many patients being afraid from death and constantly talking about this process. In these cases, my response is straightforward: We will die only one time, not a hundred times, so you don’t need to be concerned all the time about this process. Death is unavoidable process and unpredictable and for this reason you should start enjoying every moment of your life.” Further analyzing the fear from death and the way how people are introduced to this process during childhood, the young and old adults declared that while growing up the topic of death was not discussed or explained from their parents. When they were exposed to any case of death, most of the time parents or relatives tended to say that “It was the God’s will to take him/her in heaven and the person will still continue to see us from the sky”. In some cases, being exposed to the process of dying of any relatives and not having a proper explanation made them feel confused and afraid from this process. One of the participants described an experience when he was around five years old and one of his brothers died right after he was born: “I still remember his face and it really makes me sad whenever I recall this experience. In that time no one explained to me what was happening “. In the other hand, some of the participants emphasized the fact that they used to comfort themselves with the idea that a person after dying will go to a better place. In this way, they were less afraid from this unknown process.

The fear from dying was also perceived from participants as a social construct where the culture and the religion itself enforces the fear from death. People learn to be afraid from death because of many speculations offered by religion and especially the fear of being punished if an individual does not behave well or causes harm to others. In the other hand, some of the young and old adults perceived the culture and religion to have a positive impact on approaching the fear from death by offering support, different perspective for afterlife and coping mechanisms when facing this process. Hence, according to young and old adults, people who tend to be more religious and believe in these social norms have a sense of belonging to the group and do not perceive themselves as the only ones to be afraid from death. Another perspective which was supported from young adults was that fear from death is innate, respectively the human body has survival mechanisms and reflexes when perceiving danger and because our body is “pro-life,” it always tends to find ways to survive. Hence, the fear form death is biological and programmed in our genes.

When discussing about the reasons why other people are afraid from death, old adults stated the idea that “Human being are selfish, they think that they should live forever”. Other than that some other reasons which were explained from old adults on why other people fear death had to do with the fear from the unknown, the fear of dying alone, the fear of dying from any disease and also people are afraid to die young because they are concerned for their offspring. To add some more reasons why other people fear death, young adults emphasized the fear of annihilation, dying young and not being able to achieve life goals and the existential anxiety when people struggle to find meaning or purpose in life and start being afraid from non-existence.
The sixth theme identified from the data analysis is “Coping with loss” which consists with the death of loved ones and bereavement through traditional rituals. When talking about the process of death of the loved ones both young and old adults declared that it is hard to cope with the idea of losing someone and because this idea is quite frightful they usually tend to avoid thinking about it. According to one participant: “I just cannot imagine the idea of losing my parents or my brother. When thinking about that, I tend to imagine the moment when other people will tell me this terrible news...where I would be? How I will react? If this happens, I believe I will never be the same person again”. However, they emphasized the fact that death is unpredictable and each person should work with himself/herself in order to be prepared for such situations. Furthermore, they supported the idea that individuals who already experienced loss tend to be more strong and resilient. One of the participant who lost his father said: “You just learn to live without him and even though you become so sad, you must accept the fact that he no longer lives because death is unavoidable and there is nothing you can do about it. After overcoming this experience, you definitely become stronger on facing other life challenges”.

Coping with loss of loved ones for some of the participants was quite hard to overcome when they had any experience of losing a closed member of their family. Although, they were not able to explain the whole process on how they coped with loss, one of the stages of grief which they explained was the stage where they found difficult to accept the fact that their loved one passed away. A female participant described her experience of coping with loss when her mother died: “Although I was almost 50 years old when my mother died, I found very hard to accept the idea that she passed away. When she died, I used to go very often to visit her grave and especially one day in November when it started to snow. I stood all day there trying to clean the snow because I was still thinking that she is alive and would have cold. After I returned home, my uncle criticized me for not being able to overcome this situation and I remember I went in my room and I came out in front of the mirror saying to myself: She no longer exists, she passed away and you should pull yourself together and continue to live”. Another example of finding very hard to accept the death of a loved one was described from a young women: “When my grandfather died, I remember myself crying for 6 months each night because I could not accept the fact that he was dead. It seemed to me like we left him in the cemetery, like I have abandoned him and now he feels alone there or he was having cold. I just found it very hard to let him go. It took me some time to convince myself that he was old and I should be glad that he died without pain or without suffering”. Both participants described the stage of denial and the stage where they accepted the death of their loved ones. They were not able to identify any other stage of grief but they emphasized that after a period of time, they learned how to cope with loss and continued forward.

When coping with death, every culture has its own rituals on how people grief. According to young and old adults, it is a positive factor the fact that many people go to visit the family members of the person who passed away because this collective mourning brings people together in order to honor the life and good deeds of the person who passed away. Traditional rituals in Kosovo such as visiting family members at least once a week during a period of forty days, from some participants was perceived as quite helpful because the moral and emotional support helps the family members to cope easier with loss whereas some participants perceived this ritual as prolonged and exaggerated. Furthermore, the old adults when talking about these frequent visits, they did not support this idea by stating that before dying, they will leave a message to their family to not organize many rituals for their funeral. In the process of bereavement it was mentioned also the role of the religion especially for people who believe in God. The participants supported the idea that individuals who are religious find comfort in God and tend to rely in the idea that humans were created by God and only God has the power to decide when to pass into another world.

The last theme “The idea of being immortal” offers the perspectives from young and old adults regarding the idea of living forever. Both groups did not support the idea of being immortal by claiming that everything that has a beginning should have an ending as well. They imagined the world prevailed by chaos and people as more selfish, unstable and self-destructive. Being immortal would make people procrastinate even more because they would rely in the fact that they have infinite time to reach certain goals. Hence, they would neither pay attention, nor cherishing many important things in life. Some of the participants considered the idea of being immortal as interesting only if they would remain young forever and not getting old. Another perspective regarding this theme was that in essence only the good deeds that an individual leaves behind could remain immortal and many other people would benefit from them.

Stated below is also the main thematic map:
Discussion

The aim of this study was to explore and further understand how young and old adults approach the process of dying, the way they perceive personal death and death of their loved ones, their thoughts, feelings and beliefs regarding the connection between life and death cycle, their insights regarding the pivotal role that culture has on the way how people approach death, different coping mechanisms when facing loss, the idea of afterlife and perspectives for the idea of being immortal. The themes which were generated from the semi-structured interviews showed that there are many insights and perspectives when talking about a universal threatening process such as death, and also there are some differences on the point of views between young adults and old adults when discussing about the fear from death and the way how they approach death in general. Most of the results are also in line with other studies and previous perspectives as well.

When talking about Life and Death cycle, the young and old adults relied in the idea that process of dying is inevitable and each individual should embrace every stage of life and cherish every moment. From the perspective of young adults life and death are somehow a continuation of one another and death itself is the final product of life. The real connection between them lies in the fact that death gives meaning to life and by becoming aware for having a limited time to live serves as an awakening call for people by motivating them to be more active, prompts them to cherish the fact of being part of this universe and inspires them to fulfill their potential or finding purpose in life. Hence, the way how an individual approaches death determines also the way how he/she copes with things in life. Consistent with
this, other studies and perspectives support the idea that death attitudes define the personal meaning and the way how an individual approaches death influences not only how he/she reacts towards death but also how functional he/she is in everyday life (Neimeyer, 2005). Furthermore, becoming aware that our existence is limited and accepting death as part of the life cycle will serve as an awakening experience and will motivate an individual to strive for life purpose and undertake significant changes (Yalom, 2008).

The theme called “The meaning of Death” represented different perspectives from young and old adults regarding the way how they tend to explain the process of dying and how they approach this process. In this regard, the old adults were more objective when speaking about death and accepted the idea that someday they will seize to exist and they already feel accomplished and happy for having achieved life goals. Furthermore, they emphasized the desire to die in peace, without suffering and especially without being a burden to others, the desire to leave an impact for eternity and helping future generations, and the desire to be surrounded by family members in the last moment of their life. The Terror Management Theory also suggests that old adults seem to accept the process of dying easier than young adults. They are more willing to contribute and help the future generations by becoming more prosocial and with a desire to have a great impact or leave a permanent mark in their community (Maxfield, Greenberg, Pysczynski et al., 2014). In the other hand, some young adults tended to perceive personal death as frightful process, they emphasized the fear of annihilation, they had difficulties on imagining personal death and felt helpless for not having control upon the process of dying. They felt sad for not being able to stay with their loved ones and had the fear of missing many other things that would continue to evolve while they will not be present in this life. The rest of the young adults who tended to fully embrace the process of dying, could not slightly imagine their personal death or declared that they don’t need to think so much for that process. This point of view could also act as an unconscious coping mechanism of denying death. These findings are also in line with other studies which claim that people are afraid from death because of the uncertainty it entails (Hohman & Hogg, 2011), death is a process which we cannot control (Fritsche, Jonas, & Fankhanel, 2008), the process of dying causes insecurity of what will happen after an individual dies and the feelings of sadness for the loss of many valuable things and beloved ones (Kubler-Ross, 1969). Besides this, death remains a mysterious process and hard to accept because our unconscious mind cannot imagine or project death in regard to ourselves (Kubler-Ross, 1969). Young adults also seem to struggle more on finding meaning and when they become aware about their vulnerability from death, they experience fear and anxiety (Kastenbaum, 2000). Studies have claimed that usually young adults are more afraid from death because they tend to be concerned for their offspring (Russac et al., 2007). This perspective was not elaborated with this group because in this study none of young adults was married and they related more their fear of death with the idea of non-existence or the fact that they won’t be able to achieve many life goals.

Another finding from this research study which is also in line with other studies is the perspective of young and old people regarding the pivotal role that culture has on giving meaning or explanations for the process of dying and also on offering different perspectives in order for people to have the sense of belonging or to find meaning for unknown processes. In this regard, young and old people supported the idea that people in general avoid discussing about the process of dying because it might cause emotional discomfort and in order to release their level of anxiety, people tend to rely on some norms, patterns or religion which ensures them about the idea of existing a life after death. Besides the fact that religion offers the idea of heaven and afterlife, it might also induce the anxiety for the process of death by introducing the idea of punishment from God if people don’t behave well. According to young and old adults, people who tend to be more religious and believe in these social norms have a sense of belonging to the group and do not perceive themselves as the only ones to be afraid from death. Consistent with this, other studies claimed that whether a culture induces repression of feelings, fear from death or encouragement to see this process in different perspective, the main aim is to develop a system of thoughts and beliefs which offer people a possibility to find meaning and have a sense of belonging (Moore and Williamson, 2003). Other than that, people tend to rely in some cultural worldviews (religion, ethnicity, norms and shared values) which helps them cope with the idea of mortality by offering them the hope for literal immortality (the idea of after life and reincarnation) or symbolic immortality (leaving behind good deeds and a permanent mark which will be remembered for an eternity) to those who embrace and live by these standards. Generating certain beliefs, values and norms and also believing in the cultural systems, help individuals find meaning for their life, having the sense of belonging, relieving anxiety and creating the illusion of being protected from death (Pysczynski, Solomon and Greenberg, 2015). Despite this cultural worldviews that people tend to rely on, young and old adults also supported the idea that while
growing up the topic of death was never explained properly and as a result most of the times, they felt scared and confused when they experienced any loss in the family or when they heard that someone died. Consistent with this, Kubler Ross (1963) also claims that society tends to perceive death as taboo and children are usually excluded with the pretext that explaining to children what really happened might be too much for them.

When exploring the idea of how people tend to cope with the loss of loved ones the young and old adults admitted that it is hard for them to cope with the idea of losing someone and usually they tend to avoid thinking about it. The way how some participants coped with the loss of their loved ones while finding very hard to accept the loss, the patterns of coping with loss were similar with the stage of dulling of sensitivity where grievers are confused and find very hard to accept the loss and also the stage of longing and searching for the lost one where grievers are faced more with the fact that the loved one will not return (Bowlby, 1983). They were not able to identify any other stage but mostly they identified the beginning of the process and the stage of acceptance.

Discussing about the idea of being immortal, the young and old adults did not support the idea of living forever by claiming that everything that has a beginning should have an ending as well. They imagined the world prevailed by chaos and people as more selfish, unstable and self-destructive. Being immortal would make people procrastinate even more because they would rely in the fact that they have infinite time to reach certain goals. Another perspective regarding this theme was that in essence only the good deeds that an individual leaves behind could remain immortal and many other people would benefit from them. This is also in line with the study conducted by Kastenbaum (2000) where young adults did not support the idea of living forever because according to them world would be overcrowded and the life would lose its meaning. Moreover, by having unlimited time people would not have a sense of direction or structure in their everyday life and also would not appreciate many important things in life. Apart from all the perspectives that were offered from this qualitative study regarding the process of dying and how young and old adults approach this process, there are some limitations which could be addressed and serve as recommendations for the future studies. The perspective from the young adults was not entirely representative since the age of young adults varied between 24-29 years old and the future studies could have more spectrum of age in order to further elaborate more perspectives offered by young people. Besides that, all the participants from this group of age were students of Psychology except one participant who studied the field of Economy and it could be better to have young adults from different backgrounds to see also if there would be a diverse perspective. Taking into consideration that almost all participants have studied Psychology, their responses and insights regarding the process of death, the impact of culture and other theories might have been based more on their knowledge gained throughout their studies than from their personal opinions. The participants from the old adults group shared many demographical features: they all were of a higher socio-economic status and level of education. Moreover, they were quite happy with their life achievements and declared for having lived a stable and healthy life. This could also explain their similarity in a more accepting or positive view of death. Future studies could also integrate old adults from different social status to further analyze if people with middle-low socio-economic status approach the same the process of dying. All the results and especially the perspectives from young and old adults about the process of dying, may serve as a baseline for counsellors or people who work with elderly people to create any strategy or training programs on how to deal with the process of mortality and finding ways on how to approach young and old adults who are afraid from this process.

References


Contributing Factors to the Onset of Post-Traumatic Stress Disorder (PTSD) Symptoms Among the Survivors of Albania Earthquake

Diadora Cërmjani¹, Fjolla Ramadani¹, Shkurtë Bajgora¹

¹ Department of Psychology, University of Pristina „Hasan Prishtina“, Kosovo.

Abstract: On November 2019 Albania was shook by the largest earthquake to hit this country in less than forty years. Earthquakes like that one give rise to mental health problems like PTSD symptoms, but some people report far more PTSD related symptoms than others. Therefore, this study aims to understand the factors that make some earthquake survivors more prone to experience PTSD symptoms. 227 participants were part of this study (74 % females). Self-report questionnaires were used such as Impact of Event Scale - Revised (IES-R) and The Life Stressor Checklist-Revised (LSC-R). The results indicate that proximity to epicenter of earthquake, home damage, financial problems, abuse before age 16 and overall emotional abuse, past serious accidents, sudden death and loss of a loved one, level of education, and previous mental or physical problems played a role in reporting symptoms of PTSD. Nevertheless, age and gender did not play a role. Limitations and implications of this study are also discussed.

Key words: Earthquake, PTSD, Contributing Factors, Albania.

Introduction

On the early morning of November 26, 2019, Albania was hit by a 6.4 Richter scale earthquake. This natural disaster was followed by countless other earthquakes every few hours later that day. The epicenter of the earthquake was located 16 kilometers southwest of Mamurras and the hit included cities like Tiranë, Durrës, Lezhë, Thumanë and Laç. The earthquake resulted in 51 deaths, at least 3,000 injured and a large number of people displaced due to the destructions of their homes. In terms of magnitude, this was the largest earthquake to hit Albania in more than forty years (Vila, 2019).

Major earthquakes like the one that hit Albania, are known to give rise to long-term consequences on mental health. Results from a survey published regarding the Bam earthquake survivors showed that 58% of the respondents suffered from severe mental health problems and reported psychological distress among the general population (De Girolamo & McFarlane, 1996). In addition to this, a large number of studies have evaluated the extent of psychological trauma and the severity of psychiatric symptoms among the survivor groups after the earthquakes (Tural et al., 2004; Blanc et al., 2014; Feder et al., 2013). People who are more severely exposed are more likely to develop a disorder. A great number of existing studies in the broader literature have documented that the most commonly present and most frequent psychopathology subsequent after the natural disasters is PTSD (Neria, Nandi & Galea, 2008). Based on these studies, it was found that PTSD is the most commonly occurring mental health condition among earthquake survivors (Farooqui et al., 2017). In fact, nearly 1 in 4 earthquake survivors are diagnosed with having PTSD (Dai et al., 2016).

Post-Traumatic Stress Disorder (PTSD) is a psychological disorder that occurs when a person is exposed to an actual or threatened death, serious injury or catastrophic events. This exposure can be a direct experience, witnessing a traumatic event, or may be the result of learning of a traumatic event that occurred to a close family member or a peer (APA, 2017). According to the American Psychiatric Association ([APA] 2013), symptoms that people with PTSD experience are: 1) Intrusive symptoms related to the event, such as nightmares, flashbacks, or unwanted thoughts about the trauma; 2) Behaviors designed to help a person avoid people, places, or situations that are reminders of the event; 3) Negative changes in one’s thoughts and mood, such as blame of self or others, having persistent negative beliefs, or feeling unable to experience happiness or other positive emotions; and 4) Feeling hyperarousal or overly reactive, including being irritable or easily startled or having sleep disturbances.

Since disasters such as earthquakes last for a short period of time, post-disaster studies may be
very effective in providing incidence of PTSD in their aftermath. People who are at risk of developing PTSD differ according to the nature and severity of the traumatic event. In this line, a recent systematic review and meta-analysis on the mental health consequences after earthquakes, found that incidence of post-traumatic stress disorder (PTSD) varied from 1.2 to 82.6% (Dai et al., 2016). The large difference can be explained by several external and internal factors of individuals.

In terms of characteristics of the traumatic event, or external factors, studies have shown the importance of the variation in the intensity of the earthquakes and the variation in the degree people were exposed to the disaster (Dell’Oso et al., 2013). Levels of exposure to the event have led to negative impacts on everyday life functioning and high levels of PTSD symptoms. In fact, there has been a consistent and graded association between the exposure variables and PTSD symptoms (Kvestad et al., 2019). Accordingly, proximity to the epicenter of earthquake has been a risk factor across studies (Chan et al., 2011; Fan et al., 2013). How much the individuals’ home was damaged it is also shown to the matter on how people respond to the event (Kun et al., 2009).

Literature shows a larger number of factors regarding to characteristics and experiences of individuals that makes them more prone to experience PTSD related symptoms. These factors include age, gender, marital status, educational background, loss or death of loved ones, health condition and personal injuries (Brewin, Andrews, & Valentine, 2000). Age is reported to play an important role in vulnerability since elderly populations and young children experience the event (Farooqui et al., 2017). Moreover, females have been at higher risk of developing PTSD after experiencing a catastrophic event (Cairo, 2010; Cenat & Derivois, 2014; Feder et al., 2013). Additionally, previous psychiatric illness, childhood abuse, lack of social, psychological, and financial support have been identified as pre-disaster risk factors that influence the rise of PTSD symptoms (Agustini, Asniar & Matsou, 2011; Ma et al., 2011).

To this date, there have been no studies on the psychological impact of the recent and the largest earthquake that the Albanian people have experienced. Therefore, the present study aims to understand the prevalence of PTSD symptoms among the aforementioned population. Also, the characteristics and past experience that makes them inclined to experience PTSD symptoms. In this way, we hypothesize that people that had money problems in the past and those who have lower education, will be more prone to experience PTSD. Furthermore, we believe that people who have experienced former traumatic events including losing a loved one by sudden and also being physically and emotionally abused or neglected will play a role in exhibiting PTSD symptoms. Finally, we hypothesize that being close to the epicenter of the earthquake, the need of seeking medical treatment, suffer of great home damages and unfortunate loss of a family member during the earthquake, will have a major impact on the onset of PTSD symptoms.

Methodology

Participants: Participants in this study were people who were directly effected from the Albania earthquake that happened on November, 26. According to descriptive statistics analyzed there are a total of 227 participants, 168 of them are women with a percentage of 74% and 55 are men with a percentage of 24.2%. Also, these statistics show that the age of the participants ranges from 25 to 75 years old (M=29.40, SD=11.135). From this range participants of the age 25 were 22%, those of the age 50 were 27% and last, those of the age 75 were 37.75%. Participants were from the municipality of Thumanë (7.5%), Durrës (29.5%), Lezhë (1.3%), Kurbin (0.9%) and Tiranë (43.6%).

Procedure: The questionnaires were administrated by colleagues from Tirana, Albania, from the third year students of bachelor studies in the department of Psychology and first year students of master studies, and also online through social medias. The questionnaires were administered physically by colleagues in Tirana, Albania, who stayed in the camp, which was built in exceptional conditions due to the situation of the earthquake. Our colleagues have explained to the participants the objectives of the research and the reasons behind it, therefore asking for their permission to be part of the study. While in Kosovo, precisely in the Prizren camp, where the people who left Albania were sheltered for two weeks due to the destruction of their homes, we initially obtained permission from the adequate person who managed all activities and then the questionnaires were administrated there by the third year Bachelor students and the first year Master students of the Department of Psychology, University of Pristina. But, there is also a large sample of participants that were gathered online through social networks. The design of the research and its implementation was done in accordance with ethical principles for the studies as participants were guaranteed complete confidentiality of data and were aware of the fact that they could stop filling out the questionnaire if they did not feel physically fit, mentally or if for some other reason
they decide not to participate. The process of data gathering lasted about 1 week of intensive work. The collected data were coded in the Statistical Package for Social Sciences (SPSS). The results, interpretations and discussions are made depending on the data obtained from the participants.

**Method:** The method used in this research is the survey method, which is defined as a research method that may be of use to gather from a predetermined group of respondents to benefit from this inquiry and knowledge of the topic and more in the interest of the researcher. For the purpose of this research, self-report questionnaires were used. The design of this study is quantitative research with correlational design.

**Instruments:** The Life Stressor Checklist-Revised (LSC-R) is a self-report measure that assesses traumatic or stressful life events (Wolfe, Kimerling, Brown, Chrestman & Levin, 1997). The measure has a focus on events relevant to women such as abortion, and can also be used with men. The questionnaire includes 30 life events, including experiences with natural disasters, physical or sexual assault, death of a relative, and other events, following a yes/no response format. Respondents are asked to provide: age when event began, age when event ended, belief that they were in harm ("yes" or "no"), and feelings of helplessness ("yes" or "no"). In addition, the effect on life and how upsetting event was at the time are rated on a five-point intensity scale (1 = "not at all or never" to 5 = "extremely"). Item: Has someone close to you died suddenly or unexpectedly (for example, an accident, sudden heart attack, murder, or suicide)? Response: Dichotomous item ("yes" or "no"). The standardized alpha for the total scale is .986.

Impact of Event Scale - Revised (IES-R) is a 22-item self-report measure that assesses subjective distress caused by traumatic events (Horowitz, Wilner & Alvares, 1979). Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. Respondents are asked to identify a specific stressful life event and then indicate how much they were distressed or bothered during the past seven days by each "difficulty" listed. Items are rated on a 5-point scale ranging from 0 ("not at all") to 4 ("extremely"). The IES-R yields a total score (ranging from 0 to 88) and subscale scores can also be calculated for the Intrusion, Avoidance, and Hyperarousal subscales. Items are rated on a 5-point scale ranging from 0 ("not at all") to 4 ("extremely"). The standardized alpha for the total scale is .997, for the Intrusion subscale is .989, for the Avoidance subscale is .991 and for the Hyperarousal scale is .989. According to this model, until traumatic experiences are psychologically assimilated, the individual will alternate between the experience of intrusive thoughts and feelings in one moment and avoidance strategies in the next. An example question is: "Any reminders brought back feelings about it." (Respondents rate their degree of distress during the past seven days.). We translated the IES-R from English to Albanian and then back to English again, for the needs of this paper.

**Ethics:** Participants first sought consent and cooperation. All participants were provided with data on the study, explaining that participation was voluntary, and the anonymity and confidentiality of their data were guaranteed. It was also emphasized that they have the right to withdraw from participation and there will be no penalties for this.

**Results**

We were able to get a sample of 227 participants. There were 168 females (74%) and 55 males (24.2%). Age of participants varied from 25 to 75 years old with a mean of 29.40. Participants were from the countries most affected by the Albanian earthquake, with 17 (7.5%) coming from Thumana, 67 (29.5%) from Durrës, 3 (1.3%) from Lezha, 2 (0.9%) from Kurbin, and 99 (43.6%) from the capital of Albania, Tirana. The demographic characteristics of the participants are shown in Table 1.

**Table 1. Gender statistics of the 227 participants of the study**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>168</td>
<td>.74</td>
<td>.74</td>
<td>.74</td>
</tr>
<tr>
<td>Male</td>
<td>55</td>
<td>.24</td>
<td>.24</td>
<td>.99</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>.9</td>
<td>.9</td>
<td>1.00</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
<td>.99</td>
<td>.99</td>
<td>1.00</td>
</tr>
<tr>
<td>Missing</td>
<td>-.99</td>
<td>2</td>
<td>.9</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Age Statistics of the 227 participants of the study

<table>
<thead>
<tr>
<th></th>
<th>Valid</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>224</td>
<td>3</td>
</tr>
<tr>
<td>Mean</td>
<td>29.49</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>27.00</td>
<td></td>
</tr>
<tr>
<td>Mode</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>11.135</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Statistics of the settlements of the 227 participants of the study

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percen</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Thumanë</td>
<td>17</td>
<td>7.5</td>
<td>7.5</td>
<td>11.0</td>
</tr>
<tr>
<td>Durrës</td>
<td>67</td>
<td>29.5</td>
<td>29.5</td>
<td>40.5</td>
</tr>
<tr>
<td>Lezhë</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>41.9</td>
</tr>
<tr>
<td>Kurbin</td>
<td>2</td>
<td>.9</td>
<td>.9</td>
<td>42.7</td>
</tr>
<tr>
<td>Tiranë</td>
<td>99</td>
<td>43.6</td>
<td>43.6</td>
<td>86.3</td>
</tr>
<tr>
<td>other</td>
<td>31</td>
<td>13.7</td>
<td>13.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>227</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Independent Samples Test/ Money Problems

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>IES</td>
<td>.352</td>
<td>.554</td>
</tr>
<tr>
<td>R</td>
<td>4.377</td>
<td>75.232</td>
</tr>
</tbody>
</table>

Table 5 shows that T-test is significant at level t(198), 3.014. There was a significant difference in the scores for people who have experienced former traumatic event (MD= 2.35, SD= 1.07) versus those who haven’t experience former traumatic events (MD= 1.91, SD= .981)
Levene's Test for Equality of Variances

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Sig.</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IES</td>
<td>.313</td>
<td>.576</td>
<td>3.014</td>
<td>198</td>
<td>.003</td>
</tr>
<tr>
<td>R</td>
<td>2.989</td>
<td></td>
<td>184.335</td>
<td></td>
<td>.003</td>
</tr>
</tbody>
</table>

An independent-samples t-test was conducted to see the differences between people who lost a loved one in a non-expected way (M=2.39, SD=.963) and those who didn’t experience such a lost (MD=2.01, SD=1.06). There was a significant difference in those scores; t(168)= 2.43, p= .016

Table 6. Independent Samples Test/ Loss of a loved one

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Sig.</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IES</td>
<td>1.678</td>
<td>.197</td>
<td>2.431</td>
<td>168</td>
<td>.016</td>
</tr>
<tr>
<td>R</td>
<td>2.465</td>
<td></td>
<td>162.271</td>
<td></td>
<td>.015</td>
</tr>
</tbody>
</table>

Table 7 shows significant results regarding differences for people who were physically neglected (MD= 2.59, SD= 1.00) and people who weren’t physically neglected (MD= 2.10, SD= 1.01). T-test was significant for the value t(165), 2.578, p=.011.

Table 7. Independent Samples Test/ Physically neglected

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Sig.</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESR</td>
<td>.057</td>
<td>.812</td>
<td>2.578</td>
<td>165</td>
<td>.011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.587</td>
<td>56.027</td>
<td>.012</td>
</tr>
</tbody>
</table>

An independent-samples t-test was conducted to compare differences between people who were abused and assaulted before the age of 16. There was a significant difference in the scores for people who were abused and assaulted (M= 2.59, SD= 1.02) and those who were not (M=2.06, SD=1.04). Table 8 shows significant results t(175)= 2.34, p= 0.20.

Table 8. Independent Samples Test/ Abuse and Assault before the age of 16

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Sig.</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESR</td>
<td>.079</td>
<td>.779</td>
<td>2.342</td>
<td>175</td>
<td>.020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.373</td>
<td>32.733</td>
<td>.024</td>
</tr>
</tbody>
</table>
Table 9 shows that on average, participants experienced greater PTSD if they were emotionally abused or neglected (M = 2.76, SD = 1.00) than those who were not emotionally abused or neglected (M = 1.96, SD = .996). This difference was significant t(177) = 4.37, p < .001.

Table 9. Independent Samples Test/ Emotionally Abuse or Neglect

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>IESR</td>
<td>.111</td>
<td>.739</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An independent-samples t-test was conducted to compare differences between people who had the need to seek for medical treatment. There was a significant difference in the scores for people who asked for medical treatment (M = 3.04, SD = .875) in comparison with those who did not (M = 2.06, SD = 1.11). Table 10 shows significant results t(55)= 2.92, p = .005.

Table 10. Independent Samples Test/ Seek of medical treatment

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>IESR</td>
<td>1.014</td>
<td>.318</td>
</tr>
<tr>
<td>R</td>
<td>3.329</td>
<td>24.634</td>
</tr>
</tbody>
</table>

We conducted a T-test analysis to see if having a relative who has died during the earthquake (MD = 2.75, SD = 1.20) in comparison to those who don’t have a dead relative (MD = 2.87, SD = .970), played a significant role in experiencing PTSD. As the table 11 shows, the results were significant t(212), 3.42, p < .005.

Table 11. Independent Samples Test/ Having a relative that died during earthquake

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>IESR</td>
<td>2.714</td>
<td>.101</td>
</tr>
<tr>
<td>R</td>
<td>2.907</td>
<td>29.639</td>
</tr>
</tbody>
</table>

There was a statistically significant difference between groups of education regarding the predisposition of experiencing PTSD, as demonstrated by One-Way ANOVA F(7, 210) = 5.1, p < .001.

Table 12. ANOVA/ Level of Education

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>32.930</td>
<td>7</td>
<td>4.704</td>
<td>5.102</td>
<td>.000</td>
</tr>
</tbody>
</table>

27
Within Groups | 193.620 | 210 | .922
---|---|---|---
Total | 226.550 | 217 |

Table 13 shows that there exist a significant difference between groups of home damage and PTSD symptoms, as demonstrated by One-Way ANOVA, \( F(6, 211)= 10.4, p< .001 \)

<table>
<thead>
<tr>
<th>IESR</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>51.923</td>
<td>6</td>
<td>8.654</td>
<td>10.456</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>174.627</td>
<td>211</td>
<td>.828</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>226.550</td>
<td>217</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

The current study aimed to investigate the factors that make survivors of Albanian earthquake prone to experience symptoms related to PTSD. This study contributes literature since it is the first one to investigate the psychological impact that a shocking earthquake had amongst Albanians that experienced it the most, in terms of proximity. Hence, it gives evidence for the broader literature of the risk factors that are more contributing than others in developing PTSD symptoms after such devastating earthquakes.

Our results show a mixed picture of findings, since some of them are inconsistent with the literature. Analysis of proximity of the events and PTSD symptomatology have shown that the closer individuals were to the epicenter of earthquake they were more likely to report symptoms of PTSD. This is in line with findings of Dell’Osso and colleagues (2013). The severity of symptoms has also been impacted by how much their home was damaged during the earthquake and problems with finances during their lives. Results which also replicate those from previous studies (e.g., Kun et al., 2009). On the other hand, when it comes to characteristics of individuals, age and gender did not differ in experiences of PTSD symptoms across participants of the present study. These are interesting findings since a growing number of studies suggest otherwise (Farooqui et al., 2017).

Another interesting finding is that individuals that were abused before age 16 reported more PTSD related symptoms, while individuals that were abused after age 16 did not differ on symptoms to those that were not. This shows the significance that earlier experiences of abuse have on individuals. Furthermore, emotional abuse or neglect are another contributor. Other past experiences like being part of another disaster, serious accident, sudden death of a loved one have separated participants on reporting PTSD symptoms. Also, we have found that the need for medical care has impacted the symptoms. Moreover, the higher in education scale participants were the less PTSD symptoms they reported. Overall, these findings are in accordance with findings reported by other researchers (Agustini, Asniar & Matsou, 2011; Cairo, 2010; Cenat & Derivois, 2014; Feder et al., 2013; Ma et al., 2011).

The broad implication of the present study is that it identifies groups of people that are risked to experience the event more negatively. This is especially important for post-earthquake situations like the one created in Albania since they happen out of a sudden and immediate intervention is very important. The identification of specific characteristics and experiences helps in developing different types of interventions. On the other hand, as for research implication, this study gives further evidence of risk factors important in Albanian setting. However, other studies should be conducted toward discovering other possible risk factors that may make earthquake survivors prone to experience PTSD symptoms. Genetic background would be a very good start in this area.

In terms of the limitations of present study, several can be mentioned. The far most important are those regarding the methodology. Since, at the time, the only available options were through sharing the questionnaires online and administering them in camps, the generalization of the findings can be limited.
This is because only specific groups of people could have been selected. Hence, even though the data gatherers were trained, because of the topics of questionnaires they may have underreported the symptoms. Moreover, the questionnaires were not validated in Albanian setting. This raises questions if the measures are applicable and equivalent in this culture. Therefore, future studies should address these limitations.

References


Annex

Figure 1. Impact of Event Scale- Revised (IES-R) ......................................................24

Figure 2. Life Stressors Checklist- Revised (LSC-R) ......................................................25

30
Figure 1. Impact of Event Scale- Revised (IES-R)

**Impact of Events Scale-Revised (IES-R)**

**Instructions:** Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past seven days with respect to (event) that occurred on (date). How much have you been distressed or bothered by these difficulties?

<table>
<thead>
<tr>
<th>Item</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any reminder brought back feelings about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I had trouble staying asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other things kept making me think about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I felt irritable and angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I avoided letting myself get upset when I thought about it or was reminded of it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I thought about it when I didn’t mean to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I felt as if it hadn’t happened or wasn’t real</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I stayed away from reminders of it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Pictures about it popped into my mind</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I was jumpy and easily startled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I tried not to think about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. My feelings about it were kind of numb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I found myself acting or feeling like I was back at that time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I had trouble falling asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I had waves of strong feelings about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I tried to remove it from my memory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I had trouble concentrating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I had dreams about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I felt watchful and on-guard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I tried not to talk about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total IES-R Score: ______

Life Stressor Checklist - Revised

Please fill in today's date: ____________________

**READ THIS FIRST:** Now we are going to ask you some questions about events in your life that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Some of these questions may be about upsetting events you don't usually talk about. Your answers are important, but you do not have to answer any questions that you do not want to. Thank you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever been in a serious disaster (for example, an earthquake, hurricane, large fire, explosion)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. How old were you when this happened? _______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. At the time of the event did you believe that you or someone else could be <em>killed</em> or seriously <em>harmed</em>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. At the time of the event did you experience feelings of <em>intense</em> helplessness, fear, or horror?</td>
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<td>2. Have you ever seen a serious accident (for example, a bad car wreck or an on-the-job accident)?</td>
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<td>3. Have you ever had a very serious accident or accident-related injury (for example, a bad car wreck or an on-the-job accident)?</td>
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4. Was a close family member ever sent to jail?
   □ YES □ NO
   a. How old were you when this happened? __________
   b. How old were you when this ended? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely

5. Have you ever been sent to jail?
   □ YES □ NO
   a. How old were you when this happened? __________
   b. How old were you when this ended? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely

6. Were you ever put in foster care or put up for adoption?
   □ YES □ NO
   a. How old were you when this happened? __________
   b. How old were you when this ended? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely

7. Did your parents ever separate or divorce while you were living with them?
   □ YES □ NO
   a. How old were you when this happened? __________
   b. How old were you when this ended? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely
8. Have you ever been separated or divorced?
   a. How old were you when this happened? __________
   b. How old were you when this ended? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 □ 3 some □ 4 □ 5 extremely

9. Have you ever had serious money problems (for example, not enough money for food or place to live)?
   a. How old were you when this happened? __________
   b. How old were you when this ended? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 □ 3 some □ 4 □ 5 extremely

10. Have you ever had a very serious physical or mental illness (for example, cancer, heart attack, serious operation, felt like killing yourself, hospitalized because of nerve problems)?
    a. How old were you when this happened? __________
    b. How old were you when this ended? __________
    c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
    d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
    e. How much has this affected your life in the past year? □ 1 not at all □ 2 □ 3 some □ 4 □ 5 extremely
11. Have you ever been emotionally abused or neglected (for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were “no good”)?

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12. Have you ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill)?

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13. WOMEN ONLY: Have you ever had an abortion or miscarriage (lost your baby)?

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<td>a. How old were you when this happened?</td>
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14. Have you ever been separated from your child against your will (for example, the loss of custody or visitation or kidnapping)?

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15. Has a baby or child of yours ever had a severe physical or mental handicap (for example, mentally retarded, birth defects, can't hear, see, walk)?

  a. How old were you when this happened? __________
  b. How old were you when this ended? __________
  c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
  d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
  e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 □ 4 □ 5 extremely

16. Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap (for example, cancer, stroke, AIDS, nerve problems, can't hear, see, walk)?

  a. How old were you when this happened? __________
  b. How old were you when this ended? __________
  c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
  d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
  e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 □ 4 □ 5 extremely

17. Has someone close to you died suddenly or unexpectedly (for example, sudden heart attack, murder or suicide)?

  a. How old were you when this happened? __________
  b. How old were you when this ended? __________
  c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
  d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
  e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 □ 4 □ 5 extremely
18. Has someone close to you died (do NOT include those who died suddenly or unexpectedly)? □ YES □ NO
   a. How old were you when this happened? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely □ 5 extremely

19. When you were young (before age 16), did you ever see violence between family members (for example, hitting, kicking, slapping, punching)? □ YES □ NO
   a. How old were you when this happened? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely □ 5 extremely

20. Have you ever seen a robbery, mugging, or attack taking place? □ YES □ NO
   a. How old were you when this happened? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely □ 5 extremely

21. Have you ever been robbed, mugged, or physically attacked (not sexually) by someone you did not know? □ YES □ NO
   a. How old were you when this happened? __________
   c. At the time of the event did you believe that you or someone else could be killed or seriously harmed? □ YES □ NO
   d. At the time of the event did you experience feelings of intense helplessness, fear, or horror? □ YES □ NO
   e. How much has this affected your life in the past year? □ 1 not at all □ 2 some □ 3 some □ 4 extremely □ 5 extremely
22. **Before age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)?**

   a. How old were you when this happened? 
   b. How old were you when this ended? 
   c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? 
   d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? 
   e. How much has this affected your life in the past year? 

23. **After age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)?**

   a. How old were you when this happened? 
   b. How old were you when this ended? 
   c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? 
   d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? 
   e. How much has this affected your life in the past year? 

24. **Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone at work or school (for example, a coworker, a boss, a customer, another student, a teacher)?**

   a. How old were you when this happened? 
   b. How old were you when this ended? 
   c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? 
   d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? 
   e. How much has this affected your life in the past year? 

25. **Before age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?**

- a. How old were you when this happened? _________
- b. How old were you when this ended? _________
- c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? □ YES □ NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? □ YES □ NO
- e. How much has this affected your life in the past year? □ 1 not at all □ 2 □ 3 some □ 4 □ 5 extremely

26. **After age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?**

- a. How old were you when this happened? _________
- b. How old were you when this ended? _________
- c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? □ YES □ NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? □ YES □ NO
- e. How much has this affected your life in the past year? □ 1 not at all □ 2 □ 3 some □ 4 □ 5 extremely

27. **Before age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't?**

- a. How old were you when this happened? _________
- b. How old were you when this ended? _________
- c. At the time of the event did you believe that *you or someone else* could be *killed* or *seriously harmed*? □ YES □ NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? □ YES □ NO
- e. How much has this affected your life in the past year? □ 1 not at all □ 2 □ 3 some □ 4 □ 5 extremely
Attitudes of Citizens of the Republic of Kosovo and the Identification of Overcoming Mechanisms During the COVID-19-Coronavirus period

Nausika Hoxha

The University of Prishtina “Hasan Prishtina” Department of Psychology

Abstract. The purpose of the research is to identify the overcoming mechanisms to citizens of Kosovo and how they feel during the quarantine. The research was conducted with quantitative design and 1053 participants, variated age 19-65, while the administration of the non-standardized questionnaire was online and consisted of 22 questions and 3 of them were opened questions. The analysis of the data was performed depending on the frequency obtained from the results of the online platform in a descriptive form, by which a questionnaire was administered where they present the percentages and graphs from the answers of the participants. The results show that the overcoming mechanisms that have been identified are: watching movies 59.1%, reading books with 42.1%, jokes on social networks 35.9% and others such as solidarity with 41.9% in emotional, moral, financial, and material terms, then physical exercises, recreational games with children, handicrafts, preparation of various foods, seasonal work in the garden, meditation, application of religious rites and conversations with each other through a social network offering each other courage during the situation as a result of COVID-19 coronavirus. Also, reported emotional states were: anxiety, panic, nervousness, and feelings of boredom. The needs of the citizens of Kosovo during the quarantine period as a result of COVID-19 are: Social 66.2%, Psychological 51.5% and Materials 19.2%. The creation of an online platform is suggested because of low cost and easy access to services. Keywords: COVID-19-Kosovo, overcoming mechanisms, needs of citizens, emotional well being.

Introduction

The human being has tendencies to adapt to the environment in which lives and often times the desires and attitudes of people meet with the difficulty of adapting to the external environment (Qizilbash, 2006). Thus, well-being and health are part of the adaptability even across diseases that attack humans, such as: pandemics involving a wide range of infectious diseases that increase infection and mortality over a wide geographical area, causing economic, social and political disruptions and psychological. The likelihood of a pandemic has increased over the past century due to increased travel, global integration, urbanization, changes in land use and the natural environment (Smolinsky, Hamburg, and Lederberg 2003).

World public health planners have turned to psychology for guidance in promoting self-defense activity. Social theory of action, presents an integrative framework for the application of psychology to public health, revealing gaps in our current understanding of self-regulation and generating guidance for improving health promotion at the population level. Social action emphasizes social interdependence and interaction in personal control of health-threatening behavior and proposes mechanisms by which environmental structures influence cognitive action schemes, self-goals, and problem-solving activities that are critical to sustainable behavioral change. (Evert, 1991).

World pandemics are at the level of inclusion and non-proliferation care presents the suggestion for isolation of persons who are at risk level and therefore isolation and quarantine is mandatory to avoid the spread.

The term quarantine is related to the plague and dates back to 1377, when the Rector of the port of Ragusa in Venice officially imposed a 30-day isolation period for ships. The concept of "quarantine" refers to the mandatory physical separation (including movement restriction) of groups of healthy individuals who have been potentially exposed to a contagious disease and is pervasive in the global health aspect, evoking a variety of emotions in people, such as: fear, dissatisfaction, acceptance, curiosity and confusion, reactions that are often accompanied by a lack of knowledge about the origin, meaning and importance of quarantine itself (Gensini, Yacoub, & Conti, 2004).
Historically, attempts to control epidemics — leprosy, cholera, tuberculosis, drug addiction in quarantine of a large number of people — have never been successful. AIDS patients share characteristics that are often invoked in quarantine protection; they have reason to fear anachronistic anger (Musto, 1986).

Research conducted at the University of Toronto in 2003, during the SARS outbreak in order to identify quarantine legitimacy issues. The sample consisted of 450 participants who were interviewed by telephone surveys and focus groups. Thus, issues of quarantine legitimacy, quarantine criteria, and the need to allow some health care workers to leave their homes to go to work have been identified. Also important was the need to answer questions from people entering quarantine about continuing wages and other forms of income while they were not working, and about the means by which they would be supplied with food items and other services, necessary for survival. The prevalence of boredom and other psychological stresses from quarantine. The need for officials to develop sustainable policies, procedures and messages in quarantine was very important (DiGiovanni, Chiu, & Zaborski, 2004).

Changes in participation in leisure and recreational activities among people in Hong Kong during the SARS outbreak (Severe Acute Respiratory Syndrome, 2003). Leisure involvement can be hampered by health concerns. The onset of Acute Respiratory Syndrome in Hong Kong interfered with people’s daily lives, much of which included leisure and recreation. Typically, common leisure activities include shopping, eating, shopping, and many other social pursuits. During the SARS epidemic, people avoided crowded areas while outside provided alternative destinations for routine indoor activities. This paper presents the results of research into the ways in which people engage in leisure time and recreation in times of fear of health. Authorities and the media have reported increased visits to the village, and this investigation was focused on why people were drawn to the village environment. Research results showed that participation in leisure and recreational activities in outdoor environments.

The Theoretical framework

Social-Action Theory, of personal action provides an integrative framework for applying psychology to public health, disclosing gaps in our current understanding of self-regulation, and generating guidelines for improving health promotion at the population level. A social action view emphasizes social interdependence and interaction in personal control of health behavior and proposes mechanisms by which environmental structures influence cognitive action schemas, self-goals, and problem-solving activities critical to sustained behavioral change (Weart, 1991).

The research questions are:

1. Which are the overcoming mechanisms that citizens of Kosovo have during COVID-19 quarantine?
2. Which are their feelings that citizens have during quarantine?
3. Which are the needs of citizens during the quarantine?
4. What kind of activities the children do during quarantine?

Methodology:

1.1. Design of Study

The study was conducted according to quantitative design, in order for the results of the study to be measurable in terms of frequency and representative in order to design strategies for concrete approaches to the citizens of Kosovo, while coping with COVID-19 in quarantine (Hancock, Ockleford & Schindridge, 2009). The sample was not defined, all citizens of Kosovo participated through the online platform by completing the questionnaire in order to express their attitudes during the period of covid-19.
1.2. Measuring instrument / method

The data collection tool was a questionnaire formulated 22 questions (three open-ended questions and others with options used Liqueur scale (1. Strongly disagree. 2. Disagree. 3. Somehow agree 4. I agree and 5. Strongly agree), in order to collect data that serve to answer the research questions of the study. The questionnaire consists of two parts: the first part consists of demographic questions: age, gender, residence and family members and number of children at home. While the second part of the questionnaire consists of relevant questions for answering research questions.

1.3. Participants

The study was attended by 1053 (one thousand fifty three participants) from different parts of Kosovo), while the age varies in participation in the study is 19-65 years, as the administration of the questionnaire was online and there was no sample selected in terms of participation.

1.4. Data analysis

The frequency obtained from the results of the online platform from which the questionnaire was administered and represent the percentages and graphs from the participants' answers to the questions that were in the questionnaire. Also, descriptive analysis was used in the three opened questions in order to identify the activities that children perform and ways of solidarity during the period of COVID-19. While the other open demographic question has been age. Descriptive analysis was performed at the level of describing and identifying the topics most emphasized by the question thus drawing conclusions from the study question (Mack, N., Woodsong, C., MacQueen, KM, Guest, G., & Namey, E. 2005).

1.5. Procedures

Compiling and posting the online questionnaire in order to be administered by the participants through social networks considering that it was the only alternative to get the information as a result of the period while we are in quarantine. The questionnaire was distributed on social networks where it was completed for 5 consecutive days and included information and anonymity.

Results

The results represent the attitudes of 1,053 citizens (aged 19-65) in Kosovo when dealing with COVID-19 during the quarantine period, as well as identifying their feelings, identifying coping mechanisms, needs during the quarantine period and identifying activities that children carry inside the house. The results consistently answer the research questions raised by the research:

Initially, the citizens answered that it is very important to stay in quarantine during this period with 67.4% who strongly agree.

1. Overcoming mechanisms that have been identified as a result of substantive analysis of the activities carried out and taking into account the cultural context in Kosovo, then activities have been identified during the quarantine period; watching movies 59.1%, reading books with 42.1%, jokes on social networks with 35.9% and others such as: solidarity with 41.9% in emotional, moral, financial and material aspects, then physical exercises, recreational games with children, handicrafts, preparing various food, seasonal yard work, meditation, applying religious rites and talking to family members over the phone offering each other courage and love for the situation as a result of the COVID-19.

2. Citizens of Kosovo during the confrontation with COVID-19 in quarantine seem to significantly affect their mood with a percentage of 41.1% who agree, while feeling moderately upset with 31.6% and 26.8% agreed that they felt bored. Feeling in panic on average 32.7% and 26.7% agreed that they feel more in panic
and 31.6% feel nervous during their quarantine stay. While 24.8% report that on average they feel anxious and 37.7% report that they feel anxious.

3. The needs of the citizens of Kosovo during the quarantine period as a result of COVID-19 are: Social 66.2%, Psychological 51.5% and Materials 19.2%.

4. The results from the descriptive analysis show that children during the quarantine period apply more recreational activities, stimulating daily skills indoors that probably when they were at school were more limited and according to their parents' reports, children performed activities such as: Video computer games, watching cartoons, commenting on different stories, handicrafts, physical exercises, paintings, staying on the phone, Ipad, learning activities, watching television, games with other family members, tennis, ping pong, dominoes, puzzle, piano, flute, blindfold games, planting flowers to help the adult and learning, singing, dancing, watching educational programs, structuring the house, learning how to prepare different food, games outdoor, meditation, watching funny videos, playing ball, playing on the balcony as a lack of yard, online lessons, also parents have report that sometimes it is boring such situation influential even on children because they are feeling more stressed and boring situation thus raising the tone of voice.

-While the most frequent source of information during the quarantine are social networks with: 82.7%, then television 60.7% and newspapers 6.4%.

-Citizens report with 53.8% and strongly agree that the rules for hygiene by the Ministry of Health are correct and facilitative to prevent COVID-19.

-Citizens report that 31.6% on average agree that the Republic of Kosovo is capable and has the capacity to cope with the pandemic and 31% disagree.

-While 32% of citizens have expressed that they are dissatisfied with the behavior of citizens in public places to prevent COVID-19-coronavirus.

-While as a protective mechanism in this period report that 32.2% do not apply religious rites, while 22.1% apply them on average. However, in the open questions as a result of the descriptive analysis on the part of solidarity with each other, the participants reported that they are applying religious rites.

-While the answer if the habit of shaking hands "as a greeting" will fade in Kosovo society as a result of the care of COVID-19 and 31.9% of participants disagreed and 28.6% on average agreed.

**Tabla 1. Gender**

<table>
<thead>
<tr>
<th>Cila është gjinia juaj?</th>
<th>1,053 responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fémër</td>
<td>81.1%</td>
</tr>
<tr>
<td>Mashkull</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

**Tabla 2. Number of family members**
**Tabela 3., Number of children at home**

**Tabela 4., Needs of quarantine during this period of time:**
Tabela 5., Rules of hygiene from the Ministry of Health:

Rregullat për higjenën nga Ministria e Shëndetësisë janë korrekte dhe lehtësuese për të parandaluar koronavirus.

1,053 responses

Tabela 6., Getting information:
Cili është burimi më i shpeshë i marrjes së informatave gjatë qëndrimit në karantinë?
1,053 responses

<table>
<thead>
<tr>
<th></th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Televizioni</td>
<td>639 (60.7%)</td>
</tr>
<tr>
<td>Gazeta</td>
<td>67 (6.4%)</td>
</tr>
<tr>
<td>Rërjet sociale</td>
<td>871 (82.7%)</td>
</tr>
</tbody>
</table>

Tabela 7. The impact of information by COVID-19, to citizens’ mood during quarantine time:

Informatat lidhur me Covid 19! Koronavirus, janv duke ndikuar në disponimin tuaj gjatë qëndrimit në karantinë.
1,053 responses

Tabela 8. Panic feeling:
Tabela 9. *Feeling nervous:*

 Ndjehem në panikë nga situata e ditëve të fundit.
1,053 responses

- 26.7% - 1. Fuqinësht nuk pajtohem
- 32.7% - 2 Nuk pajtohem
- 7.5% - 3. Dësi pajtohem
- 23.9% - 4. Pajtohem
- 9.2% - 5. Fuqinësht pajtohem

Tabela 10. *Bored feeling:*

 Ndjehem ije nervousuar gjatë periudhës së karantinës
1,053 responses

- 31.6% - 1. Fuqinësht nuk pajtohem
- 20.9% - 2 Nuk pajtohem
- 8.2% - 3. Dësi pajtohem
- 27.5% - 4. Pajtohem
- 11.8% - 5. Fuqinësht pajtohem
1,053 responses

Tabela 11., Anxious feeling:

Ndjehem në ankth gjatë periudhës së karantinës.  
1,053 responses

Tabela 12., Applying religious rites:
14. How do you show solidarity with each other?

Emotional, moral, financial and material

Specified: Encouraging each other that the situation will pass, staying close to family and extended family if they need food or anything like that, talking to family and friends on social network, offering coronavirus advice, praying that the situation will pass, trying to shift attention to each other from the situation, keeping clean and distance, expressing the concern of the current situation with each other because you are helping to release emotionally, fulfilling each other’s wishes to each other at home, offering love, harmony to each other, encouragement through the phone or social networks, giving love and harmony to each other, helping each other in household chores, talking to each other how they feel about the routine, helping each other for reducing anxiety, stress, putting aside political views.

14. Activities that are mostly applied at home during the quarantine period as a result of COVID-19

• Watching movies with 59%
• Reading books 42.1%
• Jokes on social networks 35.9%

Other: Physical exercises, housework, spring work, house cleaning, woodwork, handicrafts, activities with children, embroidery, cycling, meditation, painting, praying, we have no motive for any activity, leaving of accurate information on COVID-19 prevention, online tutorials, exam tutorials and farming, cooking different foods and giving each other love, playing different games with children and trying to help older people we shift his attention.

15. Activities performed by children at home during quarantine as a result of COVID-19

The results of the descriptive analysis show that children during the quarantine period apply more recreational activities, the stimulation of daily skills, indoors that probably when they were at school were more limited and according to reports of their parents, children performed such activities. If: Computer video games, watching cartoons, commenting on different stories, handicrafts, physical exercises, paintings, phone stay, Ipad, learning activities, watching television, games with other family members, tennis, ping pong, dominoes, puzzle, piano, flute, blindfold games, planting flowers to help the adult and learning, singing, dancing, watching educational programs, structuring the house, learning how to prepare different foods, outdoor games, meditation, watching funny videos, playing ball, playing on the balcony as a lack of yard, online lessons, also parents have reported that sometimes it is boring such an impactful situation on children because they are feeling more stressed and boring situation thus raising the tone of voice as well.
21. Cilat janë nevojat e juaja më të theksuara në këto dite? (mund të klikoni më shumë se një opsion)
1,053 responses

- Materiale: 697 (66.2%)
- Psikologjike: 542 (51.5%)
- Shoqërore: -202 (19.2%)

- As nje: 2 (0.2%)
- Asnjë: 2 (0.2%)
- Kontakti me shoke dhe familjar: 1 (0.1%)
- Asnjë nevojë: 1 (0.1%)
- Vetem shendet: 1 (0.1%)
- Deri me tani, asnjëra: 1 (0.1%)
- Per momentin eshte ne rregull, nuk e di...: 1 (0.1%)
- Kafe: 1 (0.1%)
- Me degju lajme te verteta: 1 (0.1%)
- Seksuale: 1 (0.1%)
- Aktivitetet sportive: 1 (0.1%)
- Takimi me familjare: 1 (0.1%)
- Per momentin asnjë: 1 (0.1%)
- Fizike: 1 (0.1%)
- Pushim: 1 (0.1%)
- Nevoja e aktivitetit fizik: 1 (0.1%)
- Asnjëra: 1 (0.1%)
- Por me mungon jeta e perditshme para iz...: 1 (0.1%)
- Patjeter qe ne keto dite: 1 (0.1%)
- kemi nga nevoj...: 1 (0.1%)
- Mungesa e kafes: 1 (0.1%)
- Keshilla dhe orientim per mesim per fem...: 1 (0.1%)
- pushimi: 1 (0.1%)
- Puna: 1 (0.1%)
- Kontakti fizik: 1 (0.1%)
- Te gjitha Mielli: 1 (0.1%)
- I kam të gjitha levizja e lire: 1 (0.1%)
- s’kam nevoja te theksuara: 1 (0.1%)
- Siguria: 1 (0.1%)
- Livra sa të dush veq a je i zoti me lex...: 1 (0.1%)
- Asnjë realisht: 1 (0.1%)
- Nuk ka ndonje ndryshim: 1 (0.1%)
- Veq duhanj: 1 (0.1%)
- asnjë: 1 (0.1%)
Tabela 17., *Habits of greetings*

Zakoni i të shtrënguarit të duarve “si përshtendetje” do të zbehet në shoqërinë kosovare si rezultat i shprehisë nga parandalimi i Covid 19.
1,053 responses

![Habits of greetings chart](chart17.png)

1. Fuqimisht nuk pajtohem
2. Nuk pajtohem
3. Dësi pajtohem
4. Pajtohem
5. Fuqimisht pajtohem

Tabela 18., *Kapacitetet e Republikës së Kosovës për të parandaluar COVID-19*

Republika e Kosovës është e aftë dhe ka kapacitete për ta përbballuar pandeminë e COVID-19/.
1,053 responses

![Kapacitetet e Republikës së Kosovës për të parandaluar COVID-19 chart](chart18.png)

1. Fuqimisht nuk pajtohem
2. Nuk pajtohem
3. Dësi pajtohem
4. Pajtohem
5. Fuqimisht pajtohem
Conclusion

The COVID-19 coronavirus pandemic has led to the closure of many public and private activities in Kosovo, which has consequently hindered the realization of the usual routine of Kosovo citizens, affecting their mood and as a result the purpose of such research is to identify overcoming mechanisms of the citizens of Kosovo and the way they feel during the quarantine by COVID-19 coronavirus.

It is concluded that the transcendental mechanisms that have been identified as a result of the content analysis and taking into account the cultural context in Kosovo, then the activities during the quarantine period have been identified; watching movies 59.1%, reading books with 42.1%, jokes on social networks with 35.9% and others such as: solidarity with 41.9% in emotional, moral, financial and material terms, then physical exercises, recreational games with children, handicrafts, preparing different foods, seasonal yard work, meditation, applying religious rites and talking to family members over the phone offering each other courage and love for the situation as a result of the COVID-19.

Citizens of Kosovo during the confrontation with COVID-19 in quarantine seems to significantly affect their mood with 41.1% agreeing, while feeling moderately upset with 31.6% and 26.8% agreeing that they felt bored. Feeling in panic on average 32.7% and 26.7% agreed that they feel more in panic and 31.6% feel nervous during their quarantine stay. While 24.8% report that on average they feel anxious and 37.7% report that they do not feel anxious. The needs of the citizens of Kosovo during the quarantine period as a result of COVID-19 are: Social 66.2%, Psychological 51.5% and Materials 19.2%. While, the results from the descriptive analysis of parental reporting, show that children during the quarantine period apply more recreational activities, teaching and stimulation of daily skills inside the house that probably when they were at school were more limited to carry out such activities.

Recommendation

• The need for online psychological services by professional and psychologist field for the citizens of the Republic of Kosovo.

• Establishing a routine by Kosovo citizens during quarantine inside the home in order to reduce stress, anxiety and increase productivity as a result of the routine, for example: breakfast at home, food preparation, scheduled time to talk to others extended family or society, then recreational activities that are desired (watching movies, reading books, handicraft activities, educational programs, meditation, physical exercises, solidarity, religious rites, interaction with children whether in the realization of recreational or even educational activities, jokes on social networks but with limited time), limited access to concrete

53
information related to coping with COVID-19, from reliable sources of information, time planned to complete household chores and limited time to go out to buy necessary food items and medicines. Thus, these are some of the ways you can manage time while staying at home and setting a goal each day to accomplish is necessary and motivating.

• Adult interaction with children is productive in terms of time management, changing the routine so that children also establish routine within the walls of the house in order to reduce stress and shift attention from COVID-19 and add care that the situation in which we are faced with describing to the child and informing them about their calendar and mental age.

• Reflection on structuring the routine even in children within the walls of the house: Children to carry out recreational activities because the results show a strong need, as well as educational activities mentioned above, try to encourage children to reflect on the potential that they have, to increase their self-confidence both academically and recreationally by saying motivating words, then motivation in their personal competencies regarding their age and potential, stimulating daily skills by being responsible for what they accomplish.

Reference


Organizata Botërore e Shëndetësisë OBSH, 2020: Marrur nga https://www.who.int/health-topics/coronavirus#tab=tab_1

The Influence of parents’ educational styles on Students’ Dangerous Behavior, in Terms of Alcohol Consumption

Mirlinde Billalli
University of Business and Technology (UBT), Lagja Kalabria p.n. 10 000,

Abstract: The aim of this study was to detect the connection of the parenting upbringing styles with the drinking habits of the adolescents. A sample study has been conducted over 600 respondents, students from primary and secondary schools from the Polog region. The scale used for assessment of upbringing styles was applied “Egna Minnen Battraffande Uppfostran” (EMBU), as well as the questionnaire by the WHO form “The global research of the adolescents’ health”. The statistical analysis of the data gained from the research was made with the statistical program SPSS 17.0. The results revealed that the structure of the respondents was composed of 264 (44%) male and 336 (56%) female students. The ethnic structure of the students was composed of 300 Macedonian students and 300 Albanian students, where 172 (28.67%) were students from 9th grade, 203 (33.83%) from 1st grade and 225 (37.5%) students from 2nd grade in high school. In this group of students, 230 (38.33%) of the students drink alcohol that is the prevalence of consumption was 38.3%. Multivariate Logistic Regression Analysis as a father’s upbringing style significantly associated with developing a habit of alcohol consumption among children, confirmed: rejection (p=0.028) and oversaturation (p=0.011). The results of the research have shown that the upbringing styles of the mother have significant influence towards the risky behavior of the adolescents in the aspect of drinking alcohol.

Keywords: parenting education styles, style of emotional warmness, overprotective style, style of favoring, reject style, alcohol.

Introduction

Family is the first social environment in which the child begins his social life. There are many reasons, motives, needs, and situations in which school-age children (adolescents, teens) may begin and later continue to engage in risky behavior in terms of early onset of tobacco use and smoking, alcohol consumption to the point of intoxication, as well as the use and abuse of marijuana and other psychoactive substances. Among the reasons for starting drinking early are family factors, models of parents who drink, but also broken family relationships. A functional family is one in which parents have the ability (skills) to adapt their approach to the upbringing of the child's behavior, and their influence to contribute positively to shaping and structuring a quality person. From an early age, relationships should be established in which there is a sense of connection, unconditional love, and respect, a pleasant atmosphere in which children should feel secure and happy. Parents should provide their children with sufficient security, understanding, but also supervision, in their complete independence and decision-making that is important for their future life. Parents should enable children to develop a system of healthy values, to teach them social and other skills such as self-expression, sociability, the choice of friends, to constantly point out the harmful effects of drinking or other addictions, to resist external pressures, in one word, to form a positive image of themselves.

Parents should be aware that every child, including their child, is at risk for misbehavior due to a variety of factors, both from the wider environment and from the family. Children who are in pre-adolescence they must become accustomed to the process of making independent decisions, self-consciously directing their own decisions and facing the possible consequences of those decisions, distinguishing the "good" from the "evil" and resisting external influences, especially those which are negative.

In research on the behavioral propensity of young people that leads them to addiction, the question is often asked whether and to what extent basic socializing communities (family, education, peer groups and social media) have the capacity to focus on realization of its primary goals. (Lazii, Liljana).

There are two key dimensions to parenting. The first dimension concerns parental understanding and parental warmth, as opposed to hostile condemnation and avoidance. The second dimension concerns
parental supervision. The combination of these two dimensions is what is commonly called - parenting styles. (Bauemrind, 1991).

- **Educational styles**

  Educational styles are operationalized through the content of the universal and international questionnaire "Egna Minnen Batraffande Uppfostran" - (EMBU) which provides data on: emotional warmth and acceptance, overprotection, rejection, inconsistency and favoritism.

  Educational style *emotional warmth and acceptance* is characteristic of parents who are emotionally warm to their children, full of approval, understanding, and interest in the child, who explain the discipline they seek and who rarely use corporal punishment.

  The upbringing style of *overprotection* is characterized by emotional attachment and parental dominance, by excessive correction of the child's behavior and excessive demands, by coercion and without respect for his developmental opportunities.

  *Rejection* is a parenting style in which parents often openly show negative feelings, constantly criticize the child, make a number of requests, do not understand the motives for his behavior, do not respect children's needs, severely punish children, intimidate, belittle and do not pay enough attention to them.

  *Inconsistency* in upbringing is present if the parents behave differently from situation to situation, ie once they reward a kind of behavior, and other times they do not react to that behavior or punish it. This behavior of parents almost always causes neurotic disorders in children.

  *Favoring* is a distinctive style with which parents manifest a favored attitude towards one of the children in relation to the other children in the family. (Todorovic, 2005).

**Purpose of the paper: To determine the relationship between parenting styles and alcohol consumption habits in children**

**Material and methods:** For the purposes of this research, the following were used: The "Egna Minnen Batraffande Uppfostran" (EMBU) scale for assessing parenting styles. This Likert scale is composed of 64 items formulated in the form of claims with a four-member selection scale. It was designed by Swedish researcher Perris and adapted by Arrindell. The adapted version, used in this study, contains 5 sub-scales: emotional warmth, rejection, overprotection, child favoritism and inconsistency, as well as a survey questionnaire from Global Research on Adolescent Health. It is a standard questionnaire of the WHO and CDC which contains 24 questions which included drinking alcohol. The questionnaire was designed to match the age and gender of the respondents.

**Statistical analysis:** The statistical analysis of the data obtained from the research was done in the statistical program SPSS 17.0. Categorical (attributive) variables are represented by absolute and relative numbers. Numerical (quantitative) variables are shown with average, minimum values, maximum values, and standard deviation. Student t-test was used to compare the currents between children who consume and those who do not consume alcohol. Logistic Regression Analysis was used to determine educational styles significantly related to developing a habit of consuming alcohol. Statistical significance was defined at the level of p <0.05.

**Results**

The study included 600 respondents, students from primary and secondary schools on the territory of the Polog region.

The gender structure of the respondents consisted of 264 (44%) male students, 336 (56%) women.

The ethnic structure of the students consisted of 300 Macedonian students, 300 Albanian students, while in terms of class attendance, 172 (28.67%) were students from IX grade, 203 (33.83%) from I year high school, and 225 (37.5%) were second-year high school students.
In this group of students, 230 (38.33%) students drank alcohol, i.e., the prevalence of alcohol consumption was 38.3%.

Graph 1. Graphic representation of children in relation to alcohol consumption

To the question "How old was he when he drank the first alcoholic beverage (not just a few sips?)", more than half of the students answered that they drank the first whole alcoholic beverage at the age of 14 or 15 - 134 (58.26%). At the age of 7 or younger, 18 (7.8%) children drank their first alcoholic beverage.

Table 1.

<table>
<thead>
<tr>
<th>How old was he when he drank his first alcoholic beverage (not just a few sips?)</th>
<th>N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 years or less</td>
<td>18 (7.83)</td>
</tr>
<tr>
<td>8 или 9 years</td>
<td>5 (2.17)</td>
</tr>
<tr>
<td>10 или 11 years</td>
<td>11 (4.78)</td>
</tr>
<tr>
<td>12 или 13 years</td>
<td>37 (16.09)</td>
</tr>
<tr>
<td>14 или 15 years</td>
<td>134 (58.26)</td>
</tr>
<tr>
<td>16 years or more</td>
<td>25 (10.87)</td>
</tr>
<tr>
<td>Total</td>
<td>230</td>
</tr>
</tbody>
</table>

The results of the research showed that the educational style inconsistency of mother and father, the educational style rejection of mother and father, and the educational style favoring the father have a significant impact on the risky behavior of children in terms of alcohol consumption, while the educational style emotional warmth of mother and father, the educational style overprotection of mother and father, and the educational style favoring the mother are not significantly related to this type of risky behavior.
Children who drank and did not drink alcohol gave significantly different grades for the subclass inconsistency of both parents ($p = 0.000012, p = 0.000002$ consequently), the subclass rejection of both parents ($p = 0.045, p = 0.004$ consequently), and for the subclass favoring the father ($p = 0.027$).

In the group of respondents who drank alcohol compared to the group of children who did not consume alcohol, we registered a significantly higher score for subclass inconsistency for mother ($11.0 \pm 3.1$ vs $9.96 \pm 2.5$) and for father ($11.14 \pm 3.0$ vs $10.02 \pm 2.6$). Parents of children who drink show a significantly higher level of inconsistency in parenting compared to parents of children who say they do not drink alcohol. These results show that parenting style, which is dominated by inconsistency, is significantly associated with risky behavior analyzed by alcohol consumption.

The average score for subclass rejection of the mother is $32.2 \pm 7.6$ in the group of children who drink alcohol, and $31.09. 6.0$ in the group who do not drink. The tested difference was confirmed to be significant for $p = 0.045$, which in turn leads to the conclusion that the parenting style of rejection is significantly increased by the risky behavior analyzed by alcohol consumption. Mothers of children who drink alcohol show a significantly higher level of rejection in their upbringing. An identical statistical comment and conclusion is made about the connection of this parenting style with the risky behavior of children in terms of alcohol consumption, ie the fathers of children who drink alcohol show a significantly higher level of rejection in upbringing. The average score for subclass rejection of the father was significantly higher in the group of children who stated that they drank alcohol compared to children who denied alcohol consumption ($31.26 \pm 7.1$ vs $29.62 \pm 6.4$; $p = 0.004$).

Selectivity in the child's behavior by the father has a significant impact on the development of risky behavior in the child in terms of alcohol consumption ($p = 0.027$). In the group of students who drank alcohol, we registered a significantly higher score for the subclass favorite for the father, compared to the group of students who do not drink ($8.01 \pm 3.0$ vs $7.42 \pm 3.2$), that is, the fathers of children who consume alcohol show in the upbringing a significantly higher level of favoring compared to the parents of children who do not drink. (Table 2, Graph 2, 2a, 2b)

**Table 2. EMBU scale in relation to alcohol consumption**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Alcohol</th>
<th>n</th>
<th>Mother mean±SD</th>
<th>p value</th>
<th>n</th>
<th>Father mean±SD</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistency</td>
<td>No</td>
<td>367</td>
<td>9.96 ± 2.5</td>
<td>0.000012 sig</td>
<td>364</td>
<td>10.02 ± 2.6</td>
<td>0.000002 Sig</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>227</td>
<td>11.0 ± 3.1</td>
<td></td>
<td>225</td>
<td>11.14 ± 3.0</td>
<td></td>
</tr>
<tr>
<td>Emotional warmth</td>
<td>No</td>
<td>367</td>
<td>50.89 ± 9.1</td>
<td>0.26 ns</td>
<td>364</td>
<td>50.49 ± 9.1</td>
<td>0.44 Ns</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>228</td>
<td>51.75 ± 8.9</td>
<td></td>
<td>227</td>
<td>51.08 ± 9.1</td>
<td></td>
</tr>
<tr>
<td>Rejection</td>
<td>No</td>
<td>367</td>
<td>31.09 ± 6.0</td>
<td>0.045 sig</td>
<td>364</td>
<td>29.62 ± 6.4</td>
<td>0.004 Sig</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>228</td>
<td>32.2 ± 7.6</td>
<td></td>
<td>227</td>
<td>31.26 ± 7.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>-------------------------</td>
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<td>----------</td>
<td>--------</td>
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<td></td>
</tr>
<tr>
<td>Overprotection</td>
<td>367</td>
<td>31.13 ± 7.1</td>
<td>0.99</td>
<td>364</td>
<td>29.89 ± 7.2</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.99 ns</td>
<td></td>
<td>0.88 Ns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>228</td>
<td>31.12 ± 7.0</td>
<td></td>
<td>227</td>
<td>29.81 ± 6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Favoritism</td>
<td>367</td>
<td>7.83 ± 2.9</td>
<td>0.08</td>
<td>364</td>
<td>7.42 ± 3.2</td>
<td>0.027</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.39 ± 3.0</td>
<td></td>
<td>8.01 ± 3.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p(Student t-test)**

**Graph 2. Subclass inconsistency**

In terms of drinking alcohol

**Graph 2a. The subclass emotion**

Warmth in relation to drinking alcohol
Chart 2b. Subscalable favors over drinking alcohol
Conclusion

TWO of the three respondents from those who tried alcohol had their first experience with the cup at the age of 14-15 (for male Macedonians a significant part of 12-13 years).

The data is in synergy with the findings from the research ESPAD 2015 of the Institute of Public Health of the Republic of Macedonia.

Depending on whether the student consumes alcohol or not, there are noticeable differences ON THREE TO FIVE PARENTAL EDUCATIONAL STYLE.

General

THOSE WHO DRINK ALCOHOL perceive a lower degree of INCONSISTENCY and REJECTION, in both parents.

Lower level of FAVORIZATION is also visible, but only for the perception of the educational style of the father. There are no differences in the styles EMOTIONAL WARMTH AND ACCEPTANCE and OVERPROTECTION.

Educational styles of parents have been identified as one of the most important risk factors, but on the other hand also protective factors related to the use of substances in adolescents (4).

Ronner's research speaks to severe mental disorders in people exposed to the negative effects of parental rejection (Rohner, according to Kuburic, 1996). Scientific evidence shows that the influence of parenting styles on alcohol consumption in adolescents varies from country to country.

Alcohol is actually the oldest drug. Nearly 50% of people aged 12 and over have consumed alcohol in the United States. Most people are not able to consume alcohol responsibly. However, for one reason or another, some people abuse alcohol and become addicted (5). About 10 to 15 million people in the United States can be classified as alcoholics, according to the US Council on Drug Education (ACDE). About 4.5 million of these people are adolescents. It is estimated that alcohol dependence will affect 17% of men and 8% of women at some point in their lives (5).

The study by the National Institute on Alcohol Abuse published in December 2015 in America, shows that with age the prevalence of alcohol use among students increases. However, compared to 2010, alcohol consumption in recent months in 2015 is reduced and is 9.7%, 21.5%, and 35.3% for students from 8th, 10th and 12th grade (13.8%, 28.9% and 41.2% in 2010 (6)

On the territory of the Republic of Macedonia, in the academic year 2007/2008, the addictive conditions in adolescents were examined, and in a total of 2116 students aged 11-17, it was determined that the research showed that only 48, 9% of respondents never drank a whole alcoholic beverage, many students start drinking alcohol at an early age of 12-13 years, so that 16.3% drank the first drink at that age, while a large proportion of students aged 13-15 years drink alcohol once or more times a month. On days when they drink alcohol, 14.4% drink one drink, while 3.1% drink 5 or more drinks a day (7).
In terms of social relations and support, with age, young people in Macedonia, it is easier to talk to parents about the topics that concern them, in contrast to the emergence of difficult communication with parents among adult children in Europe. Health-related behaviors are likely to vary among children in different countries, indicating the strong influence of social, cultural, and economic factors on their health, as well as parenting styles (8,9,10).

Results regarding allowing adolescents to drink alcohol at home depend on the structure of the family: adolescents from full families who were allowed to drink at home have been shown to have the lowest levels of alcohol use and problems over time, while those who were not from full families and were not allowed to drink at home showed the highest levels of alcohol dependence (11,12). Parents need to be trained with a wealth of information and knowledge in future alcohol prevention programs before their children become adolescents (13,14,15).

Compared to previous research (from 2008 and 2012) it is noted downward trend - the number of people who have been overly drunk is declining. The age of the first consumption of alcohol progressively increases with age students, with the most common representations at 15 and 14 years of age. Part of the students in age under 9 years old drank beer for the first time (9%), wine (6%) and a fierce drink (3%).

Measures and activities are planned to raise awareness among children and youth about the harmful consequences of uncontrolled alcohol use through greater information and education, especially in schools, sports and other entertainment events and through the media.

The attitudes of young people towards the family show that the families are mostly functional. Young people get the most care parental attention; parents often know where their children are and with whom are.

However, the study found that there are also parents who do not care enough about their children, so they are more left to educate their friends upbringing, social networks and the Internet, given the fact that 1/5 of the participants said they use the Internet for more than 6 hours a day, but also the fact that 10.5% of students said that their parents partially or not know where they are going on Saturday evenings.

It is necessary to encourage parents to follow the activities and friendships of adolescents by establishing rules for what is allowed, and they are effective in preventing children from behaving problematically.

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Aleph [000098101]
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