

Death Anxiety in General Public during the time of COVID-19 Pandemic

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Abstract

Objective: This research investigates the level of death anxiety among general public in the time of COVID-19 outbreak which has incited a flow in death anxiety all over the world.

Study type, settings & duration: A descriptive cross sectional study conducted at F,G and H sector of Islamabad, from March to June 2020.

Methodology: Three hundred participants (Male = 157 & Female =143) (mean age 30.96±11.46 years) were included in the study after their verbal consent. The present research data were collected through purposive sampling technique. Researcher approached all participants at their homes, ensuring that all SOPs were followed under the prevailing COVID-19 conditions. The participants analyzed were asked to fill a Demographic Form and Death Anxiety scale (Urdu version). Data were Analysis on SPSS (V 23.0).

Results: It is revealed that death anxiety is highly prevalent among the general public low death anxiety = 12.3%, mild death anxiety = 4.0%, moderate death anxiety = 21.7% and high death anxiety = 62.0%. Further result indicated significant gender difference ($p = .039$) and significant family structure difference in death anxiety ($p < .041$). However, no significant socioeconomic status difference in death anxiety ($p = .091$) was found.

Conclusion: The findings showed that there is significantly high level of death anxiety among general public in the time of COVID-19. The spread of COVID-19 increased death anxiety among general public. Thus, the future studies are necessary to contemplate in the case of treating death anxiety.

Key words: COVID-19, pandemic, death anxiety, general public male & female.

Introduction

Corona virus was first recognized in Wuhan city in China in December 2019. Within five weeks, infection, presently called as Coronavirus, began to govern worldwide features. By mid of May 2020, the virus had caused the death of more than three hundred thousand individuals globally, with almost 4.5 million cases affirmed.¹ As cases expanded, Governments around the globe started shutting fringes, and presenting, isolation system, with ultimate objective to delay quick speeding up

the contamination. Preceding a significant number of these administrative reactions, people had reportedly decided about social distancing. There were recounted reports about vocal and bodily antagonism in business sectors, storing of disinfectants items as well as different stocks, supremacist maltreatment of individuals having typical look expanded fear as assumed control around the world.²⁻³

Emerging research revealed elevated quantity of anxiety regarding contamination, with discoveries from just about five thousand individuals proposing for the reason that more prominent negative consequences prior to the infection is related, regardless of more tragic psychological well-being results.⁴ Fear of death was assumed to become focal as well as all-inclusive aspect regarding proof of being an individual.⁵ Indeed, evidence of individuals confronting death anxiety anyway long our species has been recording its set of experiences.⁶ Each and every one of mankind we are aware of that possess psychological ability that consider as well as envision our own death, however that great capacity accompanies a drawback; we are bound to carry on with our lives on

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Received: 03 December 2020, **Accepted:** 18 May 2021,

Published: 08 July 2021

Authors Contribution

SRB conceptualized the project and did the data collection, statistical analysis, drafting, revision & writing of manuscript. Literature search was done by SA.

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with 'everlastingly shadowed by the information that we will develop, bloom, and unavoidably, decrease and die'.⁷ From one perspective, individuals may create versatile methods of adapting to their dread of death, for example, building important relationships and leaving a positive heritage.⁷ Then again, awareness to death may likewise create an incredible feeling of dread or futility, and may drive various maladaptive coping behaviors.⁸ A portion of these behaviors (for example escape) might perhaps inhibits various psychological health circumstances, whereas different behaviors might show up, by all accounts, not legitimately connected to death by any means. By what method may our apprehensions of death be molding our regular behavior in manners that we are not even mindful of? One enormous research of 810 Australians explicitly investigated fears of death with regards to the pandemic.⁹

The discoveries uncovered a noteworthy positive relationship between death anxiety and restless convictions and behaviors identified with Coronavirus (for example assessed probability of getting the infection, assessed probability of putting on mask out in open places, and so forth.), notwithstanding self-revealed health anxiety, and overall mental distress. Moreover, members' reactions towards things evaluating intuitions encompassing, infection showed an uplifted impression of danger. For instance, when members were asked how likely they would meet their death if they contracted Coronavirus in the following year and a half, the mean probability gauge was 22%, a figure in excess of various measures the genuine case of Australian casualty pace of less than 2%.⁸

Thus, the death anxiety might surely be a dynamic variable of ordinary human behavior; this shows up extra significant rather than any time in recent memory with regards to the current pandemic. Coronavirus might be perceived as a reality and ever-present mortality striking nature prime, impacting individuals' behavior in manners they might cannot be deliberately mindful. Earliest researches propose that the dread of death also called demise anticipates anxiety regarding infection, which is appeared to foresee more extensive mental distress. These results might recommend a causal relationship between death anxiety and mental misery, and this relationship might be exacerbated in the current pandemic. Researchers have demonstrated that the tokens of death drive a huge swath of human being behaviors, as well as aim to buy products,¹⁰ driving behavior,¹¹ and in any event, suntanning.¹²

Findings have exhibited that considering current pandemics or infection flare-ups (for

example (Ebola infection, swine flu) produces practically identical discoveries to approved fatality outstanding quality primes, growing the transparency of death-related insights, and also extending guarded behavior.¹³⁻¹⁵ Death anxiety, which has as of late been planned to be a Tran's diagnostic build,¹⁶ seems, by all accounts, to be more important now than any other time in recent memory. Not with standing anticipating anxiety identified with coronavirus,⁹ dread of demise has additionally appeared to assume a causal function over various mental health conditions.¹⁷⁻¹⁹

Recent standard treatments for psychological health conditions might benefit by keeping an eye on death anxiety honestly, so as to forestall the 'spinning entryway' frequently observed in psychological well-being services.¹⁶ Luckily, cognitive behavioral therapy (CBT) was considered to deliver critical decreases in death anxiety issue, with exposure seeming, by all accounts, to be especially viable.⁶ Supplementing current treatments with explicit CBT strategies tending to fear of death may assist with guaranteeing the good deep haul results for patients, and shield individual from upcoming issues. Further study is expected to examine in the case of how to treat death anxiety in fact will lessen the probability of coming time psychological health issues.

The ongoing coronavirus pandemic has provoked a flow in death anxiety all over the world. The purpose of the present research was to investigate the level of death anxiety among overall population in the hour of coronavirus.

Methodology

The present study was a cross-sectional, observational research. It was intended to investigate the level of death anxiety among overall population in the hour of coronavirus.

Three hundred individuals (Males= 157 and Females=143) (mean age 30.96±11.456 years) were included for the study after verbal consent from Islamabad (complete G sector, F sector and H sector), from May to July 2020. The data was gathered through purposive sampling technique. The researcher approached all members at their homes. Many members were hesitant to participate in the current study because of the fear of contracting corona virus. Only those members who were interested to take part in the study were asked to fill a demographic form and Death anxiety scale (Urdu adaptation). Descriptive statistics, Chi square were applied for research data analysis on SPSS (V 23.0).

The death anxiety scale Urdu version was adopted by²⁰ Goreja and Pervaz (2000). This scale

depends on theoretical model of Templer (1970). The scale depends on the four measurements recognized by the Templer, the remainder of two measurements were distinguished by the researcher. The scale comprised of 20 things identifying with dread of death. Scale items were classified into six components of death anxiety, i.e., (1) worry over anguish and lingering death, (2) subjective proximity of death anxiety, (3) upsetting death contemplations, (4) sway on the survivors, (5) fear of punishments, (6) fear of not being. All items are worded emphatically. Responses were received on a five point rating scale. The response classifications went from 'never' = '1' to 'always' = '5'. Alpha coefficient of the scale was accounted for .89, for the current study the death anxiety scale (Urdu version) was used within Pakistani population to overcome the language issue (Table-1).

Table 1: Description of level of death anxiety in death anxiety scale.

Death Anxiety Levels	Descriptive Rating
20 - 40	Low Death Anxiety
41 - 60	Mild Death Anxiety
61- 80	Moderate Death Anxiety
81 - 100	High Death Anxiety

The data for the study was gathered through purposive sampling. Researcher approached all individuals at their homes under the prevailing COVID-19 conditions. Only consenting individuals were requested to fill demographic form, and death anxiety scale (Urdu version). Participants were ensured about the confidentiality of the data which they had provided. A consent form taken. Each questionnaire acknowledged and valued the participants' participation.

The ethical approval was obtained from the Ethical Review Committee of Shaheed Zulfikar Ali Bhutto Institute of Science and Technology, Islamabad.

Results

Result disclosed that death anxiety is highly prevalent among the general public such as low death anxiety = 12.3%, mild death anxiety = 4.0%, moderate death anxiety = 21.7% and High death anxiety = 62.0% (Table-2). Further result indicated significant gender differences ($p < 0.05$) (Table-3) and significant family structure differences were found in the level of death anxiety ($p < 0.05$) (Table-4). But no significant socioeconomic status differences were found in the level of death anxiety ($p > 0.05$) (Table-5).

Table 2: Prevalence of death anxiety among general public in time of Covid-19.

Death Anxiety	F	%
Low Death Anxiety	37	12.3
Mild Death Anxiety	12	4.00
Moderate Death Anxiety	65	21.7
High Death Anxiety	186	62.0

Table 3: Death anxiety level in time of COVID-19 among general public on the basis of gender cross tabulation.

Death Anxiety Levels	Gender		Total	df	Chi-Square	Sig
	Female	Male				
	Mean	Mean				
	69.20	66.22				
	SD	SD				
	11.886	13.178				
High Death Anxiety	20	17	3	3	.039	
Low Death Anxiety	1	11	8.348			
Mild Death Anxiety	30	35	65			
Moderate Death Anxiety	92	94	186			
Total	143	157	300			

Table 4: Death anxiety level in time of COVID-19 among general public on the basis of Family structure cross tabulation.

Death Anxiety Levels	Family Structure		Total	df	Chi-Square	Sig
	Joint	Nuclear				
	Mean	Mean				
	9.68	13.74				
	SD	SD				
	5.414	4.300				
High Death Anxiety	13	24	37	3	6.476	0.41
Low Death Anxiety	9	3	12			
Mild Death Anxiety	26	39	65			
Moderate Death Anxiety	85	101	186			
Total	133	167	300			

Table 5: Death anxiety level in time of COVID-19 among general public on the basis of Socioeconomic Status (SES) Cross tabulation.

Death Anxiety Levels	Socioeconomic Status			Total	df	Chi-Square	Sig
	Lower	Middle	Upper				
	Mean	Mean	Mean				
	SD	SD	SD				
	68.68	66.96	12.863				
	11.800	18.879	12863				
High Death Anxiety	7	16	14	37	3	8.454	.207
Low Death Anxiety	2	10	0	12			
Mild Death Anxiety	13	31	21	65			
Moderate Death Anxiety	38	99	49	186			
Total	60	156	84	300			

Discussion

The objective of the present research was to investigate the level of death anxiety among general public in the time of COVID-19 Pandemic. The finding of the study revealed that the death anxiety is highly prevalent among general public during the time of COVID-19. About 62% of individuals having a high level of death anxiety, 21.7% having moderate death anxiety, 4.0% having mild death anxiety, and 12.3% having low death anxiety. The findings were consistent with the findings of other recent studies which argued that the death anxiety was highly prevalent among general public in the time of COVID-19.^{6,9,10}

Terror management theory (TMT) is a social psychology research idea that people have trouble and anxiety identified with the attention to mortality and the certainty of death. TMT recommends that this anxiety and mental pain is curbed by interest in social convictions and world perspectives.²¹

TMT places that our attention to our own death produces a devastating dread, and that people have created two unmistakable cradles so as to relieve this dread: social perspectives, and self-esteem. Social perspectives include shared representative ideas of the world, incorporating relating to social qualities or supporting conviction frameworks, for example, having faith in eternity. Dealing out with these social perspectives is considered to provide a feeling of 'representative interminability', providing a person a feeling with lastingness as well as significance notwithstanding demise. Besides, self-esteem, increased through satisfying the desires for our social perspective, is to

cradle death anxiety additionally, causing anyone to get the impression like an important individual from their way of life, who will be recollected after death.²¹

Except for a modest bunch of studies, most of TMT study was directed under lab conditions; for example for whom in the fatality remarkable quality circumstances, the death also called as demise is typically prepared as two short inquiries concerning one's demise, which members are approached to react to.²¹ Coronavirus offers an abnormal situation, where mortality is made remarkable almost continually, given the day by day reports on losses of life from the newspapers and web-based communications (media), and omnipresent obvious demise prompts as face masks, hostile to bacterial splashes, social separation as well as general wellbeing efforts. Encouraging that thought, lab discoveries have exhibited the pondering current scourges or infection episodes (for example Ebola infection, swine flu) make equivalent discoveries towards ideal mortality, expanding, openness of death related musings, and expanding protective behavior.¹³⁻¹⁵

In spite of the fact, that it is at present obscure what the drawn out impacts of mortality striking nature things causes the effect on human behavior of even small. Inconspicuous tokens of demise in laboratory facility conditions have a lot to enlighten individuals regarding these practices observed during the momentum disease. To begin with, this point of interest, watched details of both secretive, clear prejudice for typical look at people was obvious. All these perceptions were upheld through an ongoing report in which positive relationship was found in anxiety due to Covid-19 and shirking of food of Chinese, their items⁴ repeating comparative perceptions of evasion of chinese individuals following the 2003 SARS episode.²²

Further, findings indicated that there is significant gender difference in the level of death anxiety. Female are having higher level of death anxiety (Mean = 69.20) than male (Mean = 66.22). Shervin Assari, Maryam MoghaniLankarani²³ found significant gender difference in death anxiety. Similarly, findings reported by Suhail and Akram (2002)²⁴ revealed that Pakistani female have higher level of death anxiety than male. The reason behind this phenomenon in Pakistani culture may be that the female were taught to express themselves and cry and share their feeling as desirable but men were taught not to cry and complain so they suppress and deny.²⁵

Significant family structure differences were found in death anxiety in the time COVID-19,

individuals living in nuclear family setup having higher level of death anxiety (Mean = 13.74) as compared with individuals living in joint family (Mean = 9.68) setup ($p < 0.05$). In Pakistani culture individual living in joint family structure are connected with one other. They are at one place at the time of trouble and happiness. So, it can be said that individuals with joint family structure can do catharsis. This might be the reason they have less death anxiety than individuals with nuclear family setup.²⁶

There were no significant socioeconomic status differences ($p > 0.05$) in death anxiety during covid-19 pandemic. The COVID-19 Pandemic spread all over the world affected all individual, countries, and societies equally. Individual with high middle and lower class equally suffered from COVID-19 pandemic and have much fear of getting this contagious virus. High death rate due to Coronavirus has induced death anxiety in them.²⁷

The ongoing corona virus pandemic has originated a justifiable flood in anxiety all over the world. Research finding showed that there is significantly high level of death anxiety among general public in the time of COVID-19. Female have higher level of death anxiety than male. Similarly individual from joint family structure have higher level of death anxiety than the individual from nuclear family structure. No significant differences were found on the basis of socioeconomic status. Thus, in future studies, comparison of death anxiety in different age groups, coping strategies and treatment is recommended.

Conflict of interest: None declared.

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