

Prevalence of Thanatophobia in General Population of Punjab during Covid-19 Pandemic

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Abstract

Background. The aim of this research was to check the universality of thanatophobia in general population of Punjab during COVID-19 pandemic.

Method. The study used a survey research design to conduct it, & it was quantitative in nature. In this research design, we asked multiple questions from the population of interest. The current study was comprised of general population of two areas, namely Lahore and Sargodha, from Punjab (N = 1000) with age range of 20-60 years. Data was collected through a convenient sampling technique. The scale used in the study was Collet-Lester Fear of Death (Thanatophobia) Scale, proposed by Collett-Lester (1969). The final version was published in 2003 (Lester, 2003).

Results. Analysis showed that on Pearson product moment correlation, subscales of Thanatophobia scale significantly correlated with each other in general population of Punjab at the ($p < .01$) level. An Independent sample t-test for gender difference showed non-significant differences in the Thanatophobia subscales. Fear of death according to age categories in the MANOVA analysis of variance indicated that there were noticeable differences. According to educational level, there were remarkable variations founded on the fear of death in the MANOVA analysis of variance.

Conclusion. This article is related to the fear of death. This falls under those concerned social issues that need to be identified and addressed on a greater scale in the form of organizing seminars, conferences, workshops etc., especially during and after the COVID-19 pandemic. The fear of death increased at a greater rate during and after COVID-19 pandemic. This study is important for clinical psychologists and counselors to know about new behaviors and new findings about thanatophobia in public during COVID-19 pandemic and to further researches in this area for exploration.

Keywords. Thanatophobia, fear of death, prevalence, and pandemic.



Introduction

The name Thanatophobia was introduced by Freud, 1915. It's a Greek word "Thanatos" refers to death and "phobos" means fear. Thus, thanatophobia denote as the fear of death. Thanatophobia stands for the fear of death and dying process, activities & even thinking. It is very common to be worried about death in the elderly or for someone who is seriously ill. It's also a usual worry for people to concern about their bloodline and close friend's deaths. This new type of virus induced fear also in those who didn't have these problems before COVID-19 pandemic. Furthermore, there is no treatment for this new type of disease. The indications of these pathogens were coughing, sneezing, fever and they have harshly influenced the respiratory system of the contaminated individuals. News circulated on social media related to virus spread rate or death ratio further increased phobic reaction in public. There was research on large sample size during covid-19 pandemic in Australia on 810 individuals (Newton-John et al., 2020). They found that phobic reaction and abnormal behaviors during covid-19 expanded their impact on psychological wellness at a larger rate.

Yalom concluded that people are growing closer to death with every single breath they have taken. Death is a certain fact, and living souls are temporary (Yalom, 2008, as cited in Newton John et al., 2020). Jung's point of view on thanatophobia is that in real life is the unease of lasting life. Overthinking of individuals related to their loss of life and being scared regarding their existence. Jung believes people are more upset regarding mortality, so they can't stabilize their survival (Jung, 1953, as cited in Cetin, 2015). Death can be denoted as the finale of the main duty in life for survival, the ending of existence, winding of the living soul, vegetation, and pets (Cetin, 2015, as cited in Benzie's, 2018). From medical point of view, the end of life is known as the end of heart and mental capacity. These two systems are regarded as central processing units of the human body (Birol, 2003, as cited in Mamun, 2019).

Demographics Differences about the Thanatophobia (fear of death) Age

The principal variable that influences thanatophobia is age, as indicated by the study from Suhail and Akram (2002, as cited in Hayat et al., 2020.) Their findings were that humans who are between 55-70 have more fear related to death (Suhail & Akram, 2002, as cited in Hayat et al., 2020) than other age categories. Their study also pointed out that fears related to death are highly common with growing older than among adults who are growing older than younger; therefore fear of death is more common among older adults.

Gender

This research was conducted by Suhail and Akram (2002, as cited in Fouzia et al., 2022) analytical gap regarding death-related fear. They also indicated that girls have a greater number of death-related fears than boys. Khaliq (2005, as cited in Rayan et al., 2023) pointed out that women showed more death-related worry than men. This investigation was supervised in China by Wu & Tang, (2002, as cited in Zaher et al., 2023). The findings were that sexuality doesn't influence death-related fears.

Educational Level

The idea behind organizing this research was to look over the worry of dying (fear of death) regarding the educational categories, self-reported anxiety, the death of oneself and others. In this survey, they incorporated 241 students. The survey was comprised of 92 graduate students and 149 undergraduate students (Bozkurt, et al., 2022). They used the Multidimensional Fear of Death Scale (MFODS) and the Death Anxiety Scale (DAS). Two of the batch of students manifest matching outcomes on worry of eroding away. Degree-holder students exhibited a lower amount of fear in every single category.

Marital Status

Numerous analyses described the role of married correlation, especially in men because they run the families and sexual distinction regarding to decay and death. The objective of organizing this study was to investigate the role of weddings in contrast to sex -related dissimilarities in fear of

death among married individuals who have babies or without babies and unmarried individuals. Additionally, they incorporated the twenty demographics and examined their impact on death related fear. The outcome of the multiple regression analysis indicated that fear of death is not influenced by marital status. But they concluded that unmarried men have a higher level of fear of death as contrast to unmarried women. Age, education, family member, also associated with fear of death (Michael, 1979, as cited in Junjie et al., 2022).

Literature Review

The COVID-19 disorder has become a huge difficulty in the entire world. This research was organized in Germany. According to this investigation, there were multiple effects of this illness, like physical, economic, mental health issues, warning, short temper issues, and fright and terror issues in humans. This study examined the COVID-19 phobias related to epidemiological, clinical, and psychosocial characteristics. This investigation also looked at the commonness of fear in public who already had identification of phobias-related problems and in mentally fit individuals. It was also investigated how much news and social media statistics and unique individuals of COVID-19 are connected together with corona anxiety or fear. It was also investigated if these people needed any healing aid regarding corona-related distress (Waheed, Muhammad, & Qaiser, 2020).

WHO (World Health Organization) has notified multiple kinds of viral diseases and plenty of humans are at considerable risk of transmitting diseases in many parts of the world. The COVID-19 pandemic was called “an extensive health disaster”. It is a significant dispute for mental health since the Sudden Acute Respiratory Syndrome (SARS) in 2003. The Coronavirus was at primarily appeared in China at the end of 2019, and it expanded to 13 countries on January 24, 2020. Corona virus is an ailment that is enlarges in the entire sphere. But it was primarily acknowledged in Wuhan, China. It has seriously influenced

humans and expanded the death ratio in human beings. The signs of this virus were coughing, sneezing, fever, shortness of breath, and diarrhea. They believed bats were the origin of this virus transference into living individuals. With the increased in death percentage, psychological issues increased in humans at a larger rate. For example, fears of getting infected, fear of losing loved ones, depression, losing friends were crucial issues.

Prevalence of Thanatophobia (Fear of Death) in Pakistan

Numerous surveys were regulated in Pakistani neighborhoods on suicide, like India in 2019; Bangladesh, Mamun et al, in 2020, but the local data on suicide was not accessible. The purpose of this research was to grasp the facts and figures from the details about self-killing in Pakistan. Pakistani journalism disclosed 29 suicide victims in January 2020 in Urdu as well as in English. Among these sufferers 16 cases (12 end themselves and 4 make an effort) were affiliated with COVID-19 issues. There were 12 men and 4 women. The living individuals who participated in the survey. This research was supposed to show that the most repeated difficulties among all the samples of study were budget problems and anxiety about COVID-19.

COVID-19 has expanded the difficulty level on the whole earth. Due to seclusion and solitude, lockdown issues, and the unexpected deaths of contaminated individuals, people feel worry and hopelessness. Different analyses indicated an increase in psychological issues in the course of the COVID-19 wave. The target of organizing this survey was to note the ratio of anxiety, preventive measures, and fear of Corona issues among the individuals of Khyber Pakhtunkhwa (KPK) Pakistan. They applied a cross-sectional design to this research. They managed to investigate individuals on online platforms due to solitude and lockdown difficulties. They sketched the Google form to gather the information. They gathered information through Facebook, WhatsApp, and LinkedIn. In this study, there were 501 individuals involved.

SPSS was applied for categorization and conclusion of the information. Participants of this study were researchers, Policymakers, Psychologists and Psychiatrists who wanted to examine anxiety reasons and a variety of characteristics among individuals in the course of the Corona virus outbreak (Waheed, Muhammad, & Qaiser 2020).

Prevalence of Thanatophobia (Fear of Death) in Other Countries

Prevalence in Brazil, America, and India. It was notified by the World Health Organization (WHO) that a huge quantity of specimens infected by COVID-19 were found in China in the province of Hubei on December 31st, 2019 (Casella et al., 2020). This was a new kind of pathogen that was found in humans (Amawi et al., 2020). The new microorganism, labeled SARS-COV-2 (or new coronavirus), impact the respiratory systems of the people, and the illness was called as coronavirus (Gorbalenya et al., 2020). In Brazil between 2020 and 2021, this was the purpose of a vast amount of decay and deaths in the country; almost 200,000 people died and 8 million individuals fell victims to this virus (DATASUS, 2020). Prevalence in America. The first case was declared in America on February 2020 (Rodriguez-Morales et al., 2020), and germs outspread at a higher rate in the entire region. There were 65,000 humans in Ecuador who fell victim to this disease contamination, and America became the most disastrous region on the whole earth (Munoz, 2020). Like world Ecuador is also battling different issues, like economic issues and a low amount of health resources. So it was very problematic for them to end germs, contamination of disorders and prevention for the affected people (Hoffman and Silverberg, 2018; Kapata et al, 2020). Prevalence in India. According to the Ministry of Health and Family Welfare (MOHFW), there were a total of 1071 affected people in India on March 30, 2020 in 27 regions of India. They verified 99 individuals who have gotten and 1 case was among those from abroad, and 29 verified deaths in the region. But they implemented the SOPs and strategies of

solitude, isolation, and detachedness from others. The pathogens commonly spread-out in India are caused by the travelers who came from areas where disease was expanded in large numbers and secondly caused by people who came as Indian nationals from abroad to return home due to fear of COVID-19.

Rationale of the Study

This study was taken into consideration to notify the level of Thanatophobia among the Punjabi population. This came under those concerned social issues that needed to be identified and addressed on a greater scale in the form of organizing seminars, conferences, workshops, etc. especially during and after the COVID-19 pandemic. These issues produced problematic thinking patterns that led them toward problematic behaviors like fear of death and dying of themselves and their loved ones (they don't take part in the burial ceremony of the dead person, do not see them, or do not even think about the death of the dead Person, panic problems etc.). Specifically, this issue increased at a greater rate during COVID -19 pandemic. Due to investigation, organizing seminars, workshops develop insight into public's fear of death in order to control their own worries and help others around them. Also, it was more important to convince the public about therapeutic sessions when they don't handle their worries themselves. Additionally, this research will help find out the particular thinking processes and behaviors in a particular situation and then find solutions to their worries. Moreover, this study will be important for clinical psychologists and counselors to know about new behaviors and new findings about thanatophobia in public during COVID-19 pandemic and to further research in this area for exploration.

Method

Objectives

The present study objective is to check the universality of Thanatophobia in general population of Punjab during Covid-19 pandemic. Keeping in view the literature and the observations several objectives have been formulated.

To find that higher scores on one subscale will be associated with higher scores on other subscales.

1. To explore the associations among subscales of thanatophobia scale.
2. To explore the role of demographic variable in relation to thanatophobia and its subscales.

Hypotheses

1. Higher scores on one subscale will be associated with higher scores on other subscales.
2. Females will have scores higher on Your Own Death and Others Death subscales as compared to males.
3. Individuals in the age range of 40-50 years will have scores high on Your Own Dying and Your Own Death as compared to other age.
4. Individuals have high educational level will have lower level of Thanatophobia as compared to other levels of education.

Sample

The present survey was aimed at detecting the prevalence of thanatophobia in the general population of Punjab during the COVID-19 pandemic. The study used a survey research design to conduct the study & it was quantitative in nature. In this research design, we asked multiple questions from the population of interest. This study was comprised of a general population of two areas, namely Lahore and Sargodha in Punjab (N = 1000), with an age range of (20-60 years) 20-30 years (25%), 30-40 years (25%), 40-50 years (25%) and 50-60 years (25%). Gender categories include male (46%) and female (54%). Socioeconomic status includes Low (9.1%), middle (66%) and high (24%). Educational level includes uneducated (9.3%), middle (6%), matric (11%), bachelor (47%), and masters (26%). Data was collected through a convenient sampling technique. The survey topic up-to-date was commonly and mostly faced by all people during the COVID-19 pandemic.

Instruments

The scale utilized in this survey consists of two main parts. The first one was informed consent, which consisted of the demographic information of the individuals. The second one was the Thanatophobia (Fear of Death) Scale.

Thanatophobia (Fear of death) Scale. The Thanatophobia (Fear of Death) scale was designed to measure four types of fears in 1969 (Collet & Lester, 1969) in the USA which consisted of 36 items and was published in 1990 (Lester, 1990, 1994). A revised version was published in 1990 (Lester, 1990, 1994) with 8 items on each scale. The final version was published in 2003 (Lester, 2003), with 7 items in each subscales, which consisted of 28 items. It is further divided into 4 subscales which include domains of Your Own Death, Your Own Dying, and Others Death and Others Dying. This is a 5-point rating scale ranging from 1 as not, 2 as slightly, 3 as somewhat, 4 as and 5 as very. The Urdu version was translated by Mahwish Aslam (2003). It also consisted of 4 subscales. It has a total of 31 items. The first subscale has 8 items, second also has 8 items, third consists of 7 items and the fourth consists of 8 items. This is a 3-point rating scale ranging from 1 as never, 2 as slightly, and 3 as mostly. This scale has a separate reliability of each subscale. The reliability of fear of Your Own Death = 0.85; Others Death = 0.86; Your Own Dying = 0.79; and 0.83 for the Others Dying. Cronbach's Alpha for the four subscales is 0.91. Many studies showed that Fear of Death is a valid scale, comparable to Templer Death Anxiety Scale, and the Multidimensional Fear of Death Scale.

Procedure

In this study, Thanatophobia in the general population of Punjab during COVID-19 was studied. The information was gathered physically, following SOPs, as well as on social media platforms. The sample N=1000 comprised a number of people with an age range of 20 -60 years, present in two areas of Punjab, Sargodha and Lahore. A sample was selected through the technique of convenient sampling. For data collection, Collet-Lester scale was used. Personal

and professional information was collected using a comprehensive demographic sheet.

There were approximately 410 participants who filled out the online form using different platforms (WhatsApp, Google form etc.). The remaining approximately 590 individuals were approached personally in different settings, like universities, houses, shops, etc. In the case of online information, Google forms were arranged and spread on social media platforms. The total time taken to fulfill the requirement of physical information gathering was 1 month, and the reply ratio was adequate. The total time taken for gathering information on social media platforms

were approximately 1 month, as the feedback ratio during online data gathering was relatively steady. At the end, all the individuals were appreciated for their coordination, their support and time.

Results

This study was mainly aimed to find out the prevalence of thanatophobia in general population of Punjab during covid-19 pandemic. Results mainly involved the analysis of Demographics, Correlations, T-test, and MANOVA. The values of Skewness and Kurtosis were at normality.

Table 1

Pearson Product Moment Correlation between Subscales of Thanatophobia (N = 1000)

Thanatophobia Subscales	1	2	3	4
1 Your Own Death	–	.365**	.196**	.206**
2 Your Own Dying		–	.218**	.209**
3 Others Death			–	.219**
4 Others Dying				–

Note. ** $p < 0.01$

Table 1 showed Pearson product moment correlation between Your Own Death, Your Own Dying, Others Death and Others Dying in general population of Punjab. The findings indicated that Your Own Death has significant correlation with Your Own Dying ($p < .01$). Your Own Death has significant correlation with Others Death ($p < .01$). The findings also indicated that Your Own Death has significant correlation with Others Dying ($p < .01$). Table also explained Your Own Dying also has significant correlation with Others Death ($p < .01$). Findings also revealed that Others Death has significant correlation with Others Dying ($p < .01$).

Table 2

Mean, Standard Deviation and T-Values of Male and Female for Subscales of Thanatophobia (N = 1000)

Variables	Male (n = 456)		Female (n = 554)		t (998)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Your Own Death	14.9	3.09	15.5	3.21	-2.93	.511	-.98	-.19	0.19
Your Own Dying	16.0	3.11	16.0	3.08	-.309	.686	-.44	.325	0.0
Others Death	14.7	3.01	15.0	2.85	-1.29	.732	-.60	.125	0.1
Others Dying	15.6	3.37	15.4	3.21	.616	.718	-.28	.538	0.0

Note. M = Mean, SD = Standard Deviation, t = T-scores, p = Value of Significance, Cohen's d = Effect Size

Table 2 showed non-significant mean differences on Your Own Death with $t(998) = 2.93, p > .05$. Results showed that female students exhibit higher score on Your Own Death ($M = 15.5, SD = 3.21$) as compared to male students ($M = 14.9, SD = 3.09$). The value of Cohen's d was 0.19 which showed small effect size. Findings indicated non-significant results on Your Own Dying $t(998) = -.309, p > .05$. Results showed that both male and female students exhibit same score on Your Own Dying ($M = 16.0, SD = 3.11$) and ($M = 16.0, SD = 3.08$) respectively which shows no difference. The value of Cohen's d was 0.0 which showed small effect size. Findings also revealed

non-significant mean difference on Others Death $t(998) = -1.29, p > .05$. Results showed that female students exhibit higher score on Others Death ($M = 15.0, SD = 2.85$) as compared to male students ($M = 14.7, SD = 3.01$). The value of Cohen's d was 0.1 which showed small effect size. Findings indicated non-significant mean differences on Others Dying $t(998) = .616, p > .05$. Results showed that male students exhibit higher score on Others Dying ($M = 15.6, SD = 3.37$) as compared to female students ($M = 15.4, SD = 3.21$) as the difference is minimum. The values of Cohen's d were 0.0 which showed small effect size.

Table 3

MANOVA for Mean Differences of Age of Population on Subscales of Thanatophobia (N=1000).

Variable	20-30 (n=250)		30-40 (n=250)		40-50 (n=250)		50-60 (n=250)		F (12, 2985)	η^2	Post hoc
	M	SD	M	SD	M	SD	M	SD			
YODe	14.7	3.32	14.9	3.29	16.1	2.84	15.1	3.03	9.58*	0.02	1<2<3>4
YODy	16.0	3.41	16.0	3.09	16.6	2.75	15.4	2.97	6.50*	0.01	1=2<3>4
Ode	15.2	2.98	14.9	3.10	14.6	2.52	14.8	3.06	2.35*	0.00	1>2>3<4
ODy	15.1	3.42	15.1	3.44	16.2	3.22	15.6	2.91	6.65*	0.02	1=2<3>4

Note. YODe = Your Own Death, YODy = Your Own Dying, Ode = Others Death, ODy = Others Dying, M = Mean, SD = Standard Deviation, F = MANOVA- scores, η^2 = Effect Size, $p = .000$

Table 3 showed mean, standard deviation and F-values for Your Own Death, Your Own Dying, Others Death and Others Dying across age categories. Results indicated significant mean differences on Your Own Death across categories of age with $F(12, 2985) = 0.02, p < .05$. Findings revealed that participants with age range 40-50 exhibited higher level of fear on Your Own Death, Your Own Dying and Others Dying ($M = 16.1, SD = 2.84$), ($M = 16.6, SD = 2.75$) and ($M = 16.2, SD$

$= 3.22$) respectively as compared to other age groups. The values of effect sizes (η^2) were 0.02, 0.01 and 0.02 respectively which indicated small effect size. Findings also revealed that participants with age range 20-30 exhibit higher fear on Others Death ($M = 15.2, SD = 2.98$) as compared to other age groups. The value of effect size η^2 was 0.00 which indicates small effect size. The Post-Hoc comparisons indicates significant mean differences on categories of age ($p < .05$).

Table 4

ANOVA for Mean Differences of Education of Population on Subscales of Thanatophobia (N=1000).

Variables	Uneducated (n=93)		Matric (n=64)		Middle (n=110)		Bachelors (n=427)		Masters (n=261)		F (16, 3980)	p	η^2	Post hoc
	M	SD	M	SD	M	SD	M	SD	M	SD				
YODe	16.3	2.7	15.2	3.0	15.8	2.4	15.0	3.2	14.9	3.1	4.46	.00	0.0	1>2<3>4>5
YODy	16.5	2.8	15.6	2.8	16.1	2.8	16.2	3.1	15.7	3.2	1.92	.00	0.1	1>2<3<4>5
Ode	15.1	2.3	14.8	2.7	14.6	2.6	14.8	3.1	15.1	2.9	0.56	.00	0.6	1>2>3<4<5
ODy	16.5	3.0	15.6	2.8	16.2	2.8	15.3	3.3	15.3	3.4	3.43	.00	0.0	1>2<3>4=5

Note. YODe = Your Own Death, YODy = Your Own Dying, Ode = Others Death, ODy = Others Dying, M = Mean, SD = Standard Deviation, F = MANOVA- scores, η^2 = Effect Size, p = significance values

Table 4 showed mean, standard deviation and F-values for Your Own Death, Your Own Dying, Others Death and Others Dying across education categories. Results indicated significant mean differences on Your Own Death across categories of education with $F(16, 3980) = 0.00$, $p < .05$. Findings revealed that participants who are uneducated exhibit higher level of fear on Your Own Death, Your Own Dying and Others Dying ($M = 16.3$, $SD = 2.73$), ($M = 16.5$, $SD = 2.85$) and ($M = 16.5$, $SD = 3.01$) respectively as compared to other educational levels. The values of effect sizes η^2 were 0.00, 0.10 and 0.00 respectively which indicates small effect size. Findings also revealed that participants with education level master ($M = 15.1$, $SD = 2.39$) or uneducated ($M = 15.1$, $SD = 2.39$) exhibit higher fear on Others Death as compared to other educational levels. The value of effect size η^2 was 0.69 which indicates small medium size. The Post-Hoc comparisons indicates significant mean differences on categories of education ($p < .05$).

Discussion

The study was conducted on the prevalence of Thanatophobia (fear of death) in the general population of Punjab during the COVID-19 pandemic. Postulate 1 revealed that higher scores on one subscale will be associated with higher scores on others subscales. The hypothesis was accepted because all four scales had remarkable relationships with each other's. Your Own Death has a

noteworthy association with Others Deaths. The analysis also demonstrates that Your Own Death has an important connection with Others Dying. Analysis also elaborates on Your Own Dying has a noteworthy relation to Others Death. The result also disclosed that Others Deaths have an important connection with Others Dying.

At the University of California, the similar type of research was organized by (Davis_1984, as cited in Rayan et al., 2023). They desired to examine the association between the different parts of the Fear of Death subscales. In 1974, Lester examined the 36 items of FODS and contrasted its four subscales, which were particular in their domains. These subscales were Death of Self, Death of Others, Dying of Self, and Dying of Others. After the conclusion, four new subscales were evolved along with the four initial subscales, and the total score on the FODSS scale was examined as recommended in previous researches (Collett & Lester, 1969; Dickstein, 1978, as cited in Lester, 2015). Pearson correlations between the four new subscales for Death of Others and Knowledge of Death and Dying, for Dying of Self and Others and Knowledge of Death and Dying, with an average correlation. The total FODS scores correlated significantly with death of self, dying of self and others, death of others, and knowledge of death and dying.

The 2nd postulate revealed that females will have scores higher on Your Own Death and Others Death subscales as compared to males. This

postulate is not supported because both men and women exhibited the same findings on Thanatophobia (Fear of Death) during the COVID-19 pandemic. The outcomes are non-significant about sex discrimination. There are similar results shown in other research. Similar research was conducted by Rafique et. al, (2020) about the fear of COVID-19 among graduate and undergraduate students in Pakistan. They also want to check the demographic differences among people for Lahore during COVID-19. They check differences in age, gender, family system, etc. After statistical analyses, they concluded there are no gender differences among people in Lahore (Punjab, Pakistan).

Earlier identical studies were regulated by) Wu, Tang, & Kwok's, (2002, as cited in K. Zaher et al., 2023). An overview of Chinese people in Hong Kong revealed that sexual particularity does not influence the fear related to death. There is no distinction between boys and girls fear of death or death anxiety. Fortner and Niemyer (1999, as cited in Fouzia. et al., 2022) conducted a study on literature reviews of the past 49 studies. They deduce that death-related fears are not influenced by sexual variation.

All these researches create blended outcomes. Tempier, Ruff, and Franks, (1971, as cited in Rayan et al. 2023) elaborate that girls feel more fear of death as contrast to boys when calculated by the Death Anxiety Scale. This analysis exhibited that girls did not vary on fear of death schemas but on fear of dying subscales. We concluded that that DAS (Death Anxiety Scale) more focus on dying then death because it tells only fear of dying and tell about the fears of death. So further investigations are required to distinguish between about fear of death related to sexual variations. We also focused on sex differences on the FODS (Fear of Death Scale). As demonstrated by our results, there is no sex discrimination on the Fear of Death Scale.

The 3rd postulate of this investigation was that individuals with an age range between 40-50 and 50-60 years will have scores high on Your Own Dying and Your Own Death as compared to other

age categories. The similar study was conducted by Sacwaiger et, al. (2020).The topic of their research was the psychological impact of COVID-19 among Pakistani adults in Lahore. They also want to check demographic differences among the Lahore adults. They concluded that there are no significant age related differences among people in Lahore.

There were many other analyses exhibited by past investigations regulated at the University of California by Devis Judy, (1984, as cited in Rayan et al., 2023). In this research, 25 men and 75 women participated. They fell between the age categories of 18-82 years, and their median age was 34.5 years. They desired to calculate the sexual variation on the subscales of fear of death with regard to age groups. Their title was examining the —demographic variables as a forecaster of mindset related to death. They exhibited that significant positive association was found for age groups with fear of death subscales, death of others, and death of self and dying of others. Age groups have a remarkable positive correlation with subscales of fear of death. The total score of the Fear of Death Scales is significantly positively associated with age. It has been suggested fear of death is high in older adults and middle-age adults than in young people. With respect to our result, 40-50 years-olds score higher on fear of death. These age groups come under middle adulthood. So this is according to our results. May be this age is the conversion from adulthood to older adulthood and there are multiple chronic illnesses mainly in this age group, so they are more worried about their death. People over the age of 40 years, especially during COVID-19, are very prone to corona virus contamination. Due to the decline in power and chronic diseases at this age like diabetes, hepatitis, and heart disease, they identify very high fear of death as compared to other young individuals during COVID-19.

The 4th postulate was that individuals with higher educational levels will have a lower level of Thanatophobia as compared to other levels of education. Relevant research was conducted by Sacwaiger; et al. (2020).The topic of their research was the psychological impact of COVID-19 among Pakistani adults in Lahore. They concluded that

there are no educational-related differences among adults in Pakistani universities in Lahore.

The same type of investigation was organized by Kritie and Eric (2015, as cited in Hayat et al.,2020). They carried out the research related to degree of education to notify the comparison between the fear of death of self and others among university students, both graduate and undergraduate. The students were evaluated with the help of the first and second forms of the Fear of Death Scale. They indicated that the graduate individuals have lower death related fears with respect to undergraduate students.

The further investigation was supervised by Rav in 2015. The purpose of this study was to examine the degree of fear of death with regard to their educational degree and understanding. They apply the Collet-Lester Fear of Death Scale to examine the intensity of fear of death. The conclusion was that people with lower or higher educational level were less afraid of death. But the individuals who are in their halfway years have more fear of death. Those individuals who have a higher educational degree and understanding have more fear of others deaths as compared to the deaths of own self. In our outcome, those who are illiterate or more degree of education have a higher fear of death. So these survey outcomes match our results.

Practical Implications

The study was taken into consideration to determine the level of Thanatophobia among Punjab population. This came under those concerned social issues that needed to be identified and addressed on a greater scale in the form of organizing seminars, conferences, workshops, etc. especially during the COVID-19 pandemic. These issues produced problematic thinking patterns that led to issues like fear of death, dying of oneself or their loved ones or the fear that they won't be able to take part in the burial ceremony of the dead person, not see them or not even think about the death of the dead person, panic problems etc. Specifically, this issue increased at a greater rate during the COVID-19 pandemic. Investigations, seminars, and workshops provided the public with insight into people's fear of

death, allowing them to control their own worries and help those around them. Also, it is more important to convince the public for therapeutic sessions when they don't handle their worries themselves. Additionally, this research helped find out the particular thinking processes and behaviors in a particular situation which can, then help to find solutions to their worries. Moreover, this study is important for clinical psychologists and counselors to know about new behaviors and new findings about thanatophobia in public during the COVID-19 pandemic and to further research in this area for exploration.

Limitations & Suggestions

There were few studies conducted on the fear of death in the general population during the COVID-19 pandemic. There was only one variable included in this study, so it cannot be generalized to the whole population because all individuals belonged to different family systems, socio-economic statuses etc. The sample size was relatively small with respect to the whole population of Punjab. The time duration was too short for data collection, interpretation, and for result discussion. The investigator should go for a longitudinal study to disclose the basic reasons of the participants for elaborating fear of death. The second recommendation, investigators should go for a qualitative investigation to know more about fear of death because people may differ on the fear of death subscales scores. There can be some cultural problems related the application of the one scale in variety of people because all societies have vary in schemas related to the death and dying. So this was a requirement to be a cross-cultural idea for justification of the point of view of other societies and groups. There should be an instrument that tells about the degree of fear of death and checks independent approaches and the coping methods to deal with their worries as acceptable to their cultures.

Conclusion

This study was related to the universality of thanatophobia in the general population of Punjab

during the COVID-19 pandemic. The study concluded that subscales of the Fear of Death Scale were significantly correlated with each other's in the general population of Punjab. There were no significant gender differences on the fear of death subscales in the general population of Punjab. The conclusion showed significant differences in fear of death subscales across age categories. The analysis also showed significant mean differences across education categories.

Ethics approval and consent to participate. The study was approved by The Punjab Higher Education Commission, Pakistan. Permission to collect data was taken from the participants, and informed consent was taken from the participants of the study.

Consent for publication. Consent approved by the authors.

Availability of data and materials. Not Applicable

Competing Interests. The authors are well informed and declared no competing interests

Funding. The study was not funded by any institute or organization.

Authors' contribution. A.P.R.I conceived the idea, supervised the research project from data collection to data analysis and reporting results. S.N search appropriate scale, collected the data, analyzed the data, prepared a result and contributed in the preparation of this manuscript under the supervision of A.P.R.I. Both authors contributed equally in this manuscript and are responsible for the content. Both authors have read and approved the manuscript, and ensure that this is the case.

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