

# Predicting Death Anxiety by Psychological Dispositions of Individuals from Different Religions

## Farklı Dinlerdeki Bireylerin Ruhsal Belirtileri ile Ölüm Kaygısının Yordanması

**Mustafa Yüksel Erdoğan, PhD**

Department of Psychology  
Fatih University, Science and Literature Faculty  
yerdogdu@fatih.edu.tr

### Özet

**Amaç:** Bu çalışmada farklı dinlerdeki bireylerin ruhsal belirtileri ile ölüm kaygısının yordanması amaçlanmıştır.

**Gereç ve Yöntem:** Bu amaçla Mardin, Batman, Diyarbakır ve Şanlıurfa illerindeki Süryani Yezidi ve Müslümanlık dininden seçkisiz olarak belirlenen toplam 240 kişi bu araştırmanın örneklemini oluşturmaktadır. Örneklem grubundaki bireylere SCL-90 Ruhsal Tarama Envanteri ile Thorson-Powell Ölüm Kaygısı Ölçekleri uygulanmıştır.

**Bulgular:** Ruhsal belirtilerden, sırasıyla Süryani dinine mensup olanlarda, kişiler arası duyarlılık ve anksiyete, Müslümanlarda kişiler arası duyarlılık, somatizasyon, depresyon, psikoid, paranoid, öfke ve Ek değişkenleri, Yezidilerde somatizasyon, obsesyon, psikoid, paranoid, Fobi ve Ek değişkenlerinin ölüm kaygısı üzerinde önemli (anlamlı) birer yordayıcılar olduğu görülmektedir.

**Sonuç:** Ölüm korkusu ve kaygısı her zaman ve her yerde bulunur ve yaşamımızı derinden etkiler. Hayat enerjisinin büyük bir kısmı ölüm gerçeğinin inkarında harcanır. Psikolojide bazı kuramcılara göre ölüm kaygısı nevrozun ilk belirtisi, bazı kuramcılara göre ise ilk patoloji kaynağıdır. Araştırma bulgularına göre ruhsal belirtiler ile ölüm kaygısı arasında ilişkiler mevcuttur.

Anahtar Kelimeler: **Din ve Psikoloji; Kaygı; Ölümüne karşı tutum.**

### Abstract

**Purpose:** The purpose of this study is the prediction of death anxiety with symptom distress of individuals from different religions.

**Material and Methods:** The study includes 240 people as a sample who are Syrian, Yezidi and Muslim, were chosen randomly from Mardin, Batman, Diyarbakır and Şanlıurfa. In this study SCL-90 "symptom distress check list" and "Thorson Power Death Anxiety" scales are applied.

**Results:** From symptom distress respectively, for Syrian people, anxiety and interpersonal sensitivity; for Muslim people, interpersonal sensitivity, somatization, obsession, pschoid, paronoid, anger and additional variables; for Yezidi people have somatization, obsession, pschoid, paronoid, phobia, additional variables are seen as an important reasonable prediction of death anxiety.

**Conclusion:** Fear of death and anxiety exist everywhere and every time and effects our life deeply. Most of energy of human beings are spent to deny the reality "death". According to some of psychological theorist, death anxiety is the first symptom of nevroz, for some of other ones, it is the first source of pathology. According to the study results, there are relations between death anxiety and symptom distress.

Key Words: **Anxiety; Attitude to Death .**

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### Corresponding Author:

Mustafa Yüksel Erdoğan, PhD.  
Department of Psychology  
Fatih University, Science and Literature Faculty  
Büyüçekmece/İstanbul

Telephone : +90- 212 8663300/2205  
E-mail : yerdogdu@fatih.edu.tr

## **Introduction**

Death anxiety and fear of death are universal feelings which have been existing since the beginning of the human history. Humans are the only living creatures which are aware of their existence, alive status, and notion of inevitable death. Therefore, the reality of the notion of death, may be painful and distressing for many people. Over centuries, the behavior displayed by people in face of death, has been a focus of investigation and perceived as a fearsome subject.

Although people recognize the reality of death, because the urge to live prevails, they tend to continuously suppress the reality of truth. Death has always been with us and will be; humans have been thinking on death and trying to solve its mysteries since the ancient ages (1). However, each person has given death a different name. While the thought of death meant a lot of stress for some people, some use it as a way out of stress; some think of it as an absolute disappearance, some regard it as the beginning of a new life (2).

Improvement of life standards and technology along with replacement of the location of death from personal households to institutions such as hospitals, played a great role in transformation of death into a taboo. Currently, the last days of a person in a hospital passes under heavy anesthetics. While their voyage to death is no more an experience that the whole family takes part, even the dying people themselves can not live this unique experience consciously (3).

The reactions against death are not responses that are developed automatically. While the meaning attached to death, forms according to the people's view of the world; the understanding of life has a direct effect on perception of death, as well (4).

Freud is the first to mention death instinct. According to Freud (5), humans have 2 main instincts. First one is the sexual instinct termed as "libido" and the second one is the death instinct which is used for explaining impulses of aggression and destruction. Freud explained that people take shelter in holy beings in order to avoid the threats of nature. Thus, Freud thought of death as the initial sign of neuroses and a product of religious paranoid mentalities.

The studies on fear of death and death anxiety produced 2 different approaches. Several psychologists conceived

fear of death as a mental preoccupation and proposed that this condition plays a significant role in various psychosomatic diseases, depressive disorders, and psychopathologies (6,7). On the other hand, some investigators asserted that fear of death or death anxiety is a universal reaction which no one can avoid (8,9).

According to the existentialist philosophy, death is the biggest dilemma of humans because people can choose to die but they can not escape death; death is the greatest mystery which existence can not solve, but forced to live with (10).

In Yalom's opinion (11), death is the first ever source of anxiety which eventually makes it the very first psychopathology reason. Death is the only absolute reality for humans starting from the moment they are born, it dwells right at the core of the existence but at the same time represents the threat of nonexistence. Therefore, humans, which are the only creatures aware of the inevitability of death, face an existential anxiety. Because people act by the instinct to protect themselves, fear and anxiety are invoked in them due to the fact that it means the absence of absolute existence. When individuals getting "sick" due to extraordinary stress or inadequacy of the existing defense mechanisms, employ inappropriate defense mechanisms, a psychopathology arises. Psychopathologic defense methods hamper development and lead to a limited and dissatisfactory life style.

One of the reflections of death anxiety appears in the tendency to be a workaholic. One feels oneself needing to work or get a promotion, continuously. Racing with time is an indicator of a strong death anxiety. Depression is a psychopathological marker of death anxiety (10). One leads a life not to the taste of oneself, but to the taste of a dominant person or target. When this dominant person or target disappear or display a negativity, one feels burnt out and in case of failure to cope with this situation, one feels overly exhausted and guilty. Depression starts like this. Sexual intercourse lessens the death anxiety, as well. In that way, one exhibits a control over life and proves his/her awareness in life via sexual intercourse. The defensive nature of schizophrenics against death anxiety, though excessive and primitive, is similar to the defense mechanisms of neurotic patients. For example, paranoid patients reflect the belief of humans that they are chosen and immortal beings, by striving to be omnipotent. The belief of omnipotency developed by the patient, is a

pathological condition caused by death anxiety (12).

Freud proposes that sadist tendencies involve death anxiety, as well. In sadism, death instinct is distanced from the “ego” and transferred to another object. Again, according to Freud, needing excessive amount of sex is a pathological condition caused by death anxiety (12).

Another pathology in which death anxiety prevails, is panic attack. Major symptoms of this condition are death, loss of control, and fear of going insane.

According to Hoelter (13), death anxiety is an emotional reaction involving subjective interest and unpleasant feelings associated with designing or predicting various stages of death. The review of the literature shows that fear of death and death anxiety are frequently confused with each other. Anxiety is a subjective mode including fear, doubt, and tension (14); however, fear is an emotional response against a threat coming from outside world (15). Kierkegaard is the one who best described the difference between fear of death and death anxiety. In his opinion, fearing “something” is different from fearing “nonexistent”. Becoming nonexistent is not a threat for a physical death, but death is the most common and general clinical type of such an anxiety. This threat involves the psychological and moral existence of the person, as well.

The approaches trying to explain death anxiety are observed in 3 groups (17). First explanation tells us that death anxiety is associated with psychopathology and psychosomatic diseases, and plays a significant part in those processes. In Freud’s opinion, death anxiety originates from a feeling of guilt which forms as a result of fear for separation and castration. He explains fear of death as the last of the most important anxieties taken over by superego (18). In Becker’s opinion (19), death anxiety and fear of death occur due to the fact that humans can’t banish the notion of inevitability of death from their minds. Lastly, existentialist philosophers and psychologists have tried to describe the death anxiety, as well. In Gectan’s opinion, death anxiety dwells in depths of one’s persona without succeeding to reach the surface of our consciousness. According to Klein, death anxiety is included in source of each repressed idea and in every anxiety reflected with abnormal behavior (16).

In Jasper’s opinion, anxiety can be divided into 2: anxiety to survive and anxiety of existence. Anxiety to survive

is fed from death. Originates from an awe felt against death, which mobilizes the will to live (21). Wahl proposes that death anxiety does not arise from the anxiety for castration or separation as mentioned in psychoanalytic theory, but from animistic thoughts of childhood (22). According to Rank (16), will to live includes creativity and audacity. It individualizes people. The tendency to incorporate with the environment is considered as a threat. Despite the comfort and safety of hauling one’s responsibilities onto another people’s shoulders, humans don’t want to subdue to their environment. Because fear and guilt surface in such conditions. According to Rank, this is fear of death.

Yalom proposed that all individuals face death anxiety at one moment of their lives and develop various different defenses such as: rejection, regression, change of location, accepting social and religious rules, and seeking immortality. Some people opt for psychopathology which is not an effective way (11). Many clinicians assert that death anxiety turns into various psychopathologies. Lazarus and Kostan point out that the underlying cause of the symptoms of hyperventilation patients, is death anxiety. Hypochondriac patients exhibit a high level of death anxiety, they are always interested in safety and well being of their body (22).

The different point of views produced by different beliefs and religions, inevitably have an influence over people’s behavior against notion of death: death anxiety and fear of death. Death anxiety is one of the main reasons of human fears and is associated with all the fears we feel at one level. Certain studies showed that death anxiety is based on 2 factors: first one is considered to be psychological, and psychological factors such as depression and anxiety levels are recognized as elements elevating death anxiety. The other important factor is specific lives related to death.

The present study, which is the first in its field, was carried out for predicting death anxiety by psychological symptoms of Syrians, Yazidis, and Muslims who have been living in harmony for centuries in Diyarbakir, Batman, and Mardin.

**Materials and Methods**

**Materials.** Individuals belonging to Syrian, Yazidi, and Islam and living in Mardin, Diyarbakir, Sanliurfa provinces, were included in the study. Eighty people were picked up from each of the three faiths and they enrolled to our study at a voluntary basis. Individuals belonging to those 3 faiths, were inhabiting the same region. The study was carried out by meeting those individuals at their homes and workplaces. Because only 80 people belonging to Yazidi belief could be found, same number of individuals belonging to İslam and Syrian faith from same provinces and wanting to take part voluntarily, were randomly included in the study.

**Data Collecting Methods.** Thorson-Powel Death Anxiety Scale which has been developed by Thorson and Powel, adapted to Turkish by Faruk Karaca and Murat Yildiz and approved for its reliability and validity, was employed in the present study. Split-half method was applied for reliability of the scale and while the correlation coefficient was 0.73, internal consistency coefficient calculated by Cronbach Alpha coefficient was 0.84, and coefficient of determination calculated with test-retest method was 0.90. Validity study carried out by factor analysis showed core values of the scale grouped under 4 factors (fear of being left alone, fear of suffering, fear of the possibility that death is an ultimate end, fear of being buried under earth and left to decay) that are >1 (4).

SCL-90 was employed for analysing the correlations between death anxiety and individual psychological symptoms. The scale has been developed by Derogatis and adapted to Turkish by Kiliç. The scale has 10 subscales and one overall total point. Test-retest method was employed for reliability of the test and the obtained values varied between 0.63-0.84. Validity values were calculated to be between 0.40-0.59 by criterion related validity (24). Moreover, a survey was developed by the investigators in order to reveal the socio-demographic characteristics of the individuals.

**Method.** The study was carried out together with psychology students trained on investigation techniques. Approval of the religious authorities in all the provinces of our study, was obtained, and datas were collected by visiting subjects at home or workplace. Prior to the study, we informed subjects on the content of the study and the ones who volunteered were included. Ones who were illiterate, answered the study surveys themselves and ones

who were illiterate, were helped by the literate study subjects. All the procedures were carried out on face-to-face basis personally.

**Statistical Analysis.** Chi-square test was used to determine a significant difference exhibited by individuals or objects that enter into the levels of a categorical variable. Moreover, based on 2 or more independent variables correlating with a dependent variable, because variables exhibited a normal ditribution of multivariables, multiple linear regression analysis was applied.

**Results**

Socio-demographic characteristics and chi-square results of individuals with different beliefs who have been included in the study for predicting death anxiety by psychological dispositions, is shown in Table 1. As you can see in Table-1, differences between individuals belonging to different groups in terms of gender, age, marital status, education level, and worshipping frequency, were significant.

**Table I.** Socio-demographic characteristics of individuals included in the study.

Parameter	n	%	X <sup>2</sup>	p<
Gender			17.67	0.001
	Female	88	23.9	
	Male	152	43.1	
Age			33.75	0.001
	16-25	64	26.8	
	26-35	91	38.1	
	36-45	56	23.4	
	45 and older	29	7.9	
Married			10.21	0.001
	Yes	124	51.7	
	No	116	48.3	
Education			34.00	0.001
	No literate	19	7.9	
	Primary school	55	22.9	
	Junior high school	73	30.4	
	High school graduate	54	15.3	
	University graduate	39	16.3	
Prayer frequency			116.90	0.001
	Everday	130	54.2	
	Sometimes	37	15.4	
	Religious day	21	8.8	
	Occasional	52	21.7	

Descriptive statistics of the points taken from the Death Anxiety Scale, are shown in Table-II. As you can see in Table-II, the mean point obtained from Death Anxiety Scale was 83.93 in Muslims, 62.78 in Syrians, and 97.25 in Yazidis.

**Table-II.** Descriptive values of the points obtained from Death Anxiety Scale.

Religion	N	X± SD	Min	Max
Muslim	80	83,93±18,12	40.00	110.00
Syrian	80	62.78±13.46	34.00	92.00
Yazidi	80	97,25±11,48	70.00	111.00

Descriptive statistics of points obtained from SCL-90 are shown in Table-III. As you can see in Table-III, the highest points obtained were from paranoid in Muslims, obsession in Yazidis, and Interindividual sensitivity subscale in Syrians.

**Table III.** Descriptive values of the points obtained from SCL-90 (mean ± standard deviation)

Parameters	Muslim (n=80)	Yazidi (n=80)	Syrian (n=80)
Somatization	0.82±.55	1.06±.52	0.88±.68
Anxiety	0.72±.57	1.10±.58	0.84±.43
Obsession	1,26±.49	1,51±.61	0.92±.57
Depression	1.06±.60	1,34±.54	0.94±.45
IS	1,14±.55	1.20±.54	1.20±.60
Psychoid	0.72±.52	0.81±.60	0.73±.39
Paranoid	1.31±.68	1.11±.66	0.81±.48
Anger	0.89±.74	0.88±.56	0.81±.56
Phobia	0.58±.47	0.84±.68	0.58±.45
General	0.94±.47	1.14±.49	0.90±.34

IS, Interpersonal sensitivity.

Multiple regression analysis regarding prediction of death anxiety in Syrians, is shown in Table-IV. The analysis of the bilateral and partial correlations between predictor variables and dependent variable showed a positive but low level ( $r=-0.33$ ) correlation between interpersonal sensitivity and death anxiety, however, when other variables are controlled, the correlation between two variables was calculated to be  $r=-0.49$ . The correlations between death anxiety and the other variables were considerably low. All variables exhibited a highly significant correlation with death anxieties of Syrians ( $R=0.642$ ,  $R^2=0.412$ ) and explained approximately 41% of total variance. According

to the standardized regression coefficient ( $\beta$ ), the relative importance of predictor variables over death anxiety were as follows in order of significance level: interpersonal sensitivity, anxiety, general disposition variable, paranoid, phobia, obsession, anger, somatization, psychoid, and depression. According to the T-test results regarding significance of regression coefficients; interpersonal sensitivity and anxiety variables were found to be significant predictors for death anxiety. Other variables had no significant influence.

**Table IV.** Multiple regression analysis regarding prediction of death anxiety in Syrians

Parameters	B	Standard Error	$\beta$	t	p	Paired r	Partial r
Constant	64.48	4.39	-	14.68	0.00	-	-
Somatization	-4.15	4.65	-0.16	-0.89	0.38	-0.04	-0.11
Anxiety	12.79	5.53	0.52	2.31	0.02	0.19	0.28
Obsession	-5.73	3.95	-0.20	-1.45	0.15	-0.10	-0.18
Depression	-.571	4.77	-0.03	-0.12	0.91	0.16	-0.02
IS	25.57	5.76	1.01	4.44	0.00	0.33	0.49
Psychoid	0.93	7.02	0.04	0.13	0.90	-0.00	0.02
Paranoid	-7.71	3.90	-0.38	-1.98	0.05	0.02	-0.24
Anger	-3.52	4.15	-0.19	-0.85	0.40	0.10	-0.11
Phobia	8.07	5.60	0.27	1.44	0.16	0.13	0.18
General	-15.43	9.89	-0.52	-1.56	0.12	0.13	-0.19
$R^2=0.412$ F(11,62)=3.95 p<0.0001							

IS, Interpersonal sensitivity.

Multiple regression analysis regarding prediction of death anxiety in Syrians, is shown in Table-V. The analysis of the bilateral and partial correlations between predictor variables and dependent variable showed a positive but moderate level ( $r=0.51$ ) correlation between somatization and death anxiety, however, when other variables are controlled, the correlation between two variables was calculated to be elevated to  $r=0.67$ . There was a positive but moderate level ( $r=0.49$ ) correlation between interpersonal sensitivity and death anxiety, however, when other variables are controlled, the correlation between two variables was calculated to be elevated to  $r=0.58$ . The correlations between death anxiety and the other variables were considerably low. All variables exhibited a highly significant correlation with death anxieties of Syrians ( $R=0.922$ ,  $R^2=0.851$ ) and explained, approximately 85% of the total variance of death anxiety. According to the standardized regression coefficient ( $\beta$ ), the relative importance of predictor variables over death anxiety were



as follows in order of significance level: somatization, interpersonal sensitivity, general, depression, paranoid, psychoid, anxiety, anger, extra variables, obsession, and phobia. According to T-test results regarding significance of regression coefficients; interpersonal sensitivity, somatization, depression, psychoid, paranoid, anger, and extra variables were found to be significant predictors for death anxiety. Other variables had no significant influence.

**Table-V.** Multiple regression analysis regarding prediction of death anxiety among Muslims.

Parameters	B	Standard		t	p	Paired Partial	
		Error	$\beta$			r	r
Constant	70.06	3.13	-	22.38	0.00	-	-
Somatization	36.43	5.19	1.07	7.03	0.00	0.51	0.67
Anxiety	10.05	5.51	0.33	1.83	0.07	0.32	0.23
Obsession	-4.67	5.17	-0.16	-0.90	0.37	0.06	-0.11
Depression	-17.92	4.98	-0.54	-3.60	0.00	0.24	-0.42
IS	31.45	5.64	0.95	5.58	0.00	0.49	0.58
Psychoid	10.37	3.51	0.35	2.96	0.00	0.31	-0.35
Paranoid	-10.65	3.54	-0.40	-3.01	0.00	0.01	-0.36
Anger	-6.15	2.32	-0.19	-2.65	0.01	0.01	-0.32
Phobia	3.64	3.96	0.14	0.92	0.36	0.39	0.12
General	-33.40	26.96	-0.92	-1.24	0.22	0.35	-0.16
$R^2=0.851$		$F(11, 62)=32.083$		$p<0.0001$			

IS, Interpersonal sensitivity.

Multiple regression analysis on prediction of death anxiety among Yazidis, is shown in Table-VI. The analysis of the bilateral and partial correlations between predictor variables and dependent variable showed a negative but moderate level ( $r=-0.50$ ) correlation between paranoid and death anxiety, however, when other variables are controlled, the correlation between two variables was found to be  $r=-0.39$ . Death anxiety had a significantly low correlation with interpersonal sensitivity and obsession.

The correlations between death anxiety and the other variables were considerably low. All variables exhibited a highly significant correlation with death anxieties of Yazidis ( $R=0.909$ ,  $R^2=0.827$ ) and explained, approximately 83% of the total variance of death anxiety. According to the standardized regression coefficient ( $\beta$ ), the relative importance of predictor variables for death anxiety were as follows in order of significance level: General, somatization, paranoid, extravariables, obsession, depression, psychoid, phobia, anger, interpersonal sensitivity, and anxiety. According to T-test results regarding significance of regression coefficients;

somatization, obsession, psychoid, paranoid, phobia, and extra variables were found to be significant predictors for death anxiety. Other variables had no significant influence.

**Table-VI.** Multiple regression analysis for predicting death anxiety in Yazidis.

Parameters	B	Standard		t	p	Paired Partial	
		Error	$\beta$			r	r
Constant	89.16	2.41	-	37.04	0.00	-	-
Somatization	-13.67	5.91	-0.81	-2.31	0.02	0.18	-0.27
Anxiety	2.80	2.86	0.11	0.98	0.33	0.17	0.12
Obsession	-10.37	2.29	-0.51	-4.53	0.00	-0.35	-0.48
Depression	-12.54	8.93	-0.49	-1.40	0.17	0.11	-0.17
IS	4.10	4.41	0.22	0.93	0.36	0.34	0.11
Psychoid	-14.35	4.35	-0.49	-3.30	0.00	-0.06	-0.37
Paranoid	-18.26	5.27	-0.76	-3.46	0.00	-0.50	-0.4
Anger	-5.23	3.11	-0.26	-1.68	0.10	0.09	-0.20
Phobia	-7.76	2.10	-0.31	-3.70	0.00	0.10	-0.41
Extravariables	10.63	3.35	0.59	3.17	0.00	0.38	0.36
General	57.01	31.15	1.69	1.83	0.07	0.11	0.22
$R^2=0.827$		$F(11,68)=29.525$		$p<0.0001$			

**Discussion**

In the present study, 10 subscales of SCL-90 were found to be explaining 83% of total variance of death anxiety in Yazidi people. The points of Yazidi people obtained from the death anxiety scale were observed to be higher than those of others. The high level of death anxiety in Yazidi people may be explained by the Yazidi belief that whereas souls of good people migrate to children and holy people, souls of bad people pass into creatures which are considered as despicable. This belief may be regarded as a factor that could increase death anxiety due to evaluating death as a punishment of a sin committed against God. According to Syrian and Muslim faiths; sins, mistakes, and inadequate services may be forgiven, moreover, death is not an end, but a new beginning. The higher death anxiety among Muslims compared to that of Syrians may be stemming from different perspectives on death and its meaning, differing thoughts regarding hereafter life, and diverse perception of faith and piety.

The results of the present study showed general disposition variable as having a relatively high place in predicting death anxiety among those people belonging to 3 different religions. Therefore, death anxiety may be considered as causing general symptom among individuals. While interpersonal and general disposition variables were found to have the highest importance for predicting death anxiety

among Syrians and Muslims; the results of the regression analysis among Yazidi and Muslim people showed that somatization and general disposition variables are the important predictors for death anxiety in those religions. Results of the regression analysis among Syrian and Yazidi people indicated general symptom index and paranoid thought as the most important predictors for death anxiety.

Yalom, in his book of “Existential Psychotherapy”, proposed that death anxiety is the first anxiety source and that it can be recognized as the initial origin of psychopathology. Yalom further explains that view by stating death anxiety as the fundamental anxiety source which is present in the early periods of life and play an important role on formation of a person’s character alongside continuing to produce anxiety during lifetime which results in formation of a remarkable discomfort and defense mechanisms (11). Foertner et Neimeyer evaluated presence of low ego integrity and physical & psychological problems as a factor that increase death anxiety (24). In a study performed by Abdel-Khalek, positive correlation was determined between death anxiety and anxiety, depression, obsession, and neuroticism (25). A study conducted by Templer, found correlations between death anxiety and schizophrenia (0.56), psychasthenia (0.49), and depression (0.47); and eventually schizotypic, obsessive-compulsive, and depressive people have been described as people with a high level of death anxiety (26). According to another study, 70% of severe obsessive patients exhibit serious death anxieties (27). As can be seen in the above mentioned study results, there seems to be a certain association between death anxiety and psychological dispositions. In the present study, similar results were achieved. Psychological dispositions of the people were observed as important predictors for death anxiety in people of all the 3 religions and significant correlations were found particularly between death anxiety and general symptom.

In the present study, t-test results regarding significance of regression coefficients shows that interpersonal sensitivity in Syrian and Muslims, is an important predictive factor for death anxiety in both of the religions. In comparison of Muslims and Syrians; somatization, psychoid, paranoid variables were found to be significant predictors. No common predictor variable was determined between Syrians and Yazidis. This difference between religions, can be explained by different earthly way of

living, diverse practical religious duties, and particularly by differences in interpretation of the hereafter life.

A study conducted by Kara in Turkey, revealed that inability to cope with fear of death in nurses, leads to elevated depression levels (28). In the present study, depression was determined as an important variable for predicting death anxiety.

According to the results of the study, anger subscale points found as not having an important predictive effect on death anxiety. However, a study of Frazier and Goodman published in the internet, found a high correlation between severe death anxiety, and excessive emotionality & aggression. Thus, other studies showing a correlation of anger or aggression with death anxiety, are considered important .

The datas obtained from this study are limited with the religions present in Southeastern region of Turkey. In conclusion, significant correlations are present between psychological disposition and death anxiety. Generally, general disposition variable is found to be a remarkable factor for predicting death anxiety in every religion. The generalization of the results obtained from the present study can be possible only by realization of further similar studies.

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