



Presenting a model to predict mental (psychological) pain based on psychological flexibility and the meaning of life with the mediation of perceived social support in people with the experience of bereavement caused by Corona

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ARTICLE INFORMATION	ABSTRACT
Article type Original research Pages: 45-50 Corresponding Author's Info Email: mfatattahi2000200@yahoo.com	Background and Aim: the aim of the present study was to determine and present a model for predicting mental (psychological) pain based on psychological flexibility and meaning of life with the mediation of perceived social support in people who experienced bereavement caused by Corona. Method: The design of the descriptive research was of the correlation type and the statistical population of people who experienced the bereavement of close relatives (father, mother, child, sister, brother) caused by the corona virus in the year 2021 in Tehran, based on the opinion of Hewitt and Kramer (2004). 432 people were selected purposefully and according to the mental pain scale of Auerbach and Miklinser (2003), the acceptance and action questionnaire of Bond et al. they answered the collected data were analyzed using Pearson's correlation coefficient and path analysis and structural equations and using SPSS and Amoss software. Results: The results of correlation coefficients showed that between psychological flexibility ($r=0.29$, $P<0.01$) and its components (avoidance of emotional experiences and control over life), the meaning of life ($r = 0.44$, $P<0.01$) and its components (search for meaning and presence of meaning) have a positive and significant relationship with perceived social support ($p < 0.01$); While between psychological flexibility ($r=-0.41$, $P<0.01$) and its components (avoidance of emotional experiences and control over life), the meaning of life ($r = -0.32$, $P<0.01$) And its components (the search for meaning and existence of meaning) have a negative and significant relationship with mental (psychological) pain ($P<0.01$). Between perceived social support ($r=-0.36$, $P<0.01$) and its components (perceived support from family, perceived support from significant others and perceived support from friends) with mental (psychological) pain also has a negative and significant relationship ($pP< 0.01$). Also, the coefficients of the direct path of psychological flexibility ($\beta=-0.30$, $P<0.01$) and meaning of life ($\beta=-0.19$, $P<0.01$) to the mental (psychological) pain of people who experienced bereavement caused by Corona They are negative and significant. The coefficient of the direct path of perceived social support as a mediating variable to the mental (psychological) pain of people who experienced bereavement caused by Corona is also negative and significant ($\beta=-0.20$, $P<0.01$). Conclusion: In general, the results show that the research model based on the relationship between psychological flexibility and the meaning of life with perceived social support on mental (psychological) pain in people with the experience of bereavement caused by Corona has a favorable fit.
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Introduction

Since late December 2019, the Coronavirus (Covid-19) has occurred through human-to-human transmission and is currently affecting many countries (World Health Organization, 2019). This disease has brought unbearable psychological pressure to the involved communities, such as stress, anxiety, depression, unresolved grief, and post-traumatic stress disorder (Lu, Stratton, & Tang, 2020). Due to the high death rate of this disease, a large number of families have suffered the loss and death of their family members and their mourners, on the other hand, to prevent the spread of this virus, many gatherings, including funeral ceremonies and other religious ceremonies and the related culture has been severely limited and families have been deprived of social support, also, during the outbreak of the disease of COVID-19, people suffering from this disease and their families are socially stigmatized; Therefore, people who lose a family member during this disease are at risk of complicated grief and other mental illnesses (Sepharinejad, Momeni, Gurji and Sahab Negah, 2019), grief is one of the most common human reactions that In all cultures and age groups, it happens in response to different types of loss (Fattahi, Kalantari and Molvi, 2013), the variety of losses is so great that it is not possible to fit them all in a classification system, but it can be acknowledged that death A loved one can be the most terrifying and painful experience in life (Rafii, Eskandari, Barjali, & Farokhi, 2018), the reactions that occur in a bereaved person towards this loss are physical, psychological and behavioral, people who are exposed to such conditions experience emotions and They become conflicts that are the product of their losses and injuries, and these painful emotions such as sadness, failure, and despair cause and intensify mental pain in the survivors (Safarnia, Ahmadi, and Mami, 2018). Herman (1992) defines subjective pain as the emergence of a negative sense of self that arises from trauma and loss (Mirwajjak, Ford, & Weiss, 2015). This unpleasant feeling results from psychological needs such as love, affiliation, achievement, and avoidance. It is from harm and shame (Meerwijk & Weiss, 2018). At

Among other factors that can adapt a person's thinking and behavior in response to changes in environmental conditions is psychological flexibility. Psychological flexibility means a set of behaviors that a person performs in line with

his values. Overall, the lack of behaviors that align with one's values makes a person feel that his life is without meaning and purpose or that his life is full of pain and suffering. Also, psychological flexibility causes a person to commit to action in addition to valuable behaviors (Hayes, 2016). Based on this, there is evidence that psychological flexibility is associated with psychological well-being and vulnerability in a wide range of distress, including depression, anxiety, and general psychological distress. Another factor that can act as a potent protector against stressful life issues and conditions is the meaning of life. The meaning of life refers to a feeling of connection with the creator of the universe, having a purpose in life, pursuing and achieving worthwhile goals, and achieving evolution and growth. The meaning of life is basically cognitive and includes people's beliefs about an ultimate goal in life. In fact, having meaning in life is one of the predictors of human well-being and life satisfaction. According to Frankel, the search for meaning is the foundation of mental health. The richness and meaning of life usually refer to a sense of purpose in one's life and a sense of satisfaction. This feature is in the field of assessing the individual's attitude. Achieving the meaning of life as a psychological force causes and builds positive feelings, satisfaction, and even psychological security (Stiger, Ush, and Kushdan, 2009). If a person cannot find meaning in his life, he feels empty and hopeless and blames himself. Fatigue and mental pressure cover his whole being, and his well-being decreases. On the other hand, purpose or meaning in life creates consequences such as a feeling of satisfaction and a positive attitude toward life in a person. These conditions in life contribute to a better sense of well-being and health in the person. According to Cohen (2004), social support is a social network that provides psychological and tangible resources to cope with stressful situations and daily problems. Moreover, in times of problems, benefit from the like-mindedness and assistance of surroundings (family, friends, etc.) and be able to feel close to them. Social support includes support functions. It means that there are different forms of assistance that a person can get from all kinds of assistance and emotional, instrumental, and social support if he has social relationships at different levels of structural resources of social

support such as strong bonds, social networks, and group membership (Kaldi & Salahshouri, 2012). The existence of social support adds confidence and self-competence to try new experiences and is very effective in people's life satisfaction, but understanding the support of receiving it is much more important. In other words, a person's understanding and attitude toward the support received are more important than the amount of support provided to him (Cohen, 2004). Accordingly, the present study aimed to determine and present a model for predicting mental (psychological) pain based on psychological flexibility and meaning of life with the mediation of perceived social support in people who experienced bereavement caused by Corona.

Method

The current research is a practical and quantitative study. In terms of data collection, the research design is a descriptive correlational type carried out using the path analysis method. The statistical population of the present study included all the people who experienced the bereavement of close relatives (father, mother, child, sister, brother) caused by the coronavirus in 2021 in Tehran. The available sample was selected using a non-random sampling method. In this type of sampling, the people of the society are defined based on the relative ease of access to them since accurate statistics of people with the experience of bereavement caused by Corona in Tehran were unavailable. Considering the nature of the research, which is correlational; therefore, the required volume for the current study was 360 people, which increased to 432 people with a 20% drop probability.

Tools

1. Mental pain questionnaire: Orbach and Mikulincer developed the subjective pain scale in 2003 to measure subjective pain intensity. This scale has 44 items and 9 subscales: immutability, lack of control, dryness (astonishment), worthlessness, emotional disturbance, alienation, confusion, social alienation, and emptiness (meaninglessness). Scoring is on the 5-point Likert scale, I completely disagree with 1, I disagree with 2, I somewhat agree with 3, I agree with 4, and I completely agree with 5. In the study of Auerbach and Mcleanser (2003), the test-retest coefficient of this questionnaire was reported in a 3-week interval in a sample of 53 people (30 women and 23 men) in the range of 0.79 and 0.94. The alpha coefficient of this questionnaire in the research by Orbach and

Mikulincer (2003) in the subscales of immutability 0.95, lack of control 0.95, worthlessness 0.95, emotional disturbance 0.93, dryness 0.85, alienation 0.79, confusion 0.80, social fascism 0.80 and nullity was set at 0.75.

2. Acceptance and Action Questionnaire: second edition: This questionnaire was created by Bond et al. (2011) and measures the instruments related to diversity, acceptance, experiential avoidance, and psychological inflexibility. Higher scores indicate greater psychological flexibility. The second edition of this questionnaire measures the same concept as the first edition, but it has better psychometric stability. This questionnaire showed a significant correlation with Beck depression, Beck anxiety, anxiety, stress and depression, and general health questionnaire. This questionnaire has been standardized in different countries of the world. In France, the factor analysis results showed two factors, Cronbach's alpha was 0.82 in the general population and 0.76 in the patient group. Also, the correlation of the Acceptance and Action Questionnaire with the Beck Depression and State Anxiety Questionnaire was significant. In Iran, Abbasi, Fati, Molodi, and Zarrabi (2013) found the internal consistency of this tool to be between 0.71 and they reported 0.89. The results of the factor analysis of their research also showed two factors.

3. Meaning of life scale: The meaning of life scale prepared by Steiger and Dink (2009) was used to measure the meaning of life in the current study. This tool is an 11-item self-report scale and includes the two dimensions of searching for meaning and the existence of meaning, with five statements assigned to each item. Answers in this scale are set on a 7-point Likert scale (from 1 for completely false to 7 for completely true). In Steiger's research, Cronbach's alpha coefficient for the subscales of the search for meaning and presence of meaning was reported as 1.84 and 1.81, respectively.

4. Perceived social support scale: The multidimensional scale of perceived social support by Zimet et al. (1988) will be used. This scale consists of 12 items that measure three components: perceived support from family (4 items), perceived support from significant others (4 items), and perceived support from friends (4 items). All items are graded on a five-point Likert scale (completely agree, agree, have no opinion, disagree, and completely disagree). The range of scores on this scale is 12 to 60. In 2004, Edwards

and his colleagues reported the internal reliability of this tool in a sample of 788 high school youth using Cronbach's alpha, 90-86% for the subscales of this tool and 86% for the whole tool.

Results

The average and standard deviation of the participant's age was 34.56 (3.78); A higher percentage of people in the sample group were in the age range of 31-40 years (38.5%), and most of them were women (57.5%). Also, most people in the sample group had a bachelor's degree (38.8 percent) and were self-employed (36.6 percent). In addition, a higher percentage of people in the sample group reported that they had bereaved their father due to the coronavirus (35.3%). Finally, most people in the sample group had an average socio-economic status (55.66).

According to the results, the mean (and standard deviation) of the psychological flexibility of the sample group was 37.57 (9.14). In addition, the mean (and standard deviation) of the perceived social support of the sample group was 41/03 (11/12). The highest average of the sample group in the components of perceived social support is related to the perceived support from the family with a mean (and standard deviation) of 14.69 (3.89). The lowest average in the components of perceived social support is related to the perceived support from significant others, with an average (and standard deviation) of 12.19 (4.04). Furthermore, the mean (and standard deviation) of mental (psychological) pain in the sample group was 158.30 (24.43). Finally, the meaning of life was reported with a mean of 39.70 and a standard deviation of 8.15.

The results show that between psychological flexibility ($r = 0.29, P < 0.01$) and its components (avoidance of emotional experiences and control over life), meaning of life ($r = 0.44, P < 0.01$) and its components (search for meaning and presence of meaning) have a positive and significant relationship with perceived social support ($P < 0.01$). In contrast, there is a negative and significant relationship between psychological capital ($r = -0.27, P < 0.01$) and its components (self-efficacy, hope, resilience, and optimism) with mental (psychological) pain ($P < 0.01$). Also, between perceived social support ($r = -0.36, p < 0.01$) and its components (perceived support from family, perceived support from significant others, and perceived support from friends) with mental pain. Psychological there is also a negative and significant relationship ($p < 0.01$).

As the results show, psychological flexibility ($\beta = -0.30, p < 0.01$) and meaning of life ($\beta = -0.19, p < 0.01$) are related to mental (psychological) pain of people with bereavement experience. They are negative and meaningful from Corona. The coefficient of the direct path of perceived social support as a mediating variable to the mental (psychological) pain of people who experienced bereavement caused by Corona is also negative and significant ($\beta = -0.20, p < 0.01$). In the context of the significance of the path coefficients of exogenous variables of the model to perceived social support as a mediating variable, the results (Table 4-10) showed that the direct path coefficients of psychological flexibility ($\beta = 0.17, p < 0.01$) and meaning of life ($\beta = 0.32, p < 0.01$) to the perceived social support of people with the experience of bereavement caused by Corona is negative and significant. The coefficients of the indirect paths of psychological flexibility ($\beta = -0.14, p < 0.01$) and meaning of life ($\beta = -0.18, p < 0.01$) to mental (psychological) pain of people who experienced bereavement caused by Corona through perceived social support are still negative and significant. This means that the perceived social support is mediated in the relationship between psychological flexibility and the meaning of life with the mental (psychological) pain of people who have experienced bereavement caused by Corona. At the same time, the effect of psychological flexibility and the meaning of life on the reduction of mental (psychological) pain of people who have experienced it has maintained the bereavement caused by Corona. However, playing a mediating role has strengthened the negative relationship between psychological flexibility and the meaning of life with the mental (psychological) pain of people with the experience of bereavement caused by Corona.

Conclusion

The present study aimed to determine and present a model for predicting mental (psychological) pain based on psychological flexibility and the meaning of life with the mediation of perceived social support. The results showed a significantly positive relationship between psychological flexibility and its components (avoidance of emotional experience and control over life) and the meaning of life with perceived social support. In contrast, there is a negative and significant relationship between psychological flexibility and its components (avoidance of emotional experience and control over life) and the meaning

of life with mental (psychological) pain. Moreover, there is a negative and significant relationship between perceived social support and its components (perceived support from family, perceived support from significant others, and perceived support from friends) with mental (psychological) pain; resilient people do not avoid stress in their lives; instead, they consider stressful situations as an opportunity for their growth and development. The results showed a positive and significant relationship between the meaning of life and perceived social support. On the other hand, there is a negative and significant relationship between the meaning of life and mental (psychological) pain. Also, there is a negative and significant relationship between perceived social support and its components (perceived support from family, perceived support from significant others, and perceived support from friends) with mental pain.

In explaining this finding, it can be said that the meaning of life can empower the patient or the patient's family to discover their unique meaning, and the meaning of life effectively breaks the vicious cycle of psychosis. These people have meaningful goals in life and engage in meaningful activities. They experience more coordination (knowing and doing these activities with interest). The more people are involved in these activities or achieving goals, the more optimistic expectations they will have. (Jiang et al., 2020). Meaning in life helps a person to change his attitude towards life, issues, and problems. Furthermore, when a person faces inevitable suffering and cannot change the situation, he changes his perspective and moves forward with more hope toward the future .

The first limitation of this research is the use of self-report scales and individual reports; since questionnaires are subject to distortion due to unconscious findings and bias in answering, this may jeopardize the study's results. Moreover, this study was conducted in the bereaved community of Tehran. So it is recommended to conduct such a survey in all provinces and other groups of society to determine the health and executive priorities related to them. Due to the conditions of the disease outbreak, this study was implemented in person and through virtual networks. In this regard, many people who did not have access to or the ability to use virtual networks did not participate in this study. Another area for improvement was the need for sufficient supervision of the researcher on the

implementation method. Finally, the unstable nature of the components was one of the most fundamental limitations of the conclusion in this study. Therefore, this instability must be taken into account in research and repeated time intervals in order to determine the changes in mental health and the factors affecting it; the correlation method was also used in this study, but the existing relationships between the components cannot be considered as cause and effect relationships, and it is necessary to investigate this relationship in controlled laboratory research.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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