



RESEARCH ARTICLE

SENSE OF THANATOLOGICAL ANXIETY IN THE GROUP OF VACCINATED AND UNVACCINATED PEOPLE AGAINST COVID-19

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ABSTRACT

The topic of the work is "The feeling of thanatological anxiety in the group of people vaccinated and not vaccinated against COVID-19". (In a randomly selected group - Poland). Aim of the study of the attempt to examine thanatological anxiety in a group of people who have undergone vaccination and those who have not decided to vaccinate

Study group N = 250 (randomly selected group). The theoretical assumption was based on the thanatological theories that link situations of danger with the emergence of fear of Death.

The work presents the hypotheses:

1. In the period of the pandemic-covid19, respondents declare that they feel thanatic anxiety
2. The vaccinated group reported weaker feeling of thanatic anxiety
3. There are differences in the perception of Thanatical fear between a group of men and a group of women
4. There are differences in the perception of thanatic anxiety between the group vaccinated, not vaccinated

Hoelter's Multidimensional Death Scale adapted to Polish conditions (J. Makselon) was used for the study. **Conclusion:** Thanatological anxiety it occurs in each of the studied groups The element is the type of anxiety that differentiates the groups. There are differences between the perceived types of anxiety in the two groups studied and between the age of the respondents and between the sexes. The fear of death is an integral part of our existence. Understanding the mechanisms and structure of the functioning of thanatic anxiety will allow for taking preventive measures for entire social groups.

INTRODUCTION

Concepts about the fear of death

Psychologists have always been fascinated by the issue of death, as well as the psychological aspects of it. The first researcher who discovered that an inseparable element of human existence is the awareness of its non-existence after death was Freud. Subsequent researchers made new discoveries and created ideas about thanatic anxiety. Each of them contains a different view on this issue, which makes it possible to look at it from different angles, and what's more, it becomes more understandable (1). Psychodynamic theories, the fear of death is one of the types of psychological pain. This pain is caused by the conflict between the id, ego and superego, the elements that build the concept of human personality structure, created by Freud. The conscious or unconscious dimension of fear is possible. Experiencing it is an unpleasant feeling for people, which they try to avoid, among other things, with the help of defense mechanisms.

However, this is a serious problem as it may not have a specific object. It is then that it becomes a useless signal, which means that a person begins to detect a threat everywhere. The anxiety intensification occurs as a result of the conflict, because a person feels a lack of control over the situation they find themselves in, feeling overwhelmed and unable to react (2). The first researcher to deal with the fear of death is Freud. He believes that the basis of general anxiety is castration anxiety, and its type is the thanatic anxiety. "According to Freud, even intimate and harmonious relationships between people are accompanied by a bit of hatred, stimulating an unconscious desire for death". It is produced because of two struggling drives: life-eros and death- thanatos. The conflict of these two antagonistic drives causes a feeling of guilt which is the genesis of the thanatical fear. Its growth occurs when a loved one dies or when a person finds himself in a situation posing a threat to his life. Freud shares the fear of death with the fear of separation, which is characterized by the fear of abandonment and the loss of a significant object. Thus, the prototype for the responses associated with dying is isolation from the mother. In a situation where it occurs inappropriately, a person does not have the resources to experience a peaceful separation at the time of death (3).

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A different approach to the fear of death is presented by Horney, who argues that fear and fear are emotional responses to danger. The former is very subjective and latent, while the latter is relative to the real danger. The anxiety can be general or anxiety attacks. It can be about specific objects, events or content. Any object is capable of causing fear as long as it is characterized by violence, appropriate strength, and finding or satisfying it would be correlated with violating the person's needs and vital interests. According to Horney, anxiety is one of the most unpleasant and unpleasant feelings experienced by a human (4). An important approach is also the one created by Fromm, which assumes that death is one of the fundamental experiences in the context of human existence, without which excitement and joy lose their strength and intensity, and which nowadays the population ignores and ignores. Fear of death is correlated with the fear of freedom, individualism, as well as following your own path with your own development. Thus, reducing or eliminating the fear of death is possible when the individual begins to focus on his individuality, as well as his own development, which brings him closer to "being", not "having" (5). Another character following the psychodynamic trend is Jung, who also touched upon the topic of thanatic fear. He believed that a person is born with certain prototypes, ideas, and also fears, which are elements that build a human personality. They are inherited from ancestors and contained in the abyss of the conscious soul as instincts, and they manifest themselves through impulses. They are fundamental and cover the entire psyche. As a result, an individual is born with certain fears, such as the Thanatian fear, which also affected his ancestors (6).

In the existential trend, death plays a very important role in the life of an individual. The promoters of this trend were the first to look at the topic related to the thanatism anxiety. One of the most important assumptions of existentialism is authentic and real existence, which is based on getting rid of the fear of its ending and the awareness of one's own mortality. One of the representatives of existentialism is May, who believes that the individual views himself in two ways: as a subject and as an object. Man is limited in his existence by its inevitable ending, but he also has the freedom that manifests itself in the ability to visualize boundaries. The individual overcomes this determinism through his individual development, which causes him to give up the sense of security in favor of other, important activities, and also abandon the past. As a result of these actions, death appears as the last stage in the general development process (6). The existence of man is interdependent with his courage, because it must be confirmed by continuous development, because as a consequence his loss occurs gradually. anxiety (6). Another researcher referring to the fear of death is one of the Polish representatives of the humanistic trend, Dąbrowski. He created a concept that focuses on the relationship between thanatical fear and human development. Emotions related to the death of a loved one, such as fear or sadness, are evidence of a high endogenous human culture. A necessary condition for experiencing true feelings and creativity are anxiety and depression, which indicate exceeding the stage of adapting to the environment, as well as mental health. Human development based on integration and disintegration takes place at five stages of mental health, with each of these levels characterized by a different format of death (3). The first stage is the most primitive because there is no empathy, no compassion about suffering and understanding the death of others, but also about one's own end of existence.

The second level is characterized by an increase in the comprehension and empathy of dying, as well as the ability to develop. At this stage, there is a contradiction of drives, tensions, and suicidal tendencies, which are related to the lack of an unambiguous orientation of the value system. The third level contains numerous tensions with the individual's advancement and the emergence of the problem of death, which qualifies for transcendental needs. It also builds up a partial death instinct, which means changing to move up to the next level, and atrophy of lower structures. The fourth level is characterized by an increase in awareness and sensitivity. The individual is able to go beyond his characteristics in a psychological and biological context. The last, fifth stage is constituted by a certain ideal. At this level, the individual has developed interests and abilities of which he is aware. On the last two levels, death appears as one of the most important issues concerning human existence. The individual attempts to counter death through development (6).

Kępiński is another humanist who touches upon the subject of the fear of death. He claims that the issue of thanatological anxiety is individual for every human being, but also common, and therefore it is difficult to classify it unequivocally. Kępiński distinguishes four types of anxiety: biological, moral, social and disintegrative. Biological is caused by an immediate or direct danger, it acts as an alarm signal regarding biological needs. When experiencing this type of anxiety, homeostasis in the body is disturbed. Moral fear results from the violation of previously formed ethical principles, and its source is the self-control system. Social anxiety concerns human social life. An individual feels it at the moment of rejection, non-acceptance or ignoring it by the social environment. The last of them, ie the disintegrative one, concerns human development, and refers to the disappearance of what is obsolete and the emergence of the new (6).

There are ways to overcome Thanatic Anxiety. One is defense mechanisms, and the other, more constructive, is understanding and accepting the inevitability of the end of our lives. Focusing on higher values and goals related to development, social life, removes the negative vision of death from a person. An inseparable element of contemplating about death is creating an outlook on oneself and one's life so far. If this balance is, in the opinion of an individual, unfavorable, which often happens in the case of depression, ending life becomes a possibility that ends problems and a difficult one that a person faces every day (2).

Description of the studied population

The research was carried out in the period from 21/10/2021 to 04/14/2022. A randomly selected group (Poland) took part in them N = 295 The method used was:

Questionnaire: Hoelter's Multidimensional Death Fear Scale adapted to the Polish population (7). The respondents completed the online questionnaires and agreed to complete them.

Table 1. Statistics describing the age of the respondents. It can be seen that almost $\frac{3}{4}$ (219, i.e. 74.2%) of the studied group were women (Table 2). 227 respondents took at least one dose of the Covid-19 vaccine, which is 77.2% of all respondents.

Table 1. Statistics describing the age of the respondents

	N	Minimum	Maximum	Mean	Standard deviation
Age	289	13	68	29.58	11.942

Source: Own study

Table 2. Gender and information on vaccination against Covid-19

		N	%
Sex	Woman	219	74.2%
	Man	76	25.8%
Are you vaccinated? (One dose is considered vaccination)	Yes	227	77.2%
	Not	67	22.8%

Source: Own study

Objective of the work: The aim of the study was to investigate thanatological anxiety in a randomly selected group of people who were vaccinated and those who did not undergo vaccination against COVID-19.

The following hypotheses were made:

- In the period of the pandemic-covid19, respondents declare that they feel thanatotic anxiety
- There is a relationship between age and the type of experienced thanatotic anxiety
- There are differences in the perception of thanatotic anxiety between the group of men and the group of women
- There are differences in the perception of thanatotic anxiety between the group
- vaccinated, not vaccinated

METHODOLOGY

The study used a questionnaire: "Multidimensional Death Scale" by Hoelter adapted to Polish conditions (7). Theoretical assumptions. Theoretical assumptions were based on the theory of the occurrence of various types of fear of death (8). The invention of vaccines against COVID-19 is a possible possibility of protecting health or life, which may increase the sense of security of the individual undergoing vaccination and thus reduce the feeling of fear of death.

RESULTS

Most respondents (207, i.e. 70.2%) chose the answer "I completely agree" in statement 20. "If I died tomorrow, my family would be concerned" (Table 3). In second place (185 people, or 62.7%) for this answer, came the statement 15. "If those dear to me died suddenly, I would suffer for a long time." There were also statements for which over 33% of respondents most often did not have an opinion, i.e. 6. "Probably many people were said to have died while they were still alive" (103 people, i.e. 34.9%); 10. "If I had died my friends would have lived it for a long time" (98 people, or 33.2%); 16. "I am not afraid of meeting my Creator" (100 people, or 33.9%). The largest number of responses (159 people, i.e. 53.9%) "I completely agree" was obtained in statement 36. "Nobody can say with certainty what will happen after death" (Table 4). On the other hand, the answer "I completely disagree" was the most popular (126 people, or 42.7%) in statement 27. "Since everyone is dying, you don't have to worry too much that a friend is dying." It can therefore be concluded that the studied

population declares the presence of various types of thanatotic anxiety during the Covid-19 pandemic. It can therefore be concluded that the studied population declares the presence of various types of thanatotic anxiety during the Covid-19 pandemic.

DESCRIPTION OF STATISTICAL ANALYSIS METHODS

IBM SPSS Statistics is the program in which all tables and calculations for statistical tests were performed. In order to answer the research questions and the hypotheses, the following variables were selected: age (quantitative change), sex (qualitative change), the question "Are you vaccinated?" (qualitative change) and sets of questions (sums from the answers, i.e. quantitative changes), which formed 8 types of fears (fear of dying (1, 11, 13, 18, 24, 30), fear of the dead (12, 14, 19, 25, 32, 33), fear of the destruction of the body (3, 7, 9, 16, 34), fear of the living (4, 10, 20, 27, 39), fear of the unknown (5, 21, 28, 35, 36, 40), fear of apparent death (6, 29, 31, 37, 38), fear of the appearance of the body (17, 22, 26), fear of early death (2, 8, 15, 23)).

rho correlation coefficients can be observed Spearman and the obtained significance of the two-sided significance tests of this coefficient. It can be seen that only with the fear of apparent death can we adopt the alternative hypothesis that the correlation coefficient is significant (significance less than 0.05). Thus, with increasing age, you can see an average decrease in answers to questions: 6, 29, 31, 37, 38 (6. Probably many people were said to have died while they were still alive; 29. There should be criteria for was sure to say that someone is dead; 31. I don't think I will have time to experience everything I want; 37. I'm terrified of being aware when they put me in the grave; 38. I have I hope more than one doctor will examine me before I am pronounced dead.) With age, the fear of apparent death decreases. Table 6 presents the results of the Mann-Whitney U tests for two independent groups of respondents: women and men. It can be seen that all significance values are less than 0.05 (significance level). Therefore, in all cases, we have grounds for rejecting the null hypothesis and adopting an alternative hypothesis that shows significant differences between men and women in the perception of all types of anxiety.

Table 7 presents the mean values of the sums of answers to questions in individual sets of anxiety for the group of women and men. There are significant differences between these groups. Women in all types of anxiety obtained higher mean values, which means that they chose "completely agree / agree" responses more often. Women experience all types of thanatotic anxiety more strongly than men. Men experience less than any type of Thanatotic Anxiety compared to women. Table 8 shows the results of the Mann-Whitney U tests for two independent groups of respondents: vaccinated and unvaccinated. All significance values are greater than 0.05. Thus, in all cases, we accept the null hypothesis that vaccination against Covid-19 does not affect the perception of thanatotic anxiety. It can only have an impact on the degree of feeling or declaring one of the types of anxiety present (see Table 9). Table 9 shows that the mean sums of responses to the questions in the individual sets, for vaccinated and unvaccinated against Covid-19, do not differ significantly. Thus, it cannot be concluded that there is a lower saturation of thanatotic anxiety among the vaccinated persons (compared to the unvaccinated group).

Table 3. Answers to questions 1-20 of the Multivariate Death Fear Scale

	I completely disagree	I do not agree	I rather disagree	I have no opinion	rather agree	I agree	I totally agree
1. I am afraid of dying slowly.	4	15	17	18	58	72	111
2. A visit to a funeral home scares me.	43	52	57	28	51	31	33
3. I would like to donate my body for the development of medical knowledge.	28	25	27	64	47	46	58
4. I am afraid of people dying in my family.	9	15	22	10	35	81	123
5. I am afraid there is no eternal life.	45	50	39	57	27	36	41
6. Probably many people were said to have died while they were still alive	7	34	50	103	47	39	15
7. I am afraid that my body will be distorted after death.	85	83	31	48	16	18	14
8. I am afraid that I will die before my life goals are achieved.	21	34	34	24	62	55	65
9. I am concerned about the thought that the body will decompose after death.	95	72	34	28	15	27	24
10. If I had died my friends would have lived it for a long time.	2	11	19	98	68	63	34
11. I am afraid of sudden death	21	29	37	twenty	39	67	82
12. I fear everything that is dead.	54	69	58	39	38	18	19
13. I'm afraid of dying in fire.	13	17	12	24	38	76	115
14. I would have no trouble touching the body.	73	60	43	24	39	37	18
15. If people dear to me die suddenly, I would suffer for a long time.	0	0	5	9	thirty	65	185
16. I am not afraid of meeting my Creator.	9	twenty	22	100	42	52	49
17. I tremble at the thought that my body might be embalmed.	87	73	32	70	8	13	12
18. I am afraid my dying will take a long time.	13	26	twenty	77	47	56	54
19. Discovery of a dead body would be a terrifying experience for me.	15	16	21	thirty	60	61	92
20. If I died tomorrow, my family would be upset.	1	0	0	9	13	65	207

Source: Own study

Table 4. Answers to questions 21-41 of the Multivariate Death Fear Scale

	I completely disagree	do not agree	I rather disagree	I have no opinion	rather agree	I agree	I totally agree
21. I am afraid that death ends everything.	29	25	43	51	41	44	62
22. It scares me that after death it can be difficult to identify my body.	42	60	49	84	24	18	17
23. I am afraid that I will not live long enough to enjoy my retirement.	37	29	42	61	34	55	37
24. I am afraid of dying from cancer.	8	13	22	29	44	69	109
25. Walking alone through the cemetery at night would certainly be fearful.	twenty	34	34	18	53	63	73
26. I would not like students to learn on my body after their death.	38	51	28	59	33	44	42
27. Since everyone is dying, you don't have to worry too much that a friend is dying.	126	102	41	11	10	3	1
28. I am afraid that there may not be a Supreme Being.	45	47	50	73	31	26	23
29. There should be such criteria that it can be concluded with certainty that someone is dead.	3	1	6	58	44	91	90
30. It doesn't matter to me which coffin I am buried in.	7	13	12	18	24	90	131
31. I don't think I will have time to experience everything I want.	12	twenty	33	32	50	84	64
32. I have a fear of dying by asphyxiation or drowning.	16	23	28	23	46	64	95
33. It would be terrifying for me to get a dead body out of the way.	14	21	27	33	50	64	86
34. I don't like the thought of burning a corpse.	75	60	35	67	18	16	24
35. Sometimes I get distracted when a loved one dies.	2	8	14	37	36	97	101
36. No one can say with certainty what will happen after death.	4	12	8	7	35	70	159
37. The thought that I might be aware when they put me in the grave scares me.	33	39	28	31	31	57	75
38. I hope that more than one doctor will test me before my death is pronounced.	7	15	16	71	45	72	69
39. I am not sure if I will see my children growing up (nieces, nephews).	18	40	45	64	27	57	43
40. It worries me that I will be placed in a coffin after death.	67	60	42	54	15	22	35
41. Have you experienced a serious threat to your life?	35	58	47	27	50	48	thirty

Source: Own study

Table 5. Rho coefficients Spearman and the results of tests of the significance of these coefficients

		Age
1. Fear of dying	Correlation coefficient	0.090
	Significance (two-sided)	0.130
	N	286
2. Fear of the dead	Correlation coefficient	0.003
	Significance (two-sided)	0.956
	N	288
3. Fear of the destruction of the body	Correlation coefficient	0.001
	Significance (two-sided)	0.987
	N	288
4. Fear for the living	Correlation coefficient	-0.018
	Significance (two-sided)	0.756
	N	287
5. Fear of the unknown	Correlation coefficient	-0.067
	Significance (two-sided)	0.259
	N	289
6. Fear of apparent death	Correlation coefficient	-0.176
	Significance (two-sided)	0.003
	N	287
7. Fear about the appearance of the body	Correlation coefficient	0.065
	Significance (two-sided)	0.275
	N	288
8. Fear of premature death	Correlation coefficient	-0.013
	Significance (two-sided)	0.822
	N	288

Source: Own study

Table 6. Mann-Whitney U test results by gender

No.	The null hypothesis	Test	Relevance	Decision
1.	Schedule 1. The fear of dying is the same for men and women.	Mann-Whitney U test for independent samples	0,000	Discard the null hypothesis.
2.	Schedule 2. Fear of the dead is the same for men and women.	Mann-Whitney U test for independent samples	0,000	Discard the null hypothesis.
3.	Schedule 3. The fear of the destruction of the body is the same for women and men.	Mann-Whitney U test for independent samples	0,000	Discard the null hypothesis.
4.	Schedule 4. The fear for the living is the same for men and women.	Mann-Whitney U test for independent samples	0,001	Discard the null hypothesis.
5.	Schedule 5. Fear of the unknown is the same for men and women.	Mann-Whitney U test for independent samples	0,002	Discard the null hypothesis.
6.	Distribution 6. Fear of apparent death is the same for men and women.	Mann-Whitney U test for independent samples	0,005	Discard the null hypothesis.
7.	Schedule 7. Fear about the appearance of the body is the same for men and women.	Mann-Whitney U test for independent samples	0,000	Discard the null hypothesis.
8.	Schedule 8. Fear of premature death is the same for men and women.	Mann-Whitney U test for independent samples	0,000	Discard the null hypothesis.

Source: Own study

Table 8. Mann-Whitney U test results including information on vaccination against Covid-19

No.	The null hypothesis	Test	Relevance	Decision
1.	Schedule 1. The fear of dying is the same for the vaccinated and the unvaccinated.	Mann-Whitney U test for independent samples	0.059	Take the null hypothesis.
2.	Schedule 2. Fear of the dead is the same for vaccinated and unvaccinated people.	Mann-Whitney U test for independent samples	0.745	Take the null hypothesis.
3.	Schedule 3. The fear of body destruction is the same for the vaccinated and unvaccinated.	Mann-Whitney U test for independent samples	0.441	Take the null hypothesis.
4.	Schedule 4. The fear for the living is the same for the vaccinated and unvaccinated.	Mann-Whitney U test for independent samples	0.226	Take the null hypothesis.
5.	Schedule 5. Fear of the unknown is the same for vaccinated and unvaccinated people.	Mann-Whitney U test for independent samples	0.278	Take the null hypothesis.
6.	Distribution 6. The fear of apparent death is the same for the vaccinated and the unvaccinated.	Mann-Whitney U test for independent samples	0.626	Take the null hypothesis.
7.	Schedule 7. Fear about the appearance of the body is the same for vaccinated and unvaccinated people.	Mann-Whitney U test for independent samples	0.537	Take the null hypothesis.
8.	Schedule 8. The fear of premature death is the same for the vaccinated and unvaccinated.	Mann-Whitney U test for independent samples	0.505	Take the null hypothesis.

Source: Own study

Table 9. Mean sums of points for each type of anxiety, including information on vaccination against Covid-19

	Are you vaccinated? (One dose is considered vaccination)	
	Yes	Not
	Mean	Mean
1. Fear of dying	32.32	31.11
2. Fear of the dead	26.77	26.67
3. Fear of the destruction of the body	17.89	18.39
4. Fear for the living	23.46	23.00
5. Fear of the unknown	27.19	25.97
6. Fear of apparent death	24.40	24.66
7. Fear about the appearance of the body	10.03	10.52
8. Fear of premature death	19.13	18.52

Source: Own study

It is noteworthy, however, that in the group of vaccinated people there is clearly a stronger saturation (compared with the unvaccinated group) of the fear of dying, the fear of the living and the fear of the unknown. On the other hand, in the unvaccinated group, there is an upward trend towards fear of body destruction and fear of apparent death. This suggests that they may be a cause for concern about vaccination. On the basis of the conducted research and analysis of the obtained results, it can be concluded that: During the pandemic-covid19, the respondents

1. The respondents declare a feeling of thanatic fear
2. There is a relationship between age and the type of experienced thanatic anxiety
3. There are differences in the perception of Thanatic fear between the group of men and the group of women
4. There are differences in the perception of thanatic fear between the vaccinated and non-vaccinated groups

DISCUSSION

Studies on the fear of death in society conducted over the years have shown that in 68% of the population it was possible to observe an intense and average level of fear of death. All respondents who thought about the topics related to death felt such emotions as: tension, unhappiness, helplessness, worry, internal breakdown, loneliness, attachment, anxiety. However, the key feeling, the most common feeling, is sadness. The implementation of the issues related to death into the existence of the respondents increased the level of anxiety and the sense of threat in them with regard to the purpose of their existence, as well as their overall well-being. The respondents declared that the strongest type of anxiety related to death was that related to the departure of their relatives (9). These studies showed an intense increase in the level of thanatic anxiety compared to previous years, which increased to 74%. It can be noticed that the topic related to the subject of death was and is current (it is a more important issue of existence). The results of the research indicate the great importance of the increase of thanatological anxiety in situations that are perceived as life-threatening. Respondents' answers indicate the fear of living, close people, as well as the awareness of the respondents related to the mysterious nature of death and the inability to know what happens to a person after the end of life. There is also a difference between the sexes in terms of perceptions about death. Women experienced more anxiety than men when thinking about the end of existence. In the group of women, concern for other people dominated. On the other hand, men perceive death as a certain challenge (9). The relationship between religiosity, acceptance of death and fear of death was

also investigated. Four types of religiosity were distinguished, measured by the Rohrbaugh and Jessor scale, and theological religiosity turned out to be the most important. The only one that had a significant impact on the acceptance of death and the fear of death. .man factor also turned out to be a significant factor. Being a woman was significantly correlated with a greater fear of death. Women had a significantly higher level of fear of death ($M = 8.1$; $SD = 2.8$) than men ($M = 6.2$, $SD = 2.9$) (10). Research conducted in groups of medical workers dealing with daily work in exposure and hazardous conditions shows that there are strong correlations between the state of life threatening and the increase in religious behavior. Also, the prolonged period of danger stimulates the undertaking of certain types of behaviors that allow the reduction of strong symptoms of anxiety. This should be taken into account in a protracted pandemic (11). Most public polls have shown that the behavioral and emotional response to the virus can be understood as a threat to life, and that fear of death drives most human behavior. . Fear of death has recently been shown to predict not only COVID-19 related anxiety, but also play a causal role in various mental health conditions (12). One study aimed to determine the levels of fear of death among social workers (in Spain). The results showed that the highest values were obtained: fear of death of others (81.6%) and fear of the process of dying of others (78.3%). Additionally, being a woman increases the risk of suffering, especially the fear of the dying process of other people (13). Reluctance to vaccinate is a major threat to the success of COVID-19 vaccination programs. The current cross-sectional online study of adult Poles ($n = 1020$) expressing their willingness to receive the COVID-19 vaccine was conducted between February and March 2021 to assess (i) overall confidence in different types of vaccines. The age of the participants was the main factor in differentiating the level of confidence in a particular type of vaccine. The median level of anxiety (as measured by a 10-point Likert scale) in the study group was 4.0, mainly due to the risk of serious allergic reactions, other serious side effects and the unknown long-term effects of vaccination. A woman, people with lower levels of education, and people who are not looking for information about COVID-19 vaccines have revealed a higher fear of vaccination. (14)

CONCLUSION

On the basis of the conducted research, it can be concluded that: In the period of the Covid-19 pandemic, the studied group declares the presence of thanatotic anxiety. The studied group shows the highest intensity of the type of anxiety: fear of dying. In the group of women, there is a stronger thanatic fear than in the group of men. Women think more often about death than men. Both in the group of women and men, the strongest type of thanatological fear is the fear of dying. Both in the group of women and men, the type of anxiety about the appearance of the body is the weakest. Vaccination against COVID-19 does not differentiate the vaccinated from the unvaccinated. In both the vaccinated and unvaccinated groups, the fear of dying is the strongest type of anxiety. In both the vaccinated and unvaccinated groups, the fear of body appearance is the weakest.

Age of respondents: As far as age is concerned, it is only with the fear of apparent death that its decrease with increasing age can be observed, while in the case of other types of anxiety there is no correlation between age and a given anxiety.

Some respondents would prefer to end their existence unexpectedly. Every fifth person from the study group stated that they would prefer to have time to be able to prepare for death. The respondents (83%) who declared that they would like to have time to prepare, most of all wanted to be able to say goodbye to their relatives and write a will and arrange matters related to property. The respondents stated that they would like to receive the sacraments in connection with the end of their lives. (55%) The respondents showed a will to reconcile, before the end of their existence, with people they are in conflict with, a conflict (32%) Research (related to thanatological anxiety) clearly shows what the respondents are afraid of, which allows the creation of preventive programs tailored exactly to the needs of people experiencing thanatological fears. what you experience and the ability to verbalize them (called things by a spade) increases the sense of security and allows you to take appropriate action strategies . It is also important to pay attention to details.

REFERENCES

- Binnebesel J. 2013. *The perception of fear of death in the context of Relational Replacement Therapy*, Nicolaus Copernicus University Scientific Publishers, Toruń.
- Fabiś A, Muszyński M., *Social dimensions of aging, Theory of Worry Control and its Implications for Care and Support in Old Age* , Wydawnictwo Wyższa Szkoła Administracji, Bielsko-Biała 2011.
- Krajewska-Kułać E., Nyklewicz W., Lewko J., Łukaszuk C., *On the way to the shore of life*, volume 3, MKDruk , Białystok 2007.
- Kubler-Ross E., *Talks about death and dying* , Media Rodzina, Poznań 1979.
- LeDoux J., *Lęk. Neuroscience on the trail of the sources of anxiety and fear*, Copernicus Center PRESS , Trans. K. Wołoszyn-Hohol and M. Hohol , Krakow 2017.
- Messiah J., *The Curse or the Gift of Transience? Studium z thanatopsychologii* , Engram, Difin , Warsaw 2010.
- Makselon J.: *Fear of death: selected psychological theories and research*, Polish Publishing House, Polish Theological Society Kraków, 1988.
- Żemojtel-Piotrowska M., Piotrowski J., *The scale of fear and fascination with death*, Polish psychological forum, vol. 14, number 1, 2009.
- Stala J .: *Changes in Poles' views on dying and death as a pastoral challenge for the church in Poland in the 21st century* . in: *A sick and dying man. Possibilities of support and forms of help*, edited by J. Stala , Kraków 2014, Wydawnictwo Naukowe UPJPII, pp. 81–977. <http://dx.doi.org/10.15633/9788374384117.07>
- Harding SR, Flannelly KJ, Weaver AJ, & Costa KG The influence of religion on death anxiety and death acceptance , *Mental Health, Religion & Culture* December 2005; 8 (4): 253–261
- Trylińska-Tekielska E.: *Working in a hospice . Creditors for starting work in a hospice and their consequences in the group of professional workers, hospice volunteers and ordinary volunteers - Psychological Model of a Team Working in an Exhibition*, Silva Rerum, Poznań, 2019.
- Menzies RE and. Menzies RG *Death anxiety in the time of COVID-19: theoretical explanations and clinical implications* , *The Cognitive Behavior Therapist* (2020), vol. 13, e19, page 1 of 11 doi: 10.1017 / S1754470X20000215
- Ángel Martínez-López JA, Cristina Lázaro-Pérez C. and José Gómez-Galán *Death Anxiety in Social Workers as a Consequence of the COVID-19 Pandemic* *Behav . Sci .* 2021, 11, 61. <https://doi.org/10.3390/bs11050061>
- Rzyski, P , Zeyland J, Barbara Poniedziałek, Małecka I and Wysocki J .: *The Perception and Attitudes toward COVID-19 Vaccines : A Cross-Sectional Study in Poland* *Vaccines* 2021, 9 (4) , 382; <https://doi.org/10.3390 /vaccines9040382>
