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Research Article

DETERMINATION OF DEATH ANXIETY, ANXIETY, DEPRESSION AND STRESS LEVELS OF INDIVIDUALS DURING THE COVID-19 PANDEMIC

Covid-19 Pandemisi Sırasında Bireylerin Ölüm Kaygısı, Kaygı, Depresyon ve Stres Düzeylerinin Belirlenmesi

Uzman. Seda UĞRAŞ
Yüksek Lisans, İstanbul- Cerrahpaşa Üniversitesi, Adli Tıp ve Adli Bilimler Enstitüsü, İstanbul/Türkiye
ORCID: 000-0002-6074-9852

Dr. Öğr. Üyesi. Gizem AKCAN
Bartın Üniversitesi, Edebiyat Fakültesi, Psikoloji Bölümü, Bartın/Türkiye
ORCID:0000-0003-19979178

Doç. Dr. Itır TARI CÖMERT
Fatih Sultan Mehmet Üniversitesi, Psikoloji Bölümü, İstanbul/Türkiye
ORCID: 0000-0002-6032-4416

Prof. Dr. Emel Hülya YÜKSELOĞLU
İ.Ü. Cerrahpaşa Adli Tıp ve Adli Bilimler Enstitüsü, Md.Yrd ve Fen Bilimleri ABD Öğretim Üyesi, İstanbul/Türkiye
ORCID: 0000-0003-2009-6065

Prof. Dr. Faruk AŞICIOĞLU
İstanbul Üniversitesi-Cerrahpaşa Adli Tıp ve Adli Bilimler Enstitüsü, İstanbul/Türkiye
ORCID: 0000-0003-1691-6171

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ABSTRACT

The aim of this study is to determine death anxiety, anxiety, depression and stress levels of individuals during COVID-19 pandemic. Since the end of December 2019, China's Wuhan city has reported a new pneumonia caused by coronavirus (COVID-19) spreading at home and abroad. The virus has been named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). According to the findings, participants' ambiguity of death, thinking / witnessing death, suffering anxiety and death anxiety are at a moderate level. Likewise, the levels of depression, anxiety and stress of the participants are at a moderate level. While pandemic is continuing and after pandemic is ended, it is aimed to determine what measures can be taken for community mental health and to draw a road map in this direction.

Key words: COVID-19, Death anxiety, depression, anxiety, stress

ÖZET

Bu çalışmanın amacı, COVID-19 pandemisi sırasında bireylerin ölüm kaygısı, kaygı, depresyon ve stres düzeylerini belirlemektir. Aralık 2019'un sonundan bu yana, Çin'in Wuhan şehrinde, yurtiçinde ve yurtdışında yayılan koronavirüsün (COVID-19) neden olduğu yeni bir pnömoni bildirilmiştir. Virüs, şiddetli akut solunum sendromu Koronavirüs 2 (SARS-CoV-2) olarak adlandırılmıştır. Elde edilen bulgulara göre, katılımcıların ölüm belirsizliği, ölümü düşünme/tanık olma, acı çekme kaygısı ve ölüm kaygısı orta düzeydedir. Aynı şekilde katılımcıların depresyon, kaygı ve stres düzeyleri de orta düzeydedir. Bu kapsamda, pandemi devam ederken ve pandemi sona erdikten sonra toplum ruh sağlığı için ne gibi önlemler alınabileceğinin belirlenmesi ve bu doğrultuda bir yol haritasının çizilmesi amaçlanmaktadır.

Anahtar Kelimeler: COVİD-19, ölüm kaygısı, depresyon, kaygı, stres

1. INTRODUCTION

Since the end of December 2019, China's Wuhan city has reported a new pneumonia caused by coronavirus (COVID-19) spreading at home and abroad. The virus has been named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Zhai & Du, 2020). On January 30, 2020, the World Health Organization organized an emergency meeting and declared a public health emergency for this globally monitored disease (Remuzzi & Remuzzi, 2020). On March 11, 2020, World Health Organization Secretary General Tedros Adhanom Ghebreyesus explained that 118 thousand cases were seen in 114 countries and 4 thousand 291 people died and "the speed of the virus spread, its severity and the failure of the authorities to take the necessary measures. That's why we declare Covid-19 a pandemic disease." he said. *(Accessed on: 08/04/2020* https://www.bbc.com/turkce/haberler-dunya-51614548).

The most reliable tracked statistics about COVID-19 belong to the Worldometer site. Worldometer collects data from thousands of sources and analyzes it in real time. According to this site, approximately 10000000 people in the world have been infected and 500000 people have lost their lives and the numbers are increasing (*Accessed on: 24/06/2020* https://www.worldometers.info/coronavirus/). The same site has been

seen by nearly 200 000 cases so far in Turkey and in human lives lost more than 5000 (*Accessed on: 06.24.2020* https://www.worldometers.info/coronavirus/).

While researchers strive to develop an effective vaccine against COVID-19, the psychological and sociological effects of the disease are largely neglected. It is not correct to see epidemics as a medical illness only. They also negatively affect the quality of life of individuals and communities (Rothan & Byrareddy, 2020). Impaired social functions, hostility towards foreigners, mass hysteria, anxiety, depression and stress are the most common. In addition, as the epidemic increases globally, people begin to isolate themselves from the society and begin to accumulate medical supplies. Even with the slightest symptoms of illness, they consider the worst and experience a constant fear of death (Zhu, Zhang and et al., 2020).

The pandemic process, which has been going on for months and months in the world and in our country, has closed people to their homes, to fear people and separated them from their loved ones. Of course, besides the physiological effect on the human body, it will also have negative effects on the human psyche. The aim of this study is to determine death anxiety, anxiety, depression and stress levels of individuals during COVID-19 pandemic.

2. METHOD

2.1. Sample Group

A total of 868 people, 654 women and 214 men, participated in the study. Participants were randomly selected from all over the country, and forms and scales were completed online.

Procedure:

Ethics committee permission for this research was obtained from Fatih Sultan Mehmet University Ethics Committee. In addition, the form was filled out from the T.R. Ministry of Health Scientific Research Platform for the study and the necessary work permit numbered 2020-05-24T15_03_04 was obtained. Before starting the study, participants were informed about the study and the principle of volunteering was applied while collecting data.

2.2. Data Collection Tools

In the research, a questionnaire form consisting of three parts was used as a data collection tool.

2.2.1. Demographic Data Form

First of all, the purpose of the research and the data are explained to be used for scientific purposes only. In the first part of the data collection tool, there is a personal information form consisting of the participants' gender, age, marital status, educational status, region of residence, monthly income.

2.2.2. Death Anxiety Scale (DAS)

In the second part of the questionnaire form, “Death Anxiety Scale” developed by Akça and Köse (2008) is included to determine the level of death anxiety. There are 20 items and 3 dimensions (uncertainty of death, thinking / testimony, suffering) in the five-point Likert type (0: never, 4: always). High score indicates that death anxiety is at a high level. In this study, Cronbach Alpha coefficient of the scale was .97; Cronbach Alpha coefficients of the sub-dimensions were determined as .95 / .94 / .80, respectively.

2.2.3. Depression Anxiety Stress Scale-42 (DASS-42)

In the third part of the questionnaire form, there is the "Depression-Anxiety-Stress Scale" developed by Lovibond and Lovibond (1995) and adapted to Turkish by Bilgel and Bayram (2010). In the scale, there are 42 items in the 4-point Likert type (0: never, 3: always) and 3 dimensions (depression, anxiety, stress) each consisting of 14 items. The high score in each dimension indicates that the symptom is high. In this study, the Cronbach Alpha coefficient of the scale was .99; Cronbach Alpha coefficients of the sub-dimensions were determined as .97 / .97 / .96, respectively.

2.3. Data Analysis

SPSS 21.0 program was used in the analysis of the data. Demographic information of the participants is presented in the frequency and percentage table. Skewness was used in the normality test of scale scores. It can be interpreted that the scores obtained from a continuous variable remain within the limits of ± 1 of the skewness used in the normal distribution feature, and the scores do not show a significant deviation from the

normal distribution. Parametric tests can be applied by making appropriate transformations (square root, logarithmic, inverse) for points that do not have a normal distribution (Büyüköztürk, 2011). Since both scales and sub-dimension scores were found to have a normal distribution, two independent sample t tests were used to compare the scores according to gender, marital status, COVID-19 test status and diagnosis, quarantine status, diagnosis to relatives, and loss from relatives. One-way analysis of variance (ANOVA) was used to compare age, education level, family income level, residence, and variables. When there was a significant difference in the ANOVA test, the LSD post hoc test was used to determine between which groups the difference was. From the Pearson correlation test in the analysis of the relationship between death anxiety and depression-anxiety-stress; Multiple regression analysis was used to determine the predictor role of death anxiety on depression, anxiety and stress. In multiple regression analysis, VIF, tolerance and number of conditions (CI) and state indices are taken into account for multiple connections between variables. VIF (variance increase factor = 1 / (1-R2)) is close to 1 and 1 when there is no relationship between independent variables, and VIF = 10 when the correlation is .90. Tolerance value is calculated with 1-R2 and inverse relationship with VIF. In this case, a high tolerance value is desired and a tolerance value higher than .10 in the literature indicates that there are no multiple connections. The number of conditions is obtained by proportioning the maximum and minimum eigenvalues, and being less than 10 means that there is no multiple connection (Çokluk, Şekercioğlu & Büyüköztürk, 2010). In this study, VIF <10; Tolerance> .20 and CI <10 values are accepted as reference. Confidence interval was 95% (significance level .05 p <.05).

3. RESULTS

Table 1. Distribution of Participants According to Demographic Features

Demographic Variable	Groups	n	%
Gender	Woman	654	75,3
	Man	214	24,7
Age	18-25 age	83	9,6
	26-35 age	246	28,3
	36-45 age	267	30,8
	46-55 age	144	16,6
	56-65 age	103	11,8
	65 age and above	25	2,9
Marital Status	Married	532	61,3
	Single	336	38,7
Education Level	Primary	38	4,4
	High school	141	16,2
	Under graduate	435	50,1
	Graduate	254	29,3
Households monthly total income	Minimum wage	67	7,7
	Up to 5000TL	240	27,6
	5001-10000TL	310	35,7
	10001TL and above	251	28,9
Residence region	Marmara	557	64,2
	Blacksea	24	2,8
	Aegean	107	12,6
	Mediterranean	48	5,5
	Central Anatolia	81	9,3
	Southeastern Anatolia	40	4,6
	Eastern Anatolia	11	1,3

Table 2. Distribution of Participants According to COVID-19 Information

	Groups	n	%
Taking the COVID-19 test	Yes	18	2,1
	No	850	97,9
COVID-19 diagnosis	Yes	8	.9
	No	860	99,1
Quarantine status due to COVID-19	Yes	8	0,9
	No	860	99,1
Covid-19 diagnosis to relatives	Yes	72	8,3
	No	796	91,7
Losing a relative due to COVID-19	Yes	8	.9
	No	860	99,1

Table 3. Descriptive Statistics for Scale and Sub-Dimension Scores

Scale and Sub Dimension	n	n	n	$\bar{X}$	SS	Skewness
Uncertainty of Death	868	.00	4,00	1,72	1,07	.30
Thinking/Witnessing Death	868	.00	4,00	1,75	1,11	.22
Suffering	868	.00	4,00	1,99	1,04	.04
DEATH ANXIETY	868	.00	4,00	1,82	.99	.22
Depression	868	.00	3,00	1,25	.91	.59
Anxiety	868	.00	3,00	1,14	.92	.79
Stress	868	.00	3,00	1,45	.81	.41
DASS-42 TOTAL	868	.00	3,00	1,28	.86	.66

Table 4. The Predictor Role of Death Anxiety on DASS-42 Total Score

Independent variables	B	SH_B	β	t	p	Tolerance	VIF	CI
Constant	.624	.058		10,842	.000			3,707
Uncertainty of Death	.180	.049	.223	3,689	**.000**	.257	3,884	.185
Thinking/Witnessing Death	.146	.041	.187	3,521	**.000**	.332	3,014	.064
Suffering	.044	.045	.053	.986	.324	.322	3,110	.044
R=.434	R^2=.188		ΔR^2=.186					
$F_{(3; 864)}$=66,889	p=.000							

Table 5. The Predictor Role of Death Anxiety on Depression

Independent variables	B	SH_B	β	t	p	Tolerance	VIF	CI
Constant	.601	.062		9,738	.000			3,707
Uncertainty of Death	.212	.052	.248	4,054	**.000**	.257	3,884	.185
Thinking/Witnessing Death	.127	.044	.153	2,848	**.005**	.332	3,014	.064
Suffering	.030	.048	.034	.627	.531	.322	3,110	.044
R=.411	R^2=.169		ΔR^2=.166					
$F_{(3; 864)}$=58,405	p=.000							

Table 6. The Predictor Role of Death Anxiety on Anxiety

Independent variables	B	SH_B	β	t	p	Tolerance	VIF	CI
Constant	.462	.062		7,468	.000			3,707
Uncertainty of Death	.174	.052	.201	3,311	**.001**	.257	3,884	.185
Thinking/Witnessing Death	.169	.045	.203	3,786	**.000**	.332	3,014	.064
Suffering	.040	.048	.045	.834	.405	.322	3,110	.044
R=.421	R^2=.178		ΔR^2=.175					
$F_{(3; 864)}$=62,175	p=.000							

Table 7. The Predictor Role of Death Anxiety on Stress

Independent variables	B	SH_B	β	t	p	Tolerance	VIF	CI
Constant	.810	.054		14,993	.000			3,707
Uncertainty of Death	.155	.046	.203	3,372	**.001**	.257	3,884	.185
Thinking/Witnessing Death	.143	.039	.194	3,670	**.000**	.332	3,014	.064
Suffering	.063	.042	.080	1,482	.139	.322	3,110	.044
R=0,444	R^2=0,197		ΔR^2=0,194					
$F_{(3; 864)}$=70,733	p=0,000							

Table 8. Correlations Between Variables

Scale and Sub Dimension	2	3	4	5	6	7	8
1- Uncertainty of Death	.80**	.81**	.94**	.40**	.40**	.42**	.42**
2- Thinking/Witnessing Death	1	.74**	.92**	.38**	.40**	.42**	.40**
3-Suffering		1	.92**	.35**	.36**	.39**	.37**
4-DEATH ANXIETY			1	.40**	.42**	.44**	.43**
5-Depression				1	.93**	.94**	.98**
6-Anxiety					1	.93**	.98**
7-Stress						1	.98**
8-DASS-42 TOTAL							1

*p<.05 **p<.01

4. RESULTS

Table 1. Distribution of Participants According to Demographic Features

Table 1 shows the frequency and percentage distribution according to the demographic characteristics of the participants. 75.3% of the 868 participants participating in the study are women and 24.7% are men. 9.6% of the participants are 18-25 years old, 28.3% are 26-35 years old, 30.8% are 36-45 years old, 16.6% are 46-55 years old, 11.8% i 56-65 years old, 2.9% over 65 years old. 61.3% of the participants are married and 38.7% are single. 4.4% of the participants attended primary education, 16.2% high school, 50.1% under graduate, 29.3% graduate education. 7.7% of the participants' household monthly income is at the minimum wage level, 27.6% is between the minimum wage and 5000TL, 35.7% is 5001-10.000TL and 28.9% is above 1000TL. 64.2% of the participants in the Marmara region, 2.8% in the Black Sea, 12.6% in the Aegean, 5.5% in the Mediterranean, 9.3% in Central Anatolia, 4.6% in the Southeast Anatolia, 1.3% resides in the Eastern Anatolia region.

Table 2. Distribution of Participants According to COVID-19 Information

Table 2 shows the frequency and percentage distribution of the participants according to their characteristics in the COVID-19 information. 2.1% of the participants had the COVID-19 test, .9% were diagnosed with COVID-19, and .9% were quarantined due to COVID-19. Relatives of 8.3% of the participants were diagnosed with COVID-19, and one of the relatives of .9% died due to COVID-19.

Table 3. Descriptive Statistics for Scale and Sub-Dimension Scores

Descriptive statistics of average and standard deviation of the scale and sub-dimension scores are given in Table 3. According to the findings in Table 3, participants' uncertainty of death (1.72 ± 1.07), thinking / witnessing death (1.75 ± 1.11), suffering (1.99 ± 1.04) anxiety scores and death anxiety score (1.82 ± .99) is medium. According to the findings in Table 3, participants' depression (1.25 ± .91), anxiety (1.14 ± .92), stress (1.45 ± .81) and DASS-42 total (1.28 ± .86) scores medium level.

Table 4. The Predictor Role of Death Anxiety on DASS-42 Total Score

Multiple regression analysis results that is related with the predictor role of death anxiety on DASS-42 total score are given in Table 4. The regression model that is established to determine the predictor role of death anxiety subscale scores on the DASS-42 total score is appropriate (F (3; 864) = 66.89; p <.05); There is no autocorrelation and multiple connections between the independent variables (Tolerance> .20; VIF <10; CI <10). Death anxiety variables explain about 19% (ΔR2 = .186) of the change in the DASS-42 total score level. Uncertainty of death (β = .22; t = 3.69; p <.05) and thinking / witnessing of death (β = .19; t = 3.52) according to the standardized regression coefficients (β) and the significance of the coefficients (t) ; p <.05) variables were found to have a positive and significant effect on the DASS-42 total score. It was determined that the suffering variable did not significantly predict the total score of DASS-42 (p> .05). According to the results in Table 7, as the uncertainty of death and anxiety to think / testify of death increase, the level of DASS-42 total score increases.

Table 5. The Predictor Role of Death Anxiety on Depression

The regression model established to determine the predictor role of death anxiety sub-dimensions on depression is appropriate (F (3; 864) = 58.40; p <.05); There is no autocorrelation and multiple connections between the independent variables (Tolerance> .20; VIF <10; CI <10). Death anxiety variables explain about 17% of the change in depression level (ΔR2 = .166). Uncertainty of death (β = .25; t = 4.05; p <.05) and thinking / testimony of death (β = .15; t = 2.85) according to standardized regression coefficients (β) and significance of the coefficients (t) ; p <.05) variables were found to have a positive and significant effect on depression. It was determined that the suffering variable did not significantly predict depression (p> .05). According to the results in Table 17, the level of depression increases as the uncertainty of death and anxiety to think / witness of death increase.

Table 6. The Predictor Role of Death Anxiety on Anxiety

The regression model established to determine the predictor role of death anxiety subscale scores on anxiety is appropriate (F (3; 864) = 62.17; p <.05); There is no autocorrelation and multiple connections between the independent variables (Tolerance> .20; VIF <10; CI <10). Death anxiety variables explain about 17% of the change in anxiety level (ΔR2 = .175). Uncertainty of death (β = .20; t = 3.31; p <.05) and thinking / witnessing death (β = .20; t = 3.79) according to the standardized regression coefficients (β) and the

significance of the coefficients (t); p <.05) variables were found to have a positive and significant effect on anxiety. It was determined that the suffering variable did not significantly predict anxiety (p> .05). According to the results in Table 6, the level of anxiety increases as the uncertainty of death and anxiety to think / witness of death increase.

Table 7. The Predictor Role of Death Anxiety on Stress

The regression model established to determine the predictor role of death anxiety subscale scores on stress is appropriate (F (3; 864) = 70.73; p <.05); There is no autocorrelation and multiple connections between the independent variables (Tolerance> .20; VIF <10; CI <10). Death anxiety variables explain about 19% of the change in stress level (ΔR2 = .194). Uncertainty of death (β = .20; t = 3.37; p <.05) and thinking / witnessing death (β = .19; t = 3.67) according to the standardized regression coefficients (β) and the significance of the coefficients (t). ; p <.05) variables were found to have a positive and significant effect on stress. It was determined that the suffering variable did not significantly predict stress (p> .05). According to the results in Table 19, the level of stress increases as the uncertainty of death and anxiety to think / witness of death increase.

Table 8. Correlation Analysis Results fort he Relationship Between Variables

A positive and significant relation was found between the uncertainty of death and depression (r=.40; p<.05), anxiety (r=.40; p<.05), stress (r=.42; p<.05) and DASS-42 total (r=.42; p<.05) scores. It was determined that the participants with high anxiety level related to uncertainty of death had high depression, anxiety and stress levels.

Thinking / witnessing death, depression (r = .38; p <.05), anxiety (r = .40; p <.05), stress (r = .42; p <.05) and DASS-42 total (r = .40; p <.05) scores, positive and significant relationship was determined. It was determined that the participants who thought about death and witnessed death had high levels of depression, anxiety and stress.

A positive and significant relation was found between suffering and depression (r=.35; p<.05), anxiety (r=.36; p<.05), stress (r=.39; p<.05) and DASS-42 total (r=.37; p<.05) scores. It was determined that the participants with high suffering levels also had high depression, anxiety and stress levels.

A positive and significant correlation was found between death anxiety and depression (r=.40; p<.05), anxiety (r=.42; p<.05), stress (r=.44; p<.05) and DASS-42 total (r=.43; p<.05) scores. It was determined that the participants with high death anxiety had high depression, anxiety and stress levels.

5. DISCUSSION

The scope of this study consists of people who have positive test for COVID-19 virus in the country, have never been ill or have lost a relative due to this virus. The aim of this study is to determine death anxiety, anxiety, depression and stress levels of individuals during COVID-19 pandemic.

The majority of the people who participated in the research are women, and according to the findings, the participants' uncertainty of death, thinking / witnessing death, suffering anxiety and death anxiety are at a moderate level. Likewise, the levels of depression, anxiety and stress of the participants are at a moderate level.

When the relationship between the uncertainty of death, thinking / witnessing death, suffering anxiety and death anxiety with the gender of the participants; female participants were significantly higher than male participants. Schumaker et al. according to the results of a study conducted by university students (2001), female anxiety is higher than female (Schumaker, Barraclough & Vagg, 2001). The conclusion supports this study.

There was no significant difference in the relationship between gender, depression, anxiety and stress. In particular, when studies on depression and anxiety were examined, it was found that both depression and anxiety were more common in women in contrast to this study. For example; In a meta-analysis conducted in 2017, it was proved that both depression and anxiety are seen three times more in women than in men (Salk, Hyde & Abramson, 2017).

Considering the sub-dimension of age and death uncertainty; The uncertainty of death in participants under the age of 40 increased more than the age of 41. The uncertainty of death in participants aged 36-55 is more common than those aged 65 and over. Again, the uncertainty of death of participants aged 40 and under is greater than participants aged 65 and over. In the adaptation of the death anxiety scale performed by Akça

and Köse, this result was the opposite (Akça & Köse, 2008). This different result can be interpreted as the study was made for pandemic.

When the total scores of the depression, anxiety, stress and DASS-42 scale were examined, it was found that there was no significant difference according to the marital status variable. In a study conducted in Canada between 1996 and 2013, divorced women were found to have less depression and anxiety than married women. In married men, depression and anxiety were less common than divorced men (Bulloch, Williams, Lavorato & Patten, 2017).

According to the results of the study, both death anxiety and sub-dimensions and depression, anxiety, and stress decrease as the level of education increases, and it increases as the level of education decreases. According to a study conducted in 2018, as the level of education increases, the level of anxiety, stress and depression decreases, and as the education level decreases, the opposite happens (Lopez, Sanchez, Killian & Eghaneyan, 2018).

When the relationship between death anxiety and household income level is examined, there is no significant difference between income levels in terms of death anxiety, but when the income decreases, especially when household income decreases to 5000 TL and below, depression, anxiety and stress level increasing. It can be said that the uncertainty is the same for everyone, as there is no significant difference for death anxiety. According to the results of the review by January et al. (2018), the level of depression and anxiety increases as income decreases. This result was found to be higher not only among individuals but also in countries with low income levels compared to countries with high levels of anxiety and depression (January, Madhombiro & Chipamaunga and et al., 2018).

It was found that death anxiety did not differ significantly according to the place of residence. Depression, anxiety and stress levels were higher in participants living in Southeastern and Eastern Anatolia regions of the country compared to others. The reason for this difference can be said that the concept of large family still continues in the Southeastern and Eastern Anatolian regions (Yavuz & Yüceşahin, 2012) and therefore the necessity of more crowded groups to live together. The more people are contacted, the more the virus spreads, but social isolation / social distance is unlikely in these areas, which may increase the level of anxiety in people.

There was no relationship between death anxiety, depression, anxiety and stress between those who took the COVID-19 test and those who did not. At the same time, there is no relationship between death anxiety, depression, anxiety and stress, whether or not COVID-19 is diagnosed. However, it is thought that this is due to the very low number of positive tests among the participants. No relation was found between death anxiety, depression, anxiety and stress between those who were quarantined by the state for reasons such as coming from abroad and filiation studies and those who were not quarantined. It is estimated that the reason for this result is that the data is not sufficient to make a meaningful difference since a small number of quarantines are taken. A significant relationship between whether a diagnosis was made to a close relative of the participants or whether they lost a relative due to COVID-19, and death anxiety, depression, anxiety and stress was not among the results of this study.

When the data of the study are evaluated; participants with high anxiety levels related to uncertainty of death were found to have high levels of depression, anxiety and stress. It was determined that the participants who had high suffering levels had high levels of depression, anxiety and stress, and the depression, anxiety and stress levels of the participants with high death anxiety were also determined. In addition, it was determined that the participants who thought about death and witnessed death had high levels of depression, anxiety and stress. This result is compatible with the literature information (Richardson, Berman & Piwowarski, 1983).

This study is intended to be a basis for other psychosocial studies. It seems that life with the virus will continue, at least until the vaccine has been found and reaches people all over the world. The second wave news published in the press recently supports this information (*Accessed on: 08/06/2020* https://www.bbc.com/turkce/haberler-dunya-53005910). Later, similar work can be done to both healthcare professionals and mental health professionals. However, the main purpose is to determine what measures can be taken for public mental health while the pandemic continues and after the pandemic ends, and to draw a road map in this direction.

REFERENCES

Zhai, Y & Du, X. (2020). Mental health care for international Chinese students affected by the COVID-19 outbreak. *The Lancet Psychiatry. 7(4),* 22.

Remuzzi, A. & Remuzzi, G. (2020). COVID-19 and Italy: what next? *The Lancet, 395,* 1225-28.

BBC News Türkiye. Pandemi nedir? Ülkeleri nasıl etkiler- Dünya Sağlık Örgütü koronavirüsü pandemi ilan etti. *Erişilme tarihi:08/04/2020 (*https://www.bbc.com/turkce/haberler-dunya-51614548).

https://www.worldometers.info/coronavirus/). *Erişilme tarihi: 24/06/2020*

Rothan, H.A. & Byrareddy, S.N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. Journal of Autoimmunity, 109(102433).

Zhu, D., Zhang, W., Wang, X., Li, B. and Song, Y.J. (2019). A novel coronavirus from patients with pneumonia in China, N. Engl. J. Med. 382, 727–733

Akça, F. ve Köse, İ. A. (2008). Ölüm Kaygısı Ölçeğinin Uyarlanması: Geçerlik ve Güvenirlik Çalışması. *Klinik Psikiyatri Dergisi, 11(1),* 7-16.

Bilgel, N., ve Bayram, N. (2010). Depresyon Anksiyete Stres Ölçeğinin (DASS-42) Türkçeye uyarlanmış şeklinin psikometrik özellikleri. Archives of Neuropsychiatry, 47,118-26.

Büyüköztürk, Ş. (2011). Sosyal Bilimler İçin Veri Analizi El Kitabı (14. Baskı). Ankara: PEGEM Akademi.

Çokluk, Ö., Şekercioğlu, G. ve Büyüköztürk, Ş. (2010). Sosyal Bilimler İçin Çok Değişkenli İstatistik: SPSS ve LİSREL Uygulamaları. Ankara: PEGEM Akademi.

Schumaker, J. F., Barraclough, R. A., & Vagg, L. M. (2001). Death anxiety in Malaysian and Australian university students. *The Journal of Social Psychology, 128*, 41–47.

Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological Bulletin, 143*(8), 783–822.

Bulloch, A.G.M., Williams, J.V.A., Lavorato, D.H. and Patten, S.B. (2017). The depression and marital status relationship is modified by both age and gender. *Journal of Affective Disorders, 223,* 65-68.

Lopez, V., Sanchez, K., Killian, M.O. and Eghaneyan, B.H. (2018). Depression screening and education: an examination of mental health literacy and stigma in a sample of Hispanic women. *BMC Public Health, 18(646),* 2-8.

January, J., Madhombiro, M., Chipamaunga, S., Ray, S., Chingono, A. and Abas, M. (2018). Prevalance of depression anxiety among undergraduate university students in-low and middle-income countries: a systematic review protocol. *Systematic Reviews, 7(57),* 2-5.

Yavuz, S. and Yüceşahin, M.M. (2012). Türkiye'de hane halkı kompozisyonlarında değişimler ve bölgesel farklılaşmalar. *Journal of Sociological Research, 15(1),* 76-118.

Richardson, V., Berman, S., & Piwowarski, M. (1983). Projective assessment of the relationships between the salience of death, religion, and age among adults in America. *The Journal of General Psychology, 109,* 149–156.

Koronavirüs: İran'da 2.dalga mı görülüyor? *Erişilme tarihi:08/06/2020* https://www.bbc.com/turkce/haberler-dunya-53005910