COVID-19 Anxiety: Evidence of Hopelessness and Death Anxiety as Psychological Factors from a South Asian Nation

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Abstract: People with a fear of catching the coronavirus experienced unusually high levels of concern, leading to panic, death anxiety, hopelessness, social withdrawal, and various psychological problems. The present study aimed to investigate whether young people in Bangladesh suffer from death anxiety and hopelessness and whether these psychological factors correlate with the enhancement of coronavirus anxiety. Additionally, to assess the extent to which death anxiety and a sense of hopelessness can explain individual differences in coronavirus anxiety. A total of 592 young adults took part in the online survey. A purposive sampling technique was used to collect data in a cross-sectional survey. Measures of coronavirus anxiety, death anxiety, and hopelessness were used. This study provides an in-depth understanding of the fear of contracting COVID-19 and coronavirus anxiety in individuals in terms of death anxiety and hopelessness. All three variables showed a significant positive correlation among them. The regression analysis identified psychological variables such as death anxiety and hopelessness as the most significant predictors of coronavirus anxiety in this study, accounting for 58.9% of the variability in coronavirus anxiety. Ultimately, this research is necessary to ensure that individuals, families, and communities are prepared to cope with the mental and physical health effects of a pandemic or a similar scenario in the future.

Keywords: COVID-19, Coronavirus Anxiety, Death Anxiety, Hopelessness.

Introduction

In the face of an unprecedented global health crisis such as the Coronavirus disease known as COVID-19 pandemic, as we all struggle to comprehend the devastating effects of this crisis, our pursuit of understanding and knowledge becomes an essential tool in strengthening our defenses and forming well-informed strategies for a resilient future. Many

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nations have passed harsh rules to fight the epidemic. China, Spain, Italy, and Ecuador, the worst-affected countries, have ordered lockdown periods of self-isolation and lockdown, forcing individuals to stay home (Adhikari et al., 2020). The disease's propagation, evolution, and infected patients' immunity have raised public dread (Orellana & Orellana, 2020). Severe Acute Respiratory Syndrome known as SARS (Reynolds et al., 2008) and Middle East respiratory syndrome coronavirus known as MERS-CoV outbreaks have shown that scary cues such as fear or contracting viruses trigger fear (Bukhari et al., 2016). The COVID-19 pandemic was/is a worldwide danger to human life, economy, well-being, and development (Ahorsu et al., 2022).

Any type of disease or disaster can cause death anxiety among humans, typically defined as the fear of death (Bodner et al., 2015). Watching a loved one die or seeing oneself die might cause death anxiety (Nyatanga & Vocht, 2006) because it is inevitable and unexpected. Another cause of death dread is that even though technology and medical science have grown immensely, they are not able to stop or actively control death (Nyatanga & Vocht, 2006). Failure to understand some phenomena may also cause similar worry. Unfortunately, they're mostly negative. Death anxiety is common among adults (Lo et al., 2015), and older adults are thought to be more susceptible since they are closer to the end (Cicirelli, 2006; Erickson, 1950).

The integrity vs. despair stage of the psychosocial development of an individual describes that if a person resolves this stage's challenges, he can live a meaningful life (Tomer, 1992). However, if not resolved, they will dislike life, consider it a waste, and fear death (Tomer, 1992). Findings from research suggest that health, purpose, and the disparity between expected and actual life spans affect older individuals' fear of death (Cicirelli, 2006). A large study found low death anxiety in older adults, where older folks accept death; according to them, as they age, people develop coping mechanisms that reduce mortality dread (Amjad, 2014; Maxfield et al., 2010).

The new coronavirus 2019, also named COVID-19, has become a worldwide pandemic with evolving medical and psychological implications (Bakul & Heanoy, 2021; Bakul & Heanoy, 2022; Bakul & Karmaker, 2022; Guan & Zhong, 2020; Huang et. al., 2020). Due to its infectious nature, people are anxious to catch it and die. Death toll overvaluation (Roussel et. al., 2020) and disease outbreak concerns, including social distance, quarantine, and total isolation, have increased anxieties and stigma (Wang et. al., 2021). Extreme fear and its social and economic effects can hinder logical thinking and cause mental health issues and psychosocial problems (Bakul & Heanoy, 2021, Bakul & Heanoy, 2022; Bakul & Karmaker, 2022; Pakpour & Griffiths, 2020). Depression, stress, panic, anguish, and other mental health conditions can lead to suicidal thoughts and suicide cases (Mamun et. al., 2021). With a 6.2% death rate in Bangladesh, COVID-19 cases have been growing, with 22% of cases in people aged 31–40 (ICEDR, 2020). Bangladesh has experienced multiple disaster-related psychological traumas, and the fast development of COVID-19 is causing worry.
The psychological effects of COVID-19 have raised pessimism about this epidemic. Having negative thoughts and feelings about destiny and extreme hopelessness (Saricali et al., 2022) can result in a loss of motivation, mental health issues, and psychiatric diseases like depression, alcoholism (Roberts et al., 2021), and many more. Pandemics like the present one have interrupted habits and generated phobias. Moderate anxiety can push people to address health problems, while excessive anxiety can harm them. Corona phobia is a severe kind of pandemic-related fear and anxiety. Corona phobia can cause anxiety, melancholy, suicidal thoughts, and hopelessness. Hopelessness and anxiety have been linked to depression and suicide (Arslan tas et. al., 2009).

Interestingly, online sales of "immune boosters" and untested drugs soared as people tried to avoid COVID-19. Google data from 14 days in March 2020 showed 216,000 searches for chloroquine, and hydroxychloroquine, two medications hyped by the media as possibly helpful despite conflicting clinical evidence (Liu et al., 2020). Emerging studies show significant levels of worry about the virus, with over 5000 individuals showing that higher perceived viral severity is connected with worse psychological health (Liu et al., 2020). Such public behavior is probably expected because fear of dying is considered a cardinal aspect of a person's existence. However, awareness of death can cause anxiety or meaninglessness and lead to maladaptive coping behaviors (Menzies & Dar-Nimrod, 2017). Accordingly, anxiety can impact hopelessness. Anxiety and despair are also positively correlated (Avşaroğlu et. al., 2021). From 3 January 2020 to 8 November 2023, 2,045,958 confirmed cases of COVID-19 with 29,477 deaths were reported to WHO from Bangladesh. A total of 362,229,859 vaccination doses has been given as of October 17, 2023 (WHO, 2023). The livelihood of Bangladesh's underprivileged population has been severely damaged by COVID-19; about 72% of respondents said that their household income decreased throughout the pandemic. In Bangladesh, IT has made education less accessible (Reliefweb, 2022). It also psychological impacts on people, such as loneliness, anxiety, pessimistic future thinking, etc (Bakul & Heanoy, 2021; Bakul & Heanoy, 2022; Bakul & Karmaker, 2022).

From the above-mentioned literature, it is evident that there are links between death anxiety, deteriorating mental health, and hopelessness regarding life (Wan, 2020). But all these variables are not studied together to determine the effects of each on another one. There are several potential pathways via which death worry and hopelessness contribute to the development of COVID-19/coronavirus anxiety, but these have not been extensively studied in South Asian countries where the medical and psychological help provider systems are less strong in comparison to western countries. Worrying more about death and dying from the virus are both associated with an increase in negative thinking, which in turn may raise anxiety (Bakul & Heanoy, 2022). Additionally, hopelessness might cause one to believe that there is nothing that can be done to prevent or lessen the risks associated with contracting the virus. To some extent, this may lead to an increase in illness and hopelessness since they feel that there is no future; in turn, they are not cautious regarding protective measures against virus spread (Templer, 1970; Saricali et al., 2022). Finally, those who
experience high levels of death dread and despair could be more likely to overestimate the seriousness of the disease and their own risk of contracting it (Wan, 2020).

The present study aimed to investigate whether young people in Bangladesh suffer from death anxiety and a feeling of hopelessness and whether these psychological factors correlate with and provide evidence for the enhancement of coronavirus anxiety. Additionally, to assess the extent to which death anxiety and hopelessness can explain individual differences in coronavirus anxiety. The study's overarching objective is to better understand the impact of coronavirus anxiety on young adults so that effective measures can be taken to mitigate anxiety and to promote mindful acceptance of current situations in life so that young adults can engage in cognitive reshaping when and where necessary.

The outcome of this study is expected to find practical use in the field of counseling during similar circumstances in the future. Examining the possible relationship between hopelessness, fear of dying, and fear of communicable diseases such as COVID-19 may increase the chances of the therapist-client connection flourishing in newer dimensions.

**Theoretical Framework**

South Asian countries (i.e.: Bangladesh) frequently place a great emphasis on strong family relationships, communal solidarity, and collectivism. Cultural theories that clarify how these cultural beliefs impact coping methods and shape the feeling of COVID-19 anxiety, hopelessness, and death anxiety include Triandis' Individualism-Collectivism paradigm (Triandis, 1995).

According to Terror Management idea (TMT), people can learn to control their dread of dying by cultivating positive self-image and cultural worldviews. Existential worries about dying could have a negative impact on people's mental health during a pandemic in South Asian societies with strong cultural and religious traditions (Greenberg et al., 1986).

Additionally, Lazarus and Folkman's stress and coping theory (1984) to understand how stressors related to COVID-19, such as fear of infection, economic uncertainty, and health concerns, interact with coping strategies within the cultural context of a South Asian nation.

With these established theoretical outputs in relation to the results of the present study, people can gain a comprehensive understanding of COVID-19’s psychological impact on anxiety, hopelessness, and death anxiety within the unique cultural framework of a South Asian nation. This understanding can inform tailored interventions and mental health support systems.

**Method**

The present study had 592 young adults from Bangladesh as participants. The following formula was used for sample size calculation
At a 95% confidence level, the value of $z$ is 1.96. Also, the standard deviation is 0.5, and the confidence interval is ± 5%. After placing all the values, the calculated total is 384.16, or 385. Therefore, a minimum of 385 is an adequate number of participants for the study. Among the 593 participants, 288 were male and 304 were female. The participants' ages ranged from 18 to 37, with an average of 26.23 years and diverse educational qualifications. A purposive sampling technique was used to collect data in a cross-sectional survey. Inclusion criteria for the present study included potential participants' age needs to be between 18 to 40 and their minimum educational qualification had to be high school graduation so that they can understand the questionnaires. Anyone beyond the age range mentioned above or under the minimum educational level was not recruited for data collection.

A questionnaire package comprising the following questionnaires was used for the present study. Data were collected via sending email and online social media platforms (Facebook, WhatsApp) via sending and/or sharing links to the Google Form containing all the questions. The data collection commenced from December 2022 to February 2023. On the first page of the Google Form, the participants were informed about the survey, and it was also mentioned that they could stop at any time and not finally submit their response if they felt so, and their cooperation was fully voluntary. The demographic questionnaire section consists of questions such as age, gender, and educational qualifications.

**Figure 1**

*Consent form of the data collection*
The Bangla-translated version of the Death Anxiety Scale (DAS) was used to measure death anxiety among young adults (Templer, 1970). The Bangla version had a Cronbach’s alpha of .80 with good inter-item correlation. This is the most commonly used 15-item measure for assessing death anxiety with a true or false response format. The DAS consists of 15 statements, such as "I am very much afraid to die". The scale had a total of six negative items (2, 3, 5, 6, 7, and 15) to eliminate response bias. A high score refers to having higher death anxiety.

The Beck Hopelessness Scale (BHS) is a self-reported measure for evaluating an individual’s negative assumptions about the future (Beck, 1988). This 20-item scale, with a score range from 0 to 20, can measure the level of hopelessness, such as asymptomatic (0–4), mild (4–8), moderate (9–14), and severe/suicidal (15–20). The translated Bangla version of the scale has good test-retest reliability ($r = .81$) and was used for data collection in this study.

The Coronavirus Anxiety Scale (CAS) (Lee et al., 2020) is also a self-report measure for assessing the physiological responses to fear and COVID-19-related anxiety. It consists of five items with 5-point Likert-format scoring. The original version had good internal consistency (.92–.93). The translated Bangla version (Ahmed et al., 2020) also yielded a Cronbach alpha of .87.

Statistical analyses such as descriptive statistics, Pearson product moment correlation, and multiple regression analysis were computed to answer the research questions of the present study. Every step taken was compliant with the 2013 revision of the Helsinki

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Declaration of 1975 and the ethical guidelines set forth by the national and institutional competent committee on human testing. Additionally, the study was accepted and registered under PSY 23/02/018, the registration number of the University of Dhaka's Psychology Department Ethics Committee.

Results

Results from Table-1 show descriptive statistics of age, score of hopelessness, death anxiety, and coronavirus anxiety.

Table 1

Descriptive statistics of demographics and measures (N = 592)

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>26.23</td>
<td>5.082</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>11.03</td>
<td>3.040</td>
</tr>
<tr>
<td>Death Anxiety</td>
<td>40.92</td>
<td>11.596</td>
</tr>
<tr>
<td>Coronavirus anxiety</td>
<td>6.69</td>
<td>4.069</td>
</tr>
</tbody>
</table>

Table 2

Correlating matrix among measuring variables (N = 592)

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death Anxiety</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hopelessness</td>
<td>.535**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>3. Coronavirus Anxiety</td>
<td>.664**</td>
<td>.682**</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01
The correlation matrix from Table 2 depicts that death anxiety is positively correlated with both hopelessness ($r = .535$, $p < .01$) and coronavirus anxiety ($r = .664$, $p < .01$). Additionally, hopelessness has a positive correlation with coronavirus anxiety ($r = .682$, $p < .01$).

**Table 3**

*Regression Results of Death Anxiety and Hopelessness over Coronavirus Anxiety (N = 592)*

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE (B)</th>
<th>$\beta$</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronavirus anxiety</td>
<td>-3.380</td>
<td>.461</td>
<td>.682***</td>
<td>513.266***</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>.913</td>
<td>.040</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R² = .465  AR² = .464

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE (B)</th>
<th>$\beta$</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>-6.082</td>
<td>.451</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>.613</td>
<td>.042</td>
<td>.458***</td>
<td>424.043***</td>
</tr>
<tr>
<td>Death anxiety</td>
<td>.147</td>
<td>.011</td>
<td>.418***</td>
<td></td>
</tr>
</tbody>
</table>

R² = .590  AR² = .589

***$p < .001$

Table 3 represents an analysis done with multiple regression for assessing the variability of hopelessness and death anxiety and predicting the level of anxiety associated with catching the coronavirus. Some initial data analysis, such as normality and linearity, was checked to ensure the assumptions were met. In combination, hopelessness and death anxiety accounted for 58.9% of the variability in explaining the fear and anxiety of catching coronavirus, (Adjusted R² = .589, F (2,589) = 424.043, $p = .001$). Hopelessness had a higher
beta value ($\beta = .458, p < .001$) than death anxiety ($\beta = .418, p < .001$) meaning that if hopelessness increases by one standard deviation, the coronavirus anxiety is increased by .45 standard deviation units. For death anxiety, if it increases by one standard deviation, the coronavirus anxiety increases by .41 standard deviation units.

We also conducted an independent sample t-test to see if there was any mean difference among the variables based on the gender of the participants and found no significant difference.

**Discussion**

People are vulnerable to feeling hopelessness and fear of death in any unfavorable situation in life. The COVID-19 pandemic forced people into social isolation and strict measures for mitigating further infection and the spreading of the virus. Since coronavirus is an infectious disease, it can easily enhance the fear of catching the viral disease and, in turn, heighten the death anxiety due to this illness among individuals. The higher anxiety relating to the COVID-19 pandemic has been found to have a stronger relationship with anxiety diagnosis, hopelessness, suicidal ideation, and related mental health issues (Bakul & Heanoy, 2021; Bakul & Heanoy, 2022; Bakul & Karmaker, 2022; Lee et al., 2020). Any in-depth study is yet to be conducted on the Bangladeshi population, specifically among young adults, who are in most cases students and early-career professionals. These pupils are bound to go out more for their day-to-day work and jobs in comparison to their older counterparts. Thus, it was pertinent to investigate whether there were any associations between death anxiety, hopelessness, and coronavirus anxiety. Also, to explore whether coronavirus anxiety can be predicted by psychological variables such as death anxiety and hopelessness.

Findings from the correlation analysis of the present study show that death anxiety, coronavirus anxiety, and hopelessness share a high positive correlation. Thinking about dying and feeling hopelessness regarding the future is highly dependent on the fact of contracting the coronavirus. Multiple regression analysis depicts that hopelessness and death anxiety accounted for 58.9% of the variability in coronavirus anxiety, while hopelessness recorded higher variability than death anxiety. These results are supportive of previous research findings (Lo et al., 2011; Cicirelli, 2006; Erickson, 1950; Tomer 1992; Arslantas et al., 2009; Menzies & Dar-Nimrod, 2017), where death anxiety has been found among adults and they are susceptible to feeling vulnerable.

Death anxiety is the fear of one's mortality, while hopelessness is the feeling of having no hope for the future. Both of these contribute to the feeling of uncertainty and fear during the pandemic. Moreover, the present study results suggest that the fear of catching the coronavirus leads to hopelessness and death anxiety among the adult population. One reason is that they have to go out for daily tasks, livelihood, etc. Fear and anxiety can lead to various psychological problems such as anxiety disorders, depression, etc. (Bakul & Heanoy, 2022; Bakul & Karmaker, 2022). Earlier research has established that prolonged negative emotions
can affect one’s immune system negatively (Graham-Engeland et al., 2018). According to the present study, increased death anxiety, hopelessness, and coronavirus anxiety can lead to people being prone to various physical and psychological disorders.

Some methods of managing death anxiety and hopelessness include talking to a mental health professional, engaging in mindfulness activities; practicing self-care, and engaging in positive thinking. One method to cope with death dread is to form important relationships and leave a positive imprint (Yalom, 2008). It is important to recognize the feelings of death anxiety and hopelessness and take steps to manage them in order to reduce the risk of developing COVID-19 anxiety. Reasons for such feelings can include enhanced death anxiety, fear of contracting coronaviruses, and hopelessness due to the ever-changing pandemic situation.

This study provides an in-depth understanding of the fear of contracting COVID-19 and coronavirus anxiety in individuals in terms of death anxiety and hopelessness. Psychological variables such as death anxiety and hopelessness are identified as the most significant predictors of coronavirus anxiety in this study. It is pertinent to focus on the psychological outcomes of the above-mentioned feelings and develop effective education, interventions, and counseling programs for helping those in need.

Although the sample size is quite large (N = 592) as per the sample size calculation formula used for this study (N = 385), it will be best if a larger sample size can be reached in terms of geography and focusing on various socioeconomic variables. There can be many factors contributing for explaining coronavirus anxiety in addition to death anxiety and hopelessness. The cross-sectional survey design of the study is one of its limitations because it precludes drawing conclusions about causality from the data. We acknowledge that gathering longitudinal data is necessary to evaluate the long-term impact of the COVID-19 pandemic on anxiety and hopelessness. If longitudinal data collection can be achieved from across the population regardless of age, gender, and additional socio-economic variables, an effective investigation will be fruitful to assess the changes in death anxiety, level of hopelessness, and coronavirus anxiety due to changes in the overall COVID-19 situation.

Conclusions

People with a fear of catching the coronavirus experienced unusually high amounts of concern, leading to feelings of panic, death anxiety, hopelessness, powerlessness, social withdrawal, and other emotional and psychological problems. To sum up, the data from this study focuses on how death anxiety and a feeling of hopelessness can lead to more coronavirus anxiety. These results are informative and can enhance future approaches to the treatment and prevention of acute psychological and emotional issues among individuals. Furthermore, this study’s results may lead to a better understanding of how those in need of mental health treatment immediately respond. Ultimately, this research is necessary to
ensure that individuals, families, and communities are prepared to cope with the mental and physical health effects of a pandemic or a similar scenario in the future.

References


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