NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY MASTER PROGRAM

MASTER'S THESIS

COMPARING THE DEATH ANXIETY OF INDIVIDUALS WHO LIVE IN RURAL AND URBAN SETTLEMENTS

MÜMİN EKİCİ

NICOSIA
2016

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I Mümin Ekici, hereby declare that this dissertation entitled "Comparing the Death Anxiety of Individuals Who Live in Rural and Urban Settlements" has been prepared myself under the guidance and supervison of "Assoc Prof. Dr. Ebru Cakici" in partial fulfilment of The Near East University, Graduate School of Social Sciences regulations and does not to the best of my knowledge breach any Law of Copyrights and has been tested for plagarism and a copy of the result can be found in the Thesis.

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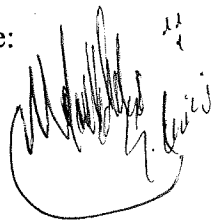

NEAR EAST UNIVERSITY
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Clinical Psychology Master Program
Master Thesis

Comparing The Death Anxiety Of Individuals Who Live In Rural And Urban Settlements

We certify the thesis is satisfactory for the award of degree of
Master of CLINICAL PSYCHOLOGY

Prepared by
Mümin Ekici

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ABSTRACT

COMPARING THE DEATH ANXIETY OF INDIVIDUALS WHO LIVE IN RURAL AND URBAN SETTLEMENTS

Mümin Ekici

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In this study, the level of death anxiety of individuals who live in urban and rural settlements and their level of psychological symptoms has compared.

Therefore, 100 individuals from Istanbul comprised the sample of Urban settlement. Rural settlement sample comprised from 100 individuals who live in Hakkari. Datas collected and evaluated with the help of Personal Information Form, Templer Death Anxiety Scale (TDAS) and Symptom Check List 90 Revised (SCL90R).

A significant difference has not found between urban and rural settlements about the total mean scores of death anxiety. , women has higher total mean scores of TDAS than men. When we examined psychopathology, the individuals who live in Hakkari has higher total mean scores for all of the subscales of SCL-90 than the individuals who live in Istanbul. When the mean scores of scales compared according to witnessed-not witnessed to terror related injuries in settlement area, significant difference was found between the variables of TDAS and SCL-90 total mean scores and DEP, HOS, PHOB, PAR subscales. . When we compared the groups according to the variable of experience of terror related injuries in person, statistically significant difference was not found. When variable of witnessing an attack with bomb or guns compared with scales, significant difference was found only for TDAS total mean score and ADDITEM subscale mean score. In comparison of scales and variable of experiencing an attack with bomb or guns in person or their relatives and close friends significant difference was not found between the variables.

Key Words: Anxiety, death, death anxiety, settlement, rural, urban, terror

ÖZ

KIRSAL VE KENTSEL BÖLGELERDE YAŞAYAN BİREYLERİN ÖLÜM KAYGILARININ KARŞILAŞTIRILMASI

Mümin Ekici

Haziran 2016, 77 sayfa

Bu çalışmada, kırsal ve kentsel yerleşim bölgelerinde yaşayan bireylerin ölüm kaygı düzeyleri ve psikolojik belirti düzeyleri karşılaştırılmıştır.

Çalışmaya katılan toplamda 200 kişilik örneklemin kentsel bölge örneklemini İstanbul'da yaşayan 100 birey, kırsal bölge örneklemini ise Hakkâri'de yaşayan 100 birey oluşturmuştur. Veriler; kişisel bilgi formu, Templer Ölüm Kaygısı Ölçeği (TDAS) ve Ruhsal Belirti Tarama Listesi (SCL-90-R) kullanılarak değerlendirilmiştir.

Ölüm kaygısı toplam puan ortalamaları açısından kır ve kent bölgeleri arasında istatistiksel bir fark bulunamamıştır. Kadınların erkeklere oranla daha yüksek ölüm kaygısı toplam puan ortalamasına sahip oldukları saptanmıştır. Psikopatoloji incelendiğinde ise, Hakkari bölgesinde yaşayan bireylerin İstanbul'dakilere oranla SCL-90-R alt ölçeklerinin tümünde daha yüksek puan ortalamalarına sahip oldukları belirlenmiştir. Yaşanılan bölgede terör olaylarına bağlı yaralanmalara şahit olup-olmamaya göre ölçek puan ortalamaları karşılaştırıldığında, TDAS ve SCL-90 toplam puan ortalamaları, DEP, HOS, PHOB, PAR alt ölçekleri arasında istatistiksel fark olduğu tespit edilmiştir. Terör olaylarına bağlı yaralanmayı bizzat deneyimleme değişkenine göre gruplar karşılaştırıldığında, istatistiksel fark bulunamamıştır. Silahlı veya bombalı saldırıya şahit olma değişkeni ile ölçekler karşılaştırıldığında, TDAS toplam puan ortalaması ve ADDITEM alt ölçeği puan ortalamasında istatistiksel fark tespit edilmiştir. Ölçekler ve bombalı/silahlı saldırıya bizzat maruz kalma veya yakınların maruz kalması değişkenleri karşılaştırıldığında ise değişkenler arasında istatistiksel fark bulunamamıştır.

Anahtar Kelimeler: Kaygı, ölüm, ölüm kaygısı, yerleşim, kır, kent, terör

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ABBREVIATIONS

ADDITEM: Additional Items

ANX: Anxiety

DEP: Depression

HOS: Hostility

INS: Interpersonal Sensivity

O-C: Obsessive-Compulsive

PAR: Paranoid Ideation

PHOB: Phobic Anxiety

PSY: Psychoticism

SCL-90-R: Symptom Check List-90-Revised

SOM: Somatization

SPSS: Statistical Package for the Social Sciences

TDAS: Templer Death Anxiety Scale

TDK: Türk Dil Kurumu (Turkish Language Institution)

TMT: Terror Management Theory

f: Anova value

n: Number

p: Significant value

r: Correlation value

***sd*:** Standart deviation

t: t-test value

$\bar{X}$:Aritmetic mean

1. INTRODUCTION

Death is the most important research subject of a lot of disciplines especially philosophy, anthropology, theology and archeology. The phenomenon of death is not a subject that is probed simply from the first day of humanity. The situations that are symbols in ancient ages, ceremony for dead body of people and reactions to families of dead people show that death was not perceived concurrent with death of body from the ancient ages. The phenomenon of death is a serious concept that affects the society. The different variables such as culture, age, race, religion, education, natural disasters, wars and migration determine the meaning of death.

Death is a common theme for all humankind. Human has ability to understand inevitableness of death and the fact of future in comparison to other creatures. Also, thinking about death and life is inevitable. Awareness about mortality has an important role for accomplishing future plans and elapsed time.

Although subject of death seems out of psychology, emotional effects of death are a subject of psychology. The concepts which have no concrete answers such as time of death, type of natural death (except suicide etc.) and the situation of soul and body after death cause emotional effects for people who develop idea about death. The subject of death anxiety started to discuss in modern psychology in first quarter of 20^{th} century. The studies about death anxiety in psychology were more frequent after 1980s. Some psychologists state that death is a concept to avoid and deny however; another psychologists defend the concept of death is a part of life.

The possibility of nihility is always together with people. The possibility of nihility or non-being is symbolized with death. This situation makes people anxious in lifelong. Death is one of existential truth and people have to face with death because people could not escape their own existential truth. Also, people have to take responsibility of facing with death so they could conquer fear. Death anxiety is an emotion that is thought as the base of all kind of fear, felt by all people, developing with awareness about losing oneself and the world and becoming nothing. Death anxiety is evaluated as a multidimensional concept. The dimensions are differ from age, gender, religious view, culture, education level, marital status, job, loss of relatives in a short

time, frequency of thinking about death, migration and violence. The purpose of this study is investigating the factors that affect death anxiety. Especially, death anxiety is probed with regard to the factors that are settlement, witnessing and exposing terror incidents.

1.1.Definition of Anxiety

Anxiety is an emotion which is difficult to identify and measure. In the early 1900s, anxiety has been started to be studied in psychological area. Especially, after the 1950s, intensified researches have been started. The root of notion of anxiety comes from the ancient Greek words 'anxiates' which means anxiety, fear and curiosity (Köknel, 1988, 119; Köknel, 1985,113). In other words, Anxiety is an unpleasant emotional reaction which occurs because of the people' psychological and environmental perceptions and threats. A worried life is a life style where people wait in fear of bad events that may occur in the future (Öner, Le Compte, 1982).

Anxiety can be used in different meanings when it is thought in different perception. For instance, on the basis of psychodynamic theories, anxiety can be defined as a fear where there is no connection between anxiety and real danger (for example, phobic anxiety). This can be associated with a perception which threatens people' self integrity. In the psychology of learning, it can be considered as a second effect which causes to escape, as a learned behavior (Budak, 2003, 433).

Although there is not any single agreed definition of anxiety, many researchers believe that there is a relationship between anxiety and emotions. They also agree that this emotional situation is not welcomed in a good position by individuals. As it has been mentioned above, it is possible to face with different type of perception of anxiety. In one way, anxiety can be defined as an unpleasant emotional situation which has been either characterized by stress and anxiety or stimulated by the automatic nervous system. In another way, it can be also addressed as an unpleasant situation which has followed the perception of danger. On the other hand, it can be also defined as psychical changes which have been characterized by increase in blood pleasure and heart rate with a feeling of tension (Sarıkaya, 2013; Epstein, 1972; Lazarus, Averill, 1972).

Anxiety is closely related with several structure such as fear, attitude, depression etc.. According to Izard (1972), anxiety has been considered as a mixture of several factors. As a result of this, it has been clearly defined as a combination of two or more basic emotions like anger, shyness, and guilt. Anxiety and fear seem to enjoy the same experience so they can be used interchangeably by some researchers. For example, while Izard (1972) was using these notions interchangeably, some researches made a distinction between two concepts (Epstein, 1972; Freud, 1936). According to Freud, the firs researcher who is closely related with this concept, anxiety is a derivative of fear. It appears, when there is a distinction between an individual request and requests of the environment. In other words, anxiety occurs when individuals have to suppress their own wishes, especially in sexuality and aggression, in accordance with request of community. According to this, two types of anxiety can be occurred. One of them is objective anxiety, other one is neurotic anxiety. Objective anxiety obtains the sense of helplessness and this is more conflict than fear. On the other hand, neurotic anxiety is more close to fear. However, either neurotic anxiety or objective anxieties respond to a perceived danger. Epstein (1972), mentioned that there is a high level of fear arousal by highlighting the arousal spread of anxiety.

Kierkegaard is another researcher who made a distinction between anxiety and fear. Kierkegaard (2004, 36) mentioned that the object of anxiety is nothing. According to Yalom (2001, 88), it is impossible to fight against to anxiety because it is against to nothing. According to his believe, this is the relationship between the fear and anxiety. However, if anxiety turns into fear, it can be fought with it. According to this point of view, people can fight their anxiety by turning them into fear.

1.2.Formation of Anxiety

According to basic approach of psychoanalytic theory of psychology, each of the psychic structures in individuals operates according to certain principles. Ego operates based on the reality, superego operates in accordance to moral principle and ego ideals and id acts according to the pleasure principles. A conflict occurs when ego does not respond to rules of superego and the principle of reality. This situation increases the tension. As a result of this anxiety occurs. After that, ego starts to use its defense mechanism to eliminate this conflict. If this conflict does not reduce, anxiety symptoms, if anxiety does not reduce, defense mechanisms, if defense mechanism does not reduce

anxiety can appear. If all of these regularly repeat, anxiety disorders may happen (Öztürk, 1994).

1.3.Types of Anxiety

Freud specified three major types of anxiety. First one is reality anxiety. It ego based but rooted in reality. Second one is neurotic anxiety which arises from conflicts between id, ego and superego. Third one is moral anxiety which occurs because of the pressure of superego (Budak, 2003, 434).

On the other hand, anxiety conceptually has been separated into two, open-conscious and implicit- unconscious, by Cattell and Scheier (1961). After a while, these terms has been highlighted as state and trait. According to Spielberger (1966), state anxiety refers the unpleasant feelings when confronted with specific situations whereas trait anxiety arises in response to a perceive threat.

Apart from the first classifications of anxiety, it is possible to mention the different types of anxiety such as, phobic anxiety, social anxiety, text anxiety, mathematic anxiety (Öztürk, 1994), death anxiety (Templer, 1970) etc.. While the text anxiety is more related with state anxiety, death anxiety is more associated with trait anxiety (Abdel-Khalek, Lester, Maltby, Tomás-Sábado, 2008-2009).

1.4.Measurement of Anxiety

Cattell and Scheier (1961) and Spielberger (1966), mentioned that there are three ways to determine the level of anxiety. These are, holistic behavior of individuals (posture, speech or clinicians' institution etc..), physiological symptoms and self explanation of individuals. However, it has been mentioned that self explanations of individuals have been accepted as the most common way (Farbey, 1982). There are various type of measurement method in accordance to type of anxiety. State- Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, 1970) and Templer Death Anxiety Inventory (Templer, 1970) are commonly used for the measurement of anxiety.

1.5.The Phenomenon of Death

According to Sarıkaya (2013), death can be defined as 'the end of life of any living being in a definite way'. According to the explanation of The dictionary of Turkish Language Institution of Biology (TDK) all living organisms 'start to live again in the end of their life events' (TDK, 2004, 498).

Different type of definitions has been highlighted based on the different cultures, societies, disciplines, individual's personality, age and religion of the people. In all these definitions, it is common that all living organisms will lose the ability of renew itself and their one or more vital organs will lost their function and they will die. Symbolic signs which encountered in ancient times show that death is not perceived as simply the death of the body. Investigations of religious-oriented definition of the concept of death are the sign of a way dealing with this in cultural concept. The three monotheistic religions represent different meanings of the notion of the death. In Judaism, death is a heavy penalty and scary reality; in Christianity death refers to the loss of only body and also refers to the changes in to life; in Islam, death is considered as separation of the body and the human spirit (Hökelekli, 1992).

1.6.The phenomenon of Death in Psychology

According to Existential theory of Psychology, death can be defined as the most complex conflict that people experience it. According to this theory, if people want, they can choose to die, but at the end of the day they will experience it, even if they do not want to die. According to this approach, the existence of death could not figure out yet, maybe that is the biggest mystery that is hidden in the meaning of the life (Kalaoğlu-Öztürk, 2010). Therefore, this mystery shows differences between the age groups.

1.6.1.The phenomenon of Death in Childhood

Death has been categorized in four concepts by the researchers who are closely interested in concepts of death in terms of cognitive development. These concepts are non-functionality, irreversibility, causality and universality. Irreversibility signs that death people cannot come back to life, non-functionality signs that once a people bodily die their mental function will also stop, universality signs that all living things will die

at the end and causality signs that both psychical and biological factors can lead to death (Cotton, Range, 1990).

According to Piaget's model of cognitive development (1960), sensor motor activities are active in infancy. Therefore, the core concept of the death which is object permanents has been gained. In infancy, searching for a lost objects starts at the age of 6-8 months. After that, from 17 month old lost objects are started to keep in mind by infants. Children able to understand the phenomenon of death between the ages of 7-12 and this takes place in their 'concrete operational period'. In this period, child starts to understand that death is universe and cannot be prevented. However, children have some difficulties for understanding all these process of death. They have some difficulties for understanding that one day they will also faced with this situation. The reason is, their thoughts about the phenomenon of death are sill concrete at that age.

1.6.2.The phenomenon of Death in Puberty

Life and death are inter-related and are often seen as two sides of the same coin. In Adolescence, individuals may face with depression, anxiety or they develop various phobias because of the phenomenon of death. The reason is, in puberty individuals want to live in an unlimited sense. Adolescents generally become anxious by thinking that they devoid of the pleasures of life when they will die. It has been also highlighted that in adolescence, thoughts about death has always been affected by being egocentric (Rosenthal, 2000).

1.6.3.The phenomenon of Death In Young Adulthood and Middle Age

In adult's point of view, death is just a phenomenon that it prevents them to do their hobbies, duties and responsibilities. The notion of death has been also perceived as an injustice to their self by adults. The transition from young adulthood to middle age is determined by the differences in perception of time. In young adulthood, individuals are not interested in how long they live. They are mainly interested in how long they will live. This is a period which determines the transition from young adulthood to middle age. In this period, the phenomenon of death has been felt more than anytime by all middle aged (Osarchuk, Tatz, 1993).

1.6.4.The phenomenon of Death In Old Age

Researches show that with age, thoughts towards the concept of death and in accordance with it the anxiety of death shows an increase. However, reactions against to ignorance of the death, which is developed towards the assumptions above, accepted as a conscious reaction against to death. Researches show that old age individuals, who close to the terminal stage, often experience the death anxiety (Feifel, Brancomb, 2003).

According to Madnawat and Kachawa (2007), old individuals, who has have a long and productive life, think that death is a natural result of a long life and they easily accept this idea by thinking that they have already have a long and happy life. On the other hand, old individuals, who is unhappy and regret for their past, want to turn back to old day by felling the death anxiety. The idea of not have a long time pushes them to despair. Hence, they do not accept the phenomena of the death and they want to experience death as late as they can.

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1.7.Reactions and Attitudes Developed Toward to Death

1.7.1.Death Acceptance

In this attitude, death accepted as a natural part of life and acceptance of death is psychologically seen as a precondition of a healthy life. If someone faces with the truth of the suppression of morality and nothingness, he/she may have a better mental health. The reason is, individuals who live in an illusion of immorality actually know their mortality. For this reason, illusion of immorality causes to depression in individuals (Hökelekli, 2008).

1.7.2.Death Rejection

Nowadays, Intensive thoughts of sexuality, prosperity and happiness cause to stay away from anything that might remind the death to people. This attitude has begun to take place as a form of a contemporary behavior in individuals' mind (Yalom, 2001, 214). 'Masking' and 'suppression' are two types of rejection and denying of death. Masking refers to live a very busy life and work hard in the daily routine in order to avoid thinking about the phenomenon of the death. On the other hand, suppression means to get rid of the notion of death by pushing it away from the conscious (Hökelekli, 2008).

1.7.3.Death Challenges

According to Fromm (1994, 205), who is one of the most known humanistic psychologists, some traditions and practices about the death bring the desire to conquer to death. In various ceremonies and religious beliefs, the idea of protection of an individual's body by maintaining it, is the most obvious signs of desire for immorality of individuals. The process of beautification of death before the funeral has actually been made for rejection of death. In other words, it can be clearly said that it is an expression towards to the longing for immorality.

1.7.4.Desire for Death

Freud's 'death instinct' expression has been used in forms of a sense of death and also the desire to return to inanimate matter which is the fact of life. Jung mentions that there can be another instinct which signs to the spiritual life instead of accepting the idea that phenomenon of the death may comes from the basic biological instinct. The presence of death wish in human subconscious has been expressed as a return to comfortable and peaceful life in womb. According to Jung, this affects the further development of psychological life. In other words, he mentioned that it is a state of psychological regression (Hökelekli, 2008).

1.8.Definition of Death Anxiety

The phenomenon of death anxiety has not a universe definition that everybody agrees with it. Death anxiety is defined as 'rejection of death', 'afraid of their own and other people's death', 'avoidance of death' and 'ignorance of communication with people who is dying' (Thorson & Powell, 1988). Another explanation has been made by Lonetto and Templer (1986). According to Lonetto and Templer (1986), death anxiety is someone's unpleasant thoughts and deep emotions towards to death. On the other hand, Jung (1977, 213-214) mentioned that the core of the death anxiety is fear of live. According to Jung's point of view, people who are the most afraid of death are the people who are the most afraid of live. Thoughts of getting old cause to some problems in their mind. As a result of this, people avoid to live the life in a real way. According to Fromm (1994, 203-204) there are two types of death anxiety. First one is, normal anxiety that almost all the people face with it when they have to die and the second one is, unsettling death anxiety which always unsettle the people. As it has been mentioned

above, the first one is normal but the second one occurs when people experience some failure about the life. In literature, the notions of death anxiety and death fear generally have the same meaning. The most essential difference between two notions is the source of fear is concrete and specific whereas the source of anxiety is uncertain. The source of both of the fear and death is unclear. For this reason, it is difficult to find any differences between the both notions. On the other hand, some researchers believe that culture has an important role to overcome from death anxiety so they do not make any differences between the two factors of death (Karaca, 2000, 148; Sarıkaya, 2013).

1.9.Psychology Theories that Explains Death Anxiety

1.9.1.Death Anxiety in Psychodynamic Theory

According to Psychodynamic theory, death anxiety is result of the felling guilty or animistic thinking in childhood which appears on the oedipal conflict and separation anxiety. Death anxiety is one of the most essential anxiety that superego experiences. According to Freud (1992), it is not possible to have any concerns for their death in subliminal because their subliminal believes that they are eternal. Concerns about death take place in the middle of people' life and these concerns are not about the death, it is related to the fear of castration (Freud, 1992, 73).

According to another psychodynamic theorist, Jung (1997, 214), there is a life fear under the fear of death. He argued that people believe that the more they live is the more they approach to death.

1.9.2.Death Anxiety in Existential Theory

According to Yalom (2001, 88-89), the denial of the reality of death is the main concept of more pathology. The previous researches mentioned that the four core factors of concerns which are death, freedom, absurdity and loneliness take places in the basis of many behaviors. Thus, according to those researches death anxiety is the first and primary concern. According to the existentialist theory, awareness of mortality makes inevitable from the concerns about death. From past to today, the fundamental requirement of life is to accept the existence of death. As it is understood that anxiety exists consciously and unconsciously, and each individuals experience it their own way.

Some people have fear and concerns towards death whereas other people live in implicit level of death anxiety. It is possible to face with some kind of examples like panic attack in our daily routine. It can be seen as a result of open death anxiety. However, on the other hand a deep research should be conducted for the people who live the fear of death unconsciously. According to Yalom (2008, 18-19), each concerns whether there is no reason is death anxiety.

1.9.3.Death Anxiety in Cognitive-Behavioral Theory

According to Cognitive Theory, dysfunctional thoughts of individuals causes to anxiety. Besides this, individuals' dysfunctional thoughts for the fear of death causes to death anxiety.

Cognitive-Behavioral Theory stated that dysfunctional thoughts should be replaced with functional thoughts in order to cope up with the concerns about death (Sarıkaya, 2013). According to Cognitive-Behavioral Theory; individuals' perceptions of the existence of danger consist of three stage. At the first and second stage, individuals detect a potential threat in their own environment. After that, they think about the potential damage of this threat and start to consider the way about how to respond to this damage. At third stage, individuals reconsider the potential damage of the threat and try to find out the best way that they can respond to this danger (Tanhan, 2013).

1.9.4.Death Anxiety in Terror Management Theory (TMT)

This theory was developed by Greenberg, Solomon, and Pyszczynski in 1991, based on social psychology. "Theory purposes a basic psychological conflict that results from having a desire to live, but realizing that death is inevitable. This conflict produces terror, and is believed to be unique to human beings. And also the solution of the conflict is also generally unique to humans: culture. According to TMT cultures are symbolic systems that act to provide life with meaning and value. Cultural values therefore serve to manage the terror of death by providing life with meaning" (TMT, 2012).

Terror management theory mentions to the defense mechanisms which have been used for coping with anxiety. In here, this is brought on by the awareness of the inevitable death of the self and core concepts of death anxiety have been occurred in two parts. These are emotional and cognitive parts. It has been believed that emotional

part has been revealed based on the emotional tension which has been developed as a result of the individuals' concerns about the death. On the other hand, thinking about the death and individuals' interests in this topic reveals the cognitive part. Two basic defense mechanisms are used for coping with anxiety that may arise from both emotional and cognitive parts of death anxiety. The first of these is about keeping away the phenomenon of death from an individual' conscious by increasing the individual's self-esteem and the second one is about immorality. It has been believed that an individual who reaches to immorality is the individual who supports and imply the cultural world views (Kalaoğlu-Öztürk, 2010).

1.10.Defense Mechanism Towards to Death Anxiety

When death anxiety occurs, the problem solving efforts are increases and defense mechanism is triggered. There are two types of defense mechanism. These are categorized as "sociological (cultural) and individual (psychological) defenses" (Tanhan, 2013).

1.10.1.Defense Mechanism in Sociological Level

Individuals try to reach immortality in three ways. First of these is, in biological way, second of these is in religious way and the third is in creative ways. Biological way covers the biological connection; religious way covers the search for life in higher level and creative way covers the people' permanent works in the world (Hökelekli, 2008).

1.10.2.Defense Mechanism in Individual Level

Individual, who learns that he/she is suffering from serious or terminal illness, 'deny' the illness at first glance. Individual prefers to reduce their death anxiety through using by defenses mechanism such as suppression, relocation and believe in personal power (Kalaoğlu-Öztürk, 2010).

According to Yalom (2001, 195-196-213), these defense mechanisms have been used in order to control their concerns about the death. He also mentioned that this can be a natural process for getting used to death anxiety. However, continuously and persistently use of these mechanisms increase the level of anxiety. At this point, psychopathology can be seen in individuals when they start to extremely protect

themselves. Thus, defenses against to death anxiety can be handled in two categories. The First belief has been developed due to the individual's belief of personal and private integrity and the second belief has been developed due to the ultimate rescuer.

Being Special: This notion refers that when a person has a power their death anxiety may be reduced. It has been also mentioned in this expression that, when people has a power and reduce their concerns about the death they may feel more special. However, some kind of pathological behaviors can occur when the belief of being special is exaggerated. Being Workaholic, narcissism, focused on being aggressive can be an example for pathological behaviors.

Ultimate Rescuer: Believing in The basis of Ultimate Rescuer starts when parents start to interest their babies' needs. This situation is always rescuer for a baby. By believing in God, same situation can also seen on individuals from the period of their early life. Sometimes, the rescuer of an individual can be a leader or a person in high position rather than the supernatural powers. At this point, it can be said that an individual sometimes reduce their concerns about the death through their rescuer and this process always happens in their subconscious. Faith against to Ultimate Savior provides a significant relief for death anxiety. However, the defense of being special is more effective than this defense. When this belief is exaggerated, some problems such as depression, passivity and dependency may be occurred or seen as a clinical syndrome.

1.11.Variables that Affect Death Anxiety

In literature, there has been conducted many research especially in fields of age, gender, marital status, religiosity, employment, life events, specific features of personality, socio-cultural factors, mental or fatal illness, war and violence. Some of them have been explained as follow:

1.11.1.Age

Age is a variable that seems to affect death anxiety. In literature, studies shows that age is not linked to fear of death. It is also mentioned that, fear of death does not increase or decrease based on the age. Few researches show that older individual has more fear about death than the other age groups. However, on the other hand most researches show that old individuals have less fear about death rather than adolescents

and young adults. There are several explanations for the latest result. The most essential one is, as the individual old and nearer to death, they may accept the death and their fears about the death change into the fear of life. However, there is not any certain idea about the relationship between the age and fear of death (Kalaoğlu-Öztürk, 2010).

1.11.2.Gender

Another variable that is frequently linked to death anxiety is gender. According to the most researches, women have higher level of fear of death rather than men whereas some researchers cannot find any differences between the variable of gender and fear of death. Researches, which discovered that females experienced significantly higher death than men, mentioned that they have had similar results from the both group of female adolescent and old women. There are many arguments as to why death anxiety is higher in women. Studies showed that men also experience death anxiety however, they conquer it or they deny it.

The gender based researches show that gender and death anxiety has mixed results because they might fear about the different dimension of death anxiety (Kastenbaum, 2007; Sarıkaya, 2013).

1.11.3.Marital Status

When it has been compared with other variables, the relationship between this variable and death anxiety show more difference than others. Karaca (2000, 311) mentioned that married people have lower level of fear of death than single people. However, some researches do not find any meaningful results between the variables. In another researches, it has been discovered that death anxiety is higher in single male rather than single female (Cole, 1978–1979; Kalaoğlu - Öztürk, 2010).

1.11.4.Mental and Physical Illness

There has been not any explicit information that there is a correlation between this variable and death anxiety. According to Kastenbaum (2007), death anxiety shows increase in two factors of organic illness. First, when an individual is confronted that their illness is in terminal stage. At this stage, it is possible to face with depression and suicide in an individual. Second, when situations like disability or fatigue has been occurred as a result of organic disease. At the stage of high level of depression, it has

been thought that an individual may not have the fear of death as they accept to die and ready for it. However, this idea has been not supported by the researches. People with high level of depression may have bigger fear of death. According to Abdel Khalek and Lester (2003), there is a relationship between fear of death, anxiety, depression, obsession and neuroticism. According to Kastenbaum (2007), there are seven core concept of death anxiety in people who suffers from a life threatening illness.

a- The uncertainty of the diagnosis and prognosis in diseases

b- Learning that the disease is fatal

c- The lack of sufficient improvement in symptoms despite of treatments,

d- The loss of someone that close to sick individual

e- Sick individual's thought about end of the life

f- Sick individual's thought about the meaning of the life

g- Sick Individual's fears of death and the feeling of helplessness

1.11.5.Religiosity

The relationship between the death anxiety and this variable may sometimes shows difference. In literature, it has been seen that the more religious an individual is, the less death anxiety experienced by the individual (Powell, Thorson, 1991; Karaca, 2000, 316; Abdel Khalek, Lester, Maltby, Tomás-Sábado, 2008-2009). In contrast with those researches, ıt has been mentioned that there are no significant relationship between the fear of death and religiosity (Abdel-Khalek, Lester, 2003).

1.11.6.War, Violence and Terror

It has been mentioned to the variable in less research. Individuals who are witnessed and exposed themselves in a terror content violence, increases awareness occurs about the factors in life (in order of importance). Individuals try to redevelop or reconstruct old ideas and belief systems that they have. They organize and adapt the perception of self, world , human nature and their inwardness (Jordan, 2005). Templer (1976), hypothesized that the level of death anxiety could be influenced by traumatic life events, especially the experience of war.

According to Abdel-Khalek (1991), notions like war increase the fear of death and if these are takes time, there may be a decrease in the levels of death anxiety in time. When Yıldız (1999), compared the level of death anxiety of both of Bosnians and

Turkish, he found out that Bosnians, who has experienced the war, has less level of death anxiety than Turkish. In a study that compared the sample of the Palestinian arabs and other Arab countries it have been indicated that Palestinian sample have low death obsession scores according to other Arab countries samples due to adaptation to strife and violence (Abdel-Khalek, Al-Arja, Abdalla, 2006).

1.12.Relationship Between Death Anxiety and Residential Environment

Anxiety is an emotional reaction towards to the human nature of current environment. Furthermore, it is also an emotional reaction based on the psychological events. Regarding these explanations, various researches have been conducted. As a result of these researches, it can be clearly said that residential environment has an important role for changing the level of anxiety (Öner, Le Compte, 1982).

Findings of these researches also show that people who live in the eastern culture experience lower level of fear of death than the people who lives in the western culture. When the findings have been reconsidered, it is thought that religion of eastern culture has an important role on the results. Moreover, when the results have been again reconsidered, both cultures of western and eastern have some differences on the defense mechanism of fear of death. In literature, there are some findings that individuals in Asia community suppress their fears whereas individuals in Eastern community prefer to repress their death anxiety (Schumaker, Warren, Marnat, 2001).

A research has been conducted to find out the relationship between the variables of gender and ethnicity. The researches consist of 198 people (51 of 198 was male and 147 of 198 was female). The mean age of the participant was 69,4. The sample consisted of 75,8 % native white American and 24,2 % non- native African-American. As a result of the research although there is no significant difference between the sexes and the level of anxiety, females have more considerable fear of death than males. Besides this, this research could not find any significant differences between the ethnicity and ageing related anxiety level. However, in contrast with this, native white Americans have higher level of anxiety than the non-native African-American (Depaola, Griffin, Young, Neimeyer 2003).

Apart from these researches, a relationship between health and death anxiety has been found (Kellner, Abbott, Winslow, Pathak 1987). However, there is still no evidence on the level of anxiety by considering the residential factors.

1.13.Definition of Urban and Rural Settlement

Classification of residential area has been made based on the different ways in which human societies develop and operate in relation to their physical environment by the human geography which is branch of the social sciences. According to this, there are two types of settlements. These are rural and urban settlements.

There is a relative distinction between urban and rural settlements. In other words, there is no distinct difference between the society of rural and urban. In one country, an area, which is described as a village in terms of its size, can be considered as a town or city in another country. The most familiar and traditional definition of both settlements has been made as follow:

A *rural settlement* is a community where there live around ten thousand people and their primary activities are farming, lumbering and mining.

An *urban settlement* is also a community where there live more than ten thousand people and they engages in predominantly in secondary and tertiary activities such as food processing and marketing (Tümertekin, Özgür, 2011, 30-32; Geray, 1970, 45-46). In general, there is often correlation between functions, income, population sizes and population density of both settlements.

This research has been purposed to compare death anxiety levels of Urban and Rural settlements and their relevant psychological symptoms. As a prediction, a lower level of death anxiety score is expected in people who live in rural settlement compared to Urban settlement ones because of chronic violence-war events that they faced in past. Also in the research it has been hypothesized that the female who live in rural and urban settlements have more death anxiety scores and more psycho-clinical symptom scores than their male counterparts.

2.LITERATURE REVIEW

The study of Mc Lennan and others (1992) was about the relationship between death anxiety and the denial of death. The participants were 92 Nigerian and 114 Australian college students. It was reported that nationality and gender of students do not affect death anxiety score. Moreover, there was no significant difference between death anxiety score and students' gender and nationality. When the average death anxiety score of students were compared with regard to gender in both nationalities, it was found that there was not a significant difference between death anxiety score and gender.

In another study, research sample was consist of 121 Japanese and 139 Australian people who were applied to Templer Death Anxiety Scale to compare their death anxiety (Schumaker et.al., 2001). The results of this study showed that Japanese counterparts had significantly higher death anxiety score than Australians. Australian females had significantly higher death anxiety score than Australian males but there was not a statistical difference with regard to gender in Japanese sample.

Abdel-Khalek (2005) conducted a study about death anxiety in people who have psychiatric treatment and people who do not have. 765 participants were divided into 7 subgroups which are normal males and females, males and females with anxiety disorders, males and females with schizophrenia and males with substance abuse. Death anxiety score of males and females with anxiety disorder was the highest in all subgroups. This situation was interpreted that diagnosis of anxiety disorder could be related with death anxiety. Also, male schizophrenia patients had the lowest death anxiety score in all subgroups. All female subgroups had higher scores than male counterparts.

In another study of Abdel-Khalek and others (2008-2009), the research sample was 2978 individuals from Arab and western societies in different cities. The aim of the study was examining the effect of difference related with gender on Arabic Death Anxiety Scale and comparing Arab and western samples. When the death anxiety related with gender was examined, female samples in all regions (except England) had higher death anxiety scores than male counterparts. Furthermore, all Arab samples

(except Lebanese male sample) had significantly higher death anxiety scores than western counterparts.

Bond (1997) examined the relationship between death anxiety and the variables which are religion, age and gender in his study. In this study, it was appointed that females had significantly higher death anxiety than males. There was a significant and negative relationship between religiousness and death anxiety; however, there was not a significant difference between people with 18-25 years of age and people over 55 years with regard to death anxiety score.

One of the first psychological studies about death anxiety was conducted by Ünver (1938). The attitudes about death were discoursed in this study. The effects of writings in gravestones on individuals' emotions about death were discussed in the study and death anxiety was found low in Turkish culture.

The factors that affect anxiety and fear about death were examined in the study of Şenol (1989) which was conducted on 120 elderly people living in nursing homes. Templer Death Anxiety Scale was used in this study. It was determined that elderly people generally have medium level fear and anxiety about death. In addition, individuals between 60-64 years of age have high death anxiety and individuals over 70 years have low death anxiety (Şenol, 1989).

Hökelekli (1991) examined the relationship between attitudes about death and religious behavior. The study was conducted on 378 individuals who have higher education, different jobs and ages between 24-60. There was not a significant statistical result between age and death anxiety in this study. However, the significant relationship between attitudes about death and religious belief were determined. Also, it was reported that religionist individuals thought too much about death and they develop more positive attitudes about death.

The study about the effects of death education in university students on death anxiety and psychological well-being was conducted on 216 participants and Thorson-Powell Death Anxiety Scale and Ryff Psychological Well-Being Scale was applied (Tanhan, 2013). Participants were classified and Coping with Death Anxiety Psycho-education Program was applied to one group of participants. In conclusion, the education program that is applied to students who have high death anxiety and low level of psychological well-being is effective to decrease death anxiety of students. Moreover, it is determined that the education program has long-term effects.

The study about death anxiety in university students was conducted on 126 Turkish and 121 Jordanian people by Ayten (2009). In this study, the relationship between death anxiety and culture, gender, age, social environment, socio-economic status, subjective perception of religion was investigated. Templer Death Anxiety Scale was applied to participants. According to the research results, death anxiety is higher in Jordanian students in comparison to Turkish students. Male students have lower death anxiety than female students. Also, late adolescents have higher death anxiety than early adults. Religiousness has a role to increase acceptance of death and also to decrease death anxiety.

3.METHOD

3.1.Study Design and Sampling

In order to test the hypothesis of this study, survey method was used to collect data and as a study design cross-sectional research design was applied. The study consisted of 200 (n=200) participants from rural and urban settlements.

Urban Sample; The sample consisted of 100 (n=100) participants. 50 Participants were selected with non-probability sampling method as snowball sampling from the relevant association for people who have migrated to Istanbul from Hakkari more than 25 years ago. Also 50 participants were selected from individuals who live as family in Istanbul at least three generations.

Rural Sample; The rural sample consisted of 50 male (n=50) and 50 female (n=50) and they were selected from the relevant rural population of Hakkari through the snowball sampling.

For both of the sample groups, similar socio-economic, education and age situations had taken into account. Age range given as 18 to 60 for study.

3.2. Instruments

3.2.1.Demographic Information Form

This part is prepared by the researcher. In order to find out the demographic characteristic of the sample group, open and close-ended questions such as "have you ever witnessed to bomb/gun attack? Do you have a serious physical/mental illness?" etc., were presented to participants in the Personal Information Form which consisted of 21 questions.

3.2.2.Templer Death Anxiety Scale (TDAS)

Templer Death Anxiety Scale (TDAS) was designed by Templer (1970), in order to measure death anxiety. This scale consists of 15 –item scale. It is a self-administered scale, so each participants rate themselves by choosing one answer on a true-false scale. In this scale, item number 10, 11, 12, 13, 14 and 15 are reverse items. The highest is 15 and the lowest score is 0 in this scale. High scores refer high death anxiety whereas low scores indicate low death anxiety. In order to have a good validity, this scale has been applied to number of 31 students. As a result of this, it is obviously seen that TDAS is capable of significantly distinguishing between psychiatric patients who have high death anxiety and a control group. The TDAS also has an internal reliability of 0.76 and a three-week test-retest reliability of 0.83.

Death Anxiety Scale has been translated into Turkish by Şenol (1989). The Turkish version of the scale also has reliability. Besides that, the TDAS is capable of significantly distinguishing between old individuals who have high death anxiety. The TDAS also has an internal reliability of 0.86 and three-week test-retest reliability.

3.2.3.Symptom Check List 90 Revised (SCL-90-R)

This scale has been developed by Derogatis (1976). Also, the validity and reliability of the scale in Turkish has been done by different researchers (Dağ, 1991; Kılıç, 1989). This scale is used in order to determine the level of the psychological symptoms in individuals. Not only this but also this scale helps to identify the areas that the psychological symptoms cover. This is a Likert-type scale and has been respectively scored from 0 to 4. Last but not least, this scale consists of a total of 10 groups, 9 subtests and 1 additional scale.

1. Somatization (SOM): It covers 12 points. (1, 4, 12, 27, 40, 42, 48, 49, 52, 53, 56, 58). Here, somatic complaints take place. The major ones are: the change of body temperature, respiratory disorder, heart imbalance, headaches, problems associated with stomach, weight changes, eczema and so on.

2. Obsessive - compulsive (O-C): It covers 10 points. (3, 9, 10, 28, 38, 45, 46, 51, 55, 65). People who have a problem with Obsessive – compulsive can be categorized under 5 main categories:

a) Checking rituals, b) rituals associated with cleaning c) obsessive thoughts that are not accompanied by compulsions, d) obsessive slowness, e) Mixed compulsions

3. Interpersonal Sensitivity (INT): This subtext consists of 9 points (6, 21, 34, 36, 37, 41, 61, 69, 73) in order to express the personal inability, worthless sense of self in interpersonal relationships, feeling of discomfort and so on when individuals compare themselves with others.

4. Depression (DEP): This subtext consists of 13 points (5, 14, 15, 20, 22, 26, 29, 30, 31, 32, 54, 71, 79). The main characteristic of this period is, at least two weeks of depressed mood or indifference to almost everything and symptoms that accompany them as well. Disturbances of appetite as well, weight changes, sleep disorders, psycho-motor disorders, feelings of worthlessness and guilt , difficulty thinking and concentrating , and thoughts of suicide or death from repeated attempts can be examples of accompany symptoms.

5. Anxiety (ANX): it consists of 10 points (2, 17, 23, 33, 39, 57, 72, 78, 80, 86). It is Tension and long-term disturbance. The person does not know the real cause of the disturbance. As a result of this daily life of the person sub-upper.

6. Hostility (HOS): It is a subtest which consists of 6 points. (11, 24, 63, 67, 74, 81). This scale reflects such properties like anger, restless, defiance, aggression, irritability and so on.

7. Phobic Anxiety (PHOB): It is a subtest which consists of 7 points (13, 25, 47, 50, 70, 75, 82). Phobic anxiety is identified when people have intense fear against an object or to situation. The intensity of the hazard is disproportionate with the situation which has been thought to be dangerous.

8. Paranoid Thoughts (PAR): it consists of 6 points (8, 18, 43, 68, 76, 83). Substances that take place in this scale help to determine the paranoid thoughts such as hostility, suspicion, size, centrality and reflective thoughts and fear of losing independence.

9. Psychotism (PSY): it is a subtext which consists of 10 points. (7, 16, 35, 62, 77, 84, 85, 87, 88, 90). Psychotism shows a gradual process toward to dramatic symptoms because of the growing isolation of relationship and people. It is like being isolated or introversion.

10. Additional Items (ADDITEM): This step consists of 7 points. (19, 44, 59, 60, 64, 66, 89). This step reveals symptom associated with sleep, appetite disorders and feeling guilty.

Scoring of SCL -90-R

SCL-90- R is a questionnaire consisting of 90 questions. Individuals, who answered the questionnaire, use 5 grade mark, for each question; (0) No (1) Very little, (2) medium, (3) Pretty much, (4) severe serves as a measuring expression. Subscale scores related to the individual has been collected and they are divided by the number of items in the subscales. This process is applied to all the subscales. For example, total score of individuals has been divided to the the number of symptoms associated with level of depression. To do so, total score of the individual's depression has been calculated.

When the sub domain and general symptoms score of SCL-90-R' determined the points of border groups accepted as: 0.00 (ever) to scores up to 1.00 and name as "low levels of psychological symptoms ". In other words, they are accepted as at normal range and up from 1.00 accepted as "high levels of psychological symptoms".

Reliability of SCL-90-R

In his research on the reliability of the inventory Tufan(1987) has found a correlation coefficient of 0.83.

Validity of SCL-90-R

SCL- 90 -R and MMPI (Minnesota Multiphasic Personality Inventory)'s correlation values behind the various scales were found between 0.41 and 0.64 by one of research by Derogatis et al (1976) (Kılıç, 1991). The mean and percentile values are used while the data were being analyzed.

4. RESULTS

Table 1

The comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to gender

	Female *(n=100)*		Male *(n=100)*		
	$\bar{X}$	*sd*	$\bar{X}$	*sd*	*t* *(p)*
TDASTOTAL	8.97	2.27	8.73	2.11	0.775 (0.439)
SOM	16.92	10.69	12.54	8.67	3.174 (0.002)*
O-C	14.77	8.40	14.20	6.33	0.542 (0.589)
INS	12.90	8.44	10.28	6.51	2.457 (0.015)*
DEP	17.93	12.00	15.00	8.92	1.959 (0.052)
ANX	11.90	8.63	9.54	6.61	2.170 (0.031)*
HOS	7.30	5.84	7.11	6.16	0.224 (0.823)
PHOB	6.07	5.68	5.22	4.61	1.162 (0.247)
PAR	8.34	5.73	7.41	4.74	1.250 (0.213)
PSY	8.83	8.08	7.60	6.67	1.174 (0.242)
ADDITEMS	10.07	5.79	8.46	4.79	2.142 (0.033)*
SCL90TOTAL	115.09	70.47	97.36	54.12	1.989 (0.048)*

*Note. *p≤.05 **p<.01 and n=200.*

At Table 1, Independent Samples t – test method has been used in order to compare the total score of TDAS total, SCL-90 total and the subscales of SCL-90 with gender variables. This analysis shows that there is no statistical difference between the gender variables and TDAS total (p=0.439). However, it has been found that there is a statistical significant difference between the gender variables and SCL-90 total. It has been observed that SCL-90 total is higher in women than in men ($\bar{x}$=115.09). When the gender variables has been examined based on the subscales of SCL-90, the highest statistical difference has been found for the subscale of SOM (p=0.002). It has been specified that women has higher level of SOM ($\bar{x}$=16.92). Also, statistical difference has been determined between sexes and the mean score of INS subscale (p=0.015). In addition to this, the statistical difference between the mean score of gender and anxiety was identified as (p=0.031). Anxiety level in women is higher than in men ($\bar{x}$=11.90). A statistically differences between gender and additional average scale scores has been determined (p = 0.033).

Table 2

The correlation between mean scores of SCL-90 total, SCL-90 subscales, TDAS total and age

	SOM	O-C	INS	DEP	ANX	HOS	PHOB	PAR	PSY	ADD ITEMS	SCL90 TOTAL	AGE
TDASTOTAL	.140*	.118	.039	.128	.214*	.109	.266**	.081	.126	.38	.146*	-.088
	.048	.097	.580	.071	.002	.126	.000	.253	.076	.592	.040	.213
SOM	-	.707**	.678**	.748**	.806**	.641**	.645**	.630**	.692**	.752**	.860**	-.301**
		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
O-C		-	.750**	.812**	.763**	.688**	.634**	.766**	.689**	.767**	.878**	-.419**
			.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
INS			-	.783**	.757**	.650**	.613**	.766**	.749**	.733**	.868**	-.374**
				.000	.000	.000	.000	.000	.000	.000	.000	.000
DEP				-	.847**	.757**	.708**	.773**	.733**	.771**	.927**	-.385**
					.000	.000	.000	.000	.000	.000	.000	.000
ANX					-	.734**	.743**	.745**	.792**	.747**	.924**	-.417**
						.000	.000	.000	.000	.000	.000	.000
HOS						-	.583**	.680**	.686**	.643**	.813**	-.403**
							.000	.000	.000	.000	.000	.000
PHOB							-	.591**	.612**	.627**	.773**	-.300**
								.000	.000	.000	.000	.000
PAR								-	.776**	.740**	.855**	-.382**
									.000	.000	.000	.000
PSY									-	.708**	.860**	-.388**
										.000	.000	.000
ADDITEMS										-	.862**	.322**
											.000	.000
SCL90TOTAL											-	-.428**
												.000

*Note. *p≤.05 **p<.01 and n=200.*

In this table, Pearson Correlation Analysis has been used in order to show the relationship between the total score of TDAS total, SCL-90 total score and SCL-90 subscales. As a result of the analysis, there has been found low level of positive correlation between the subscale of SOM and TDAS total. (r=0.140), (p=0.048). The correlation between TDAS total and PHOB is also at low level but positive(r=0.266), (p=0.000). In addition to this, there is a positive relationship between TDAS total and ANX but it is very weak level (r=0.214), (p=0.002). As a similar with TDAS total and ANX, it has been found that there is a positive relationship between TDAS total and SCL-90 total but in a very weak level (r=0.146), (p=0.040). On the other hand, it has been found a negative and weak correlation between the age variable and SCL90 total (r=-0.428), (p=0.000). Apart from these, no relationship has been observed between the age variable and TDAS total. When it has been looked at the other subscales of SCL-90 and the age variable, there is a negative correlation in a weak way. Between the SCL-90 subscales, a positive relationship has been observed.

Table 3

The correlation of the satisfaction level and belief in safety of the settlement and degree of belief in religion with the mean scores of TDAS total and SCL-90 total and subscales

	TDAS TOTAL	SOM	O-C	INS	DEP	ANX	HOS	PHOB	PAR	PSY	ADD ITEMS	SCL90 TOTAL	1	2
1- Satisfaction level about the settlement	.022 .758	-.083 .242	-.159* .025	-.141* .047	-.172* .015	-.207** .003	-.054 .449	-.180* .011	-.150* .034	-.146* .039	-.125 .077	-.163* .022	-	-
2 - Degree of belief in safety of the settlement	-.027 .705	-.011 .872	-.076 .286	-.081 .252	-.105 .140	-.133 .060	-.066 .357	-.131 .064	-.121 .088	-.087 .222	-.046 .105	-.105 .141	.333** .000	-
3 - Degree of belief in religion	.020 .774	035 .619	.044 .539	.102 .150	.025 .720	.047 .505	.034 .635	.025 .727	.049 .487	.057 .422	.075 .288	.058 .418	-.065 .358	.000 .1.000

*Note. *p≤05 **p<.01 and n=200.*

This table shows the correlations between satisfaction level of the place of residence, confidence level of the place of residence, and the degree of belief in religion with the TDAS total, SCL-90 total and the subscales of SCL-90 by using the method of Spearman correlation analysis. As a result of the analysis, it has been detected that there is a positive correlation, but at the weak level between satisfaction level of the place of residence and the confidence level of the place of residence (r=0.333), (p=0.000). In accordance with this information, the increasing of satisfaction level of residential place increases with the level of confidence. A negative correlation between the level of satisfaction with the residential place and the subscales of ANX has been detected. However, it is at a very weak level (r= -0.207), (p=0.003). Same situation has been also detected for the satisfaction level of residential place and the subscales of O-C (r= -0.159), (p=0.025). In addition to these data above, a negative correlation between the satisfaction level of residential place and scales of INS has been shown at a weak level (r= -0.141), (p=0.047). When it has been looked at the correlation between the satisfaction level of residential place and the subscale of DEP, a negative and a very weak association has been noticed between these variables (r= -0.172), (p=0.015). Furthermore, a correlation in negative and at very weak level has been also noticed between the satisfaction level of place of resident and the subscales of PHOB (r= -0.180), (p=0.011). Same result with this information also obtained for the satisfaction level of place of resident and scale of PAR (r= -0.150), (p=0.034). A negative correlation between the satisfaction level of place of resident and the subscales of PSY also detected at a weak level (r= -0.146), (p=0.039).

Table 4

The comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to settlement area

	İstanbul *(n=100)*		Hakkari *(n=100)*		
	$\bar{X}$	*sd*	$\bar{X}$	*sd*	*t* *(p)*
TDASTOTAL	9.02	2.16	8.68	2.21	1.100 (0.273)
SOM	13.31	7.99	16.14	11.47	-2.019 (0.045)*
O-C	13.31	6.34	15.66	8.24	-2.260 (0.025)*
INS	10.88	6.43	12.30	8.65	-1.317 (0.189)
DEP	14.85	8.50	18.08	12.27	-2.164 (0.032)*
ANX	9.19	5.97	12.25	8.98	-2.837 (0.005)**
HOS	6.22	5.48	8.19	6.33	-2.353 (0.020)*
PHOB	4.50	4.18	6.79	5.81	-3.198 (0.002)**
PAR	7.37	5.03	8.38	5.47	-1.358 (0.176)
PSY	7.03	6.29	9.40	8.26	-2.283 (0.024)*
ADDITEMS	8.21	4.76	10.32	5.74	-2.830 (0.005)**
SCL90TOTAL	94.87	49.83	117.60	72.89	-2.571 (0.011)*

*Note. *p≤.05 **p<.01 and n=200.*

In this table, Independent samples t-test method has been used in order to compare the TDAS total, SCL-90 total and the subscales SCL-90 with residential area variables. As a result of the survey, statistically, there is not any difference between the TDAS total and residential area. However, it was found that people, who live in Istanbul, have higher level of death anxiety rather than the others ($p=0.273$, $\bar{X}=9.02$). In a contrast with this, there is a statistical difference between the SCL-90 total and the residential place ($p=0.011$). As a result of this, individuals participating to this study and living in Hakkari received higher scores from SCL-90 total than individuals living in Istanbul ($\bar{X}=117.60$). When the residential area has been compared with the subscales of SCL-90, the most statistically significant difference has occurred at the phobic anxiety ($p=0.002$). As a result of this, individuals who participates to this study and lives in Hakkari, have higher symptom of phobic anxiety rather than people living in Istanbul ($\bar{X}=6.79$). When the mean score of anxiety level of samples from Hakkari and Istanbul has been surveyed a significant differences can be clearly seen ($p=0.005$). Another significant difference has been found between the samples of Istanbul and Hakkari when their additional subscales mean scores has been surveyed ($p=0.005$). In addition to this, another significant difference has been found between the samples of Istanbul and Hakkari based on the mean score of HOS subscale ($p=0.020$), PSY ($p=0.024$), SOM subscale ($p=0.045$), and O-C subscale ($p=0.025$). For DEP subscale, there is difference between Istanbul and Hakkari samples ($p=0.032$).

Table 5

The correlation of education level and monthly income with the mean scores of TDAS total, SCL-90 total and SCL-90 subscales

	TDAS TOTAL	SOM	O-C	INS	DEP	ANX	HOS	PHOB	PAR	PSY	ADD ITEMS	SCL90 TOTAL	Mothly Income
Education Level	-.017 .815	-.050 .487	.085 .234	-.004 .955	.047 .511	003 .964	.055 .439	-.010 .889	.017 .807	.014 .844	-.002 .976	.015 .832	.303** .000
Mothly Income	.042 .555	-.117 .099	-.187** .008	-.124 .080	-.163* .021	-.175* .013	-.131 .064	-.107 .130	-.125 .078	-.085 .232	-.141* .047	-.161* .023	-

*Note. *p≤.05 **p<.01 and n=200.*

This table shows the relationship between education level and monthly income with the mean scores of TDAS total, SCL-90 total and SCL-90 subscales by using the method of Spearman Correlation Analysis. According to this information, relationship between monthly income and education has been found in a positive way and at weak level (r=0.303), (p=0.000). In other words, more education leads to a higher paycheck. A negative correlation between income and the subscales of O-C (r= -0.187), (p=0.008)., DEP (r= -0.163), (p=0.021) and ANX (r= -0.175), (p=0.013) can be seen at a very weak level. Apart from these results, a negative relationship has been also seen between income and the additional scales at a low level (r= -0.141), (p=0.047). The relationship between income and SCL-90 total is also negative and at a very low level (r= -0.161), (p=0.023).

Table 6.a

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to witnessing terror related financial losses in settlement area

		n	$\bar{X}$	*sd*	*f* (*p*)
TDASTOTAL					
	Frequently	34	8.35	2.14	1.625
	Sometimes	86	8.78	2.09	(0.199)
	Never	80	9.14	2.29	
SOM					
	Frequently	34	14.47	10.78	2.409
	Sometimes	86	16.38	9.92	(0.093)
	Never	80	13.01	9.44	
O-C					
	Frequently	34	14.82	7.18	3.114
	Sometimes	86	15.78	7.57	(0.047)*
	Never	80	12.95	7.18	
INS					
	Frequently	34	10.38	7.46	2.413
	Sometimes	86	12.94	7.83	(0.092)
	Never	80	10.65	7.35	
DEP					
	Frequently	34	16.32	12.65	1.190
	Sometimes	86	17.72	10.94	(0.306)
	Never	80	15.18	9.31	
ANX					
	Frequently	34	10.26	8.75	3.224
	Sometimes	86	12.26	7.96	(0.042)*
	Never	80	9.26	6.83	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

Table 6.b

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to witnessing terror related financial losses in settlement area

		n	$\bar{x}$	*sd*	*f* (*p*)
HOS					
	Frequently	34	7.56	8.00	2.401
	Sometimes	86	8.09	5.65	(0.093)
	Never	80	6.10	5.20	
PHOB					
	Frequently	34	5.35	5.06	1.352
	Sometimes	86	6.33	5.58	(0.261)
	Never	80	5.04	4.74	
PAR					
	Frequently	34	7.82	5.18	2.023
	Sometimes	86	8.67	5.49	(0.135)
	Never	80	7.04	4.98	
PSY					
	Frequently	34	7.61	7.58	1.179
	Sometimes	86	9.14	7.56	(0.310)
	Never	80	7.48	7.17	
ADDITEMS					
	Frequently	34	9.41	5.85	2.663
	Sometimes	86	10.15	5.16	(0.072)
	Never	80	8.25	5.26	
SCL90TOTAL					
	Frequently	34	104.03	68.76	2.708
	Sometimes	86	117.47	64.78	(0.069)
	Never	80	94.82	57.53	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

When the mean scores of TDAS total, SCL-90 total and SCL-90 subscales has been compared by considering frequency of witnessing terror related financial losses with variance analysis (One-way Anova) at Table 6.a and Table 6.b, a significant difference was found for O-C and ANX subscales. When further analysis is made based on Tukey, it was found that for O-C subscale scores the participant who had never witnessed had significantly higher values than the one who had sometimes had financial losses related with terror incident ($p=0.037$). It was also found that for ANX subscale scores the participant who had never witnessed had significantly higher values than the ones who witnessed terror related financial losses ($p=0.034$).

Table 7.a

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to witnessing terror related physical injuries and deaths in settlement area

		n	$\bar{X}$	*sd*	*f* (*p*)
TDASTOTAL					
	Frequently	39	8.95	2.13	4.105
	Sometimes	67	8.25	2.19	(0.018)*
	Never	94	9.23	2.14	
SOM					
	Frequently	39	16.87	12.62	1.138
	Sometimes	67	14.24	9.27	(0.322)
	Never	94	14.16	9.13	
O-C					
	Frequently	39	16.90	7.21	2.888
	Sometimes	67	14.42	8.06	(0.058)
	Never	94	13.53	6.87	
INS					
	Frequently	39	12.82	8.00	0.627
	Sometimes	67	11.28	8.00	(0.535)
	Never	94	11.30	7.24	
DEP					
	Frequently	39	21.28	13.11	5.178
	Sometimes	67	15.46	10.93	(0.006)**
	Never	94	15.18	8.69	
ANX					
	Frequently	39	13.26	9.38	2.828
	Sometimes	67	10.55	8.03	(0.062)
	Never	94	9.79	6.60	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

Table 7.b

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to witnessing terror related physical injuries and deaths in settlement area

		n	$\bar{X}$	*sd*	*f* (*p*)
HOS					
	Frequently	39	9.23	7.76	3.772
	Sometimes	67	7.46	5.73	(0.025)*
	Never	94	6.18	5.09	
PHOB					
	Frequently	39	7.33	5.54	5.200
	Sometimes	67	6.30	5.73	(0.006)**
	Never	94	4.48	4.33	
PAR					
	Frequently	39	10.15	6.03	4.706
	Sometimes	67	7.37	4.80	(0.010)**
	Never	94	7.29	5.05	
PSY					
	Frequently	39	10.74	8.61	2.891
	Sometimes	67	7.75	7.54	(0.058)
	Never	94	7.50	6.61	
ADDITEMS					
	Frequently	39	10.64	5.77	1.145
	Sometimes	67	9.19	5.21	(0.177)
	Never	94	8.74	5.25	
SCL90TOTAL					
	Frequently	39	129.23	74.36	3.471
	Sometimes	67	104.00	66.44	(0.033)*
	Never	94	98.15	53.69	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

At Table 7.a and Table 7.b when we compare the mean scores of TDASTOTAL, SCL-90 total and SCL-90 subscales according to witnessing terror related physical injuries and deaths in settlement area with variance analysis (One-way Anova), significant difference was found for TDAS total, DEP, HOS, PHOB, PAR and SCL-90 total .

When further analysis is made with Tukey, it was found that for TDAS total score of the participant who had never witnessed had significantly higher values than the one who had sometimes witnessed terror related physical injuries and deaths in settlement area (p=0.013). Also, it was found that for DEP subscale scores the participant who had frequently witnessed had significantly higher values than the ones who had never witnessed terror related physical injuries and deaths in settlement area (p=0.007) and who had sometimes had significantly higher values than the one who had frequently had witness to terror incident related physical injuries and deaths in settlement area (p=0.017). For HOS subscale scores the participant who had never witnessed had significantly higher values than the one who had frequently witnessed terror related physical injuries and deaths in settlement area (p=0.020). For PHOB subscale scores the participant who had frequently witnessed had significantly higher values than the one who had never witnessed to terror related physical injuries and deaths in settlement area (p=0.010). For PAR subscale scores the participant who had frequently had significantly higher values than the one who had never had witnessed to terror related physical injuries and deaths in settlement area (p=0.011) and who had frequently had significantly higher values than the one who had sometimes had witnessed terror related physical injuries and deaths in settlement area (p=0.022). For SCL-90 total score the participant who had frequently witnessed had significantly higher values than the one who had never witnessed terror related physical injuries and deaths in settlement area (p=0.026).

Table 8.a

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to experience of terror related financial losses

		n	$\bar{x}$	*sd*	*f* (*p*)
TDASTOTAL					
	Frequently	34	8.38	2.28	2.101
	Sometimes	72	8.65	2.10	(0.125)
	Never	94	9.17	2.19	
SOM					
	Frequently	34	16.38	10.22	0.770
	Sometimes	72	14.93	10.78	(0.464)
	Never	94	13.95	9.18	
O-C					
	Frequently	34	15.62	7.38	1.028
	Sometimes	72	14.94	7.71	(0.360)
	Never	94	13.72	7.22	
INS					
	Frequently	34	11.85	7.99	0.217
	Sometimes	72	11.96	8.28	(0.805)
	Never	94	11.21	7.04	
DEP					
	Frequently	34	18.50	12.49	0.854
	Sometimes	72	16.49	11.44	(0.427)
	Never	94	15.71	9.24	
ANX					
	Frequently	34	12.56	8.62	2.094
	Sometimes	72	11.28	8.40	(0.126)
	Never	94	9.63	6.78	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

Table 8.b

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to experience of terror related financial losses

		n	$\bar{X}$	*sd*	*f* (*p*)
HOS					
	Frequently	34	7.97	5.66	1.045
	Sometimes	72	7.68	7.01	(0.354)
	Never	94	6.56	5.19	
PHOB					
	Frequently	34	6.09	4.95	1.990
	Sometimes	72	6.43	5.70	(0.139)
	Never	94	4.88	4.77	
PAR					
	Frequently	34	8.59	5.25	1.465
	Sometimes	72	8.42	5.60	(0.233)
	Never	94	7.20	4.98	
PSY					
	Frequently	34	9.41	8.81	2.060
	Sometimes	72	9.11	7.71	(0.130)
	Never	94	7.10	6.51	
ADDITEMS					
	Frequently	34	10.24	6.11	1.437
	Sometimes	72	9.65	5.22	(0.240)
	Never	94	8.62	5.16	
SCL90TOTAL					
	Frequently	34	117.21	67.88	1.406
	Sometimes	72	110.89	69.19	(0.248)
	Never	94	98.51	56.06	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

At Table 8.a and Table 8.b when we compare the mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to experience of terror related financial losses with variance analysis (One-way Anova), significant difference was not found between the variables.

Table 9.a

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to experience of terror related physical injuries in person or in their relatives in the settlement area

		n	$\bar{x}$	*sd*	*f* (*p*)
TDASTOTAL					
	Frequently	11	8.82	1.66	1.091
	Sometimes	71	8.55	2.22	(0.338)
	Never	118	9.03	2.20	
SOM					
	Frequently	11	20.45	10.69	2.287
	Sometimes	71	13.63	9.76	(0.104)
	Never	118	14.84	9.89	
O-C					
	Frequently	11	18.00	8.32	1.328
	Sometimes	71	14.14	7.34	(0.267)
	Never	118	14.36	7.38	
INS					
	Frequently	11	13.91	9.19	0.640
	Sometimes	71	11.13	8.03	(0.529)
	Never	118	11.65	7.26	
DEP					
	Frequently	11	22.91	13.79	2.484
	Sometimes	71	15.30	11.10	(0.086)
	Never	118	16.57	9.91	
ANX					
	Frequently	11	15.00	8.43	1.850
	Sometimes	71	10.73	8.52	(0.160)
	Never	118	10.31	7.14	

Note. $*p \leq .05$ $**p < .01$ *and n=200.*

Table 9.b

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to experience of terror related physical injuries in person or in their relatives in the settlement area

		n	$\bar{x}$	*sd*	*f* (*p*)
HOS					
	Frequently	11	9.27	6.57	0.738
	Sometimes	71	7.25	6.67	(0.480)
	Never	118	6.98	5.49	
PHOB					
	Frequently	11	7.45	5.11	1.378
	Sometimes	71	6.10	5.62	(0.255)
	Never	118	5.20	4.89	
PAR					
	Frequently	11	9.55	5.43	0.634
	Sometimes	71	7.61	5.34	(0.532)
	Never	118	7.87	5.23	
PSY					
	Frequently	11	11.36	8.81	1.056
	Sometimes	71	8.11	7.72	(0.350)
	Never	118	7.98	7.09	
ADDITEMS					
	Frequently	11	12.73	6.96	2.463
	Sometimes	71	9.10	5.14	(0.088)
	Never	118	9.04	5.27	
SCL90TOTAL					
	Frequently	11	140.64	71.75	1.756
	Sometimes	71	103.11	67.00	(0.175)
	Never	118	104.80	59.64	

Note. $*p \leq .05$ $**p < .01$ *and* $n=200$.

Table 9.a and Table 9.b show that when we compare the mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to experience of terror related physical injuries in person or in their relatives with variance analysis (One-way Anova), significant difference was not found between the variables.

Table 10

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to the variable of witnessing an attack with bomb or guns

	Witnessed *(n=109)*		Not Witnessed *(n=91)*		
	$\bar{X}$	*sd*	$\bar{X}$	*sd*	*t* (*p*)
TDASTOTAL	8.47	2.23	9.31	2.06	-2.749 (0.007)*
SOM	15.56	10.54	13.71	9.16	1.309 (0.192)
O-C	15.10	7.51	13.75	7.30	1.286 (0.200)
INS	11.91	7.59	11.21	7.71	0.644 (0.520)
DEP	17.39	11.38	15.35	9.64	1.354 (0.177)
ANX	11.65	8.37	9.60	6.84	1.903 (0.058)
HOS	7.72	6.54	6.59	5.22	1.323 (0.188)
PHOB	6.04	5.27	5.17	5.05	1.172 (0.243)
PAR	8.51	5.40	7.11	5.03	1.889 (0.060)
PSY	9.07	7.84	7.19	6.77	1.802 (0.073)
ADDITEMS	9.98	5.55	8.41	5.03	2.085 (0.038)*
SCL90TOTAL	112.99	66.49	98.10	58.53	1.662 (0.098)

*Note. . *p<.05 **p<.01 and n=200.*

When the mean scores of TDAS total, SCL-90 total and SCL-90 subscales has been compared, by considering the variable of witnessing an attack with bomb or guns with Independent samples t-test at Table 10, a significant difference was found for TDAS total mean score (p=0.007). According to this score, the individuals who have not witnessed to an attack with bomb or guns also have higher death anxiety. Another significant difference was found for ADDITEM subscale (p=0.038).

Table 11

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to the variable of experiencing an attack with bomb or guns in person or their relatives and close friends

	Has Experienced *(n=75)*		Has not Experienced *(n=125)*		
	$\bar{X}$	*sd*	$\bar{X}$	*sd*	*t* *(p)*
TDASTOTAL	8.60	2.19	9.00	2.18	-1.254 (0.211)
SOM	15.55	10.37	14.22	9.70	0.913 (0.363)
O-C	14.93	7.76	14.21	7.24	0.660 (0.510)
INS	11.68	8.22	11.53	7.30	0.129 (0.898)
DEP	16.87	11.86	16.22	9.89	0.394 (0.694)
ANX	11.39	8.55	10.32	7.25	0.903 (0.368)
HOS	7.85	6.99	6.82	5.29	1.109 (0.269)
PHOB	6.05	5.59	5.40	4.92	0.836 (0.405)
PAR	8.11	5.50	7.74	5.14	0.481 (0.631)
PSY	9.03	8.23	7.73	6.87	1.148 (0.253)
ADDITEMS	9.73	5.53	8.98	5.26	0.956 (0.340)
SCL90TOTAL	111.19	69.90	103.15	58.96	0.832 (0.407)

*Note. . *p<.05 **p<.01 and n=200.*

At Table 11, when we compare the mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to the variable of experiencing an attack with bomb or guns in person or their relatives and close friends with Independent Samples t-test, significant difference was not found between the variables.

Table 12

Comparison of mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to having relatives or close friends who have lost their lives related with terror incidents

	Yes (n=61)		No (n=139)		
	$\bar{X}$	*sd*	$\bar{X}$	*sd*	*t* (*p*)
TDASTOTAL	8.52	2.20	8.99	2.18	-1.398 (0.164)
SOM	16.67	10.91	13.86	9.41	1.852 (0.065)
O-C	15.89	7.91	13.87	7.15	1.776 (0.077)
INS	11.85	8.46	11.47	7.27	0.321 (0.748)
DEP	17.72	12.18	15.91	9.90	1.106 (0.270)
ANX	12.13	9.02	10.10	7.08	1.559 (0.122)
HOS	7.21	6.03	7.20	5.99	0.013 (0.990)
PHOB	6.30	5.67	5.36	4.96	1.119 (0.266)
PAR	8.41	5.43	7.64	5.20	0.951 (0.343)
PSY	9.49	8.88	7.65	6.63	1.448 (0.151)
ADDITEMS	10.46	5.74	8.74	5.13	2.103 (0.037)*
SCL90TOTAL	116.13	72.14	101.78	58.65	1.367 (0.175)

*Note. . *p<.05 **p<.01 and n=200.*

At Table 12, when we compare the mean scores of TDAS total, SCL-90 total and SCL-90 subscales according to having relatives or close friends who have lost their lives related with terror incidents with Independent Samples t-test, significant difference was found only for ADDITEM subscale mean score (p=0.037).

5. DISCUSSION and RECOMMENDATIONS

In the literature, it has been mentioned that the level of death anxiety can be changed because of the different types of variables. Variables such as gender, marital status, occupation, life events, personality traits, socio-cultural factors, mental illness are among the variables that could cause these differences.

In this study, when the death anxiety level of people who lives in rural and urban area are compared, it has been identified that people who lives in urban area has higher results than the people who lives in rural area. However, there is no significant difference between these two areas. Also, there has been found no significant correlation between anxiety level of death and importance given to religion. On the other hand, in contrast with these findings some studies have different ideas due to this claim. According to those findings, people who have lower level of religious belief may have higher level of death anxiety (Thorson et al.1997; Roshdieh et al., 1998-1999; Suhail, Akram, 2002). In this study, the reason for the different findings of some studies in the literature can be expressed as the similarity between the importance level of religious belief between the two samples, Istanbul and Hakkari. Participants in both the settlements consisted of people who care about religion.

In the study, another important variable that could affect the level of death anxiety are the violent acts of terrorism. It has been examined that there are some differences when it has been witnessed to terrorism acts or exposure to loss due to these events. Many studies reveal that exposure to violence, due to terrorism at various levels, affects significantly psychological structure of individuals in a negative way. According to Zeidner (2006), people may be faced with heavily vulnerability, death or disability because of the actions above. Hournai, Armenian and Zurayk (1986), emphasize that communities, who was chronically exposed to political violence such as long-term terrorism and war, show higher signs of stress.

At the same time, Meyer highlighted that PTSD, Acute Stress Disorder (ASD) and other unidentified Forms Over Stress Disorder (Disorders of extreme stress -not otherwise Unspecified) can be seen as a result of violent act, experienced by people (Meyer, 1991).

As a result of violent acts of terror some problems such as anger, rejection, failure, focus and even depression can be occurred. In addition to these problems, it is also possible to face with sleep disturbances, feeling sorry for yourself, worry, anxiety, increased alcohol and tobacco consumption (Nandi, Galea, Ahern and Vlahov, 2005). According to comparison results, participants of Hakkari sample have higher level of psychological symptoms as suggested by the literature. Nevertheless, statistically significant relation between the variables related to terrorism acts witnessed and total average score of death anxiety is found. On the other hand, there was no statistically significant difference between mean score of death anxiety and personally exposure to violent terrorist incidents.

The reason of why there is no significant difference between mean score of death anxiety of people living in Istanbul and Hakkari can be explained on several key points. According to Quarantelli (1985), reactions of people who directly or indirectly exposed to violent reactions regarding terrorism can be categorized under three points; indifference, empathy/sympathy and trauma. The attitude of indifference can be adopted by people who are physically and culturally far away from the action in place. As a second option, although the event was taking place in a remote location physically to them, they can develop empathy/sympathy if they symbolically have a connection with one of the parties. Last but not least, event in the case of both cultural and physical proximity can cause to trauma at various levels on people who are exposed directly to the terrorist attacks. With advanced technology, physical effect of spread of violence terrorism has wider audience than symbolic impact of violence – terrorism and reached wider audience in a short time. In this case, in regions where terrorism and violence become permanent, constitute third-party has been developed by individuals who perpetrate violence and those exposed to the outside. Studies show that violent acts of terrorism, especially in the psychological sense can more easily affect this third group (Cho and Han, 2004). The studies show that communities, which consist of individuals who use technology extensively and individualized, are more open to internalize messages from the mass media (Rogers, 1999). The studies on the negative effects of following act of terrorism and violence in media and their spread found that a significant portion of the population , even though the events take place far away from where they live, have indirect trauma via media channels (Milgram, 1986). Watching traumatic events through television or other media tools, especially in children even though their relatives are not damaged or not killed may lead to the occurrence of post traumatic stress symptoms (Burnham, 2005). According to report of

"The statistics of Internet and Social Media Users",which is developed by the organization of We Are Social (2016), in Turkey, 46.28 million users actively using the Internet and 42 million of this number is actively involved in social media. Based on the results, it is possible to say that the number of individuals, who can be influenced by the media, have remarkable figure when the population density has been considered.

Topbaş (2013, p244), said that "whatever features violence and terrorism have, they have been used as a form of fear -based methodology based on eye operations." When this form of terrorism has been considered by visual memory is prior for media, media can be an effective factor in the increase in the number of people affected by the trauma of third parties. When Traumatic events such as violence and terrorism in Turkey, especially in rural areas like Hakkari region, are directly delivered to cities like Istanbul via broadcast or print media create the third group as expected. Thus, in this study the media factor has been stipulated on the death anxiety however its effect's cannot be detected on the emergence of statistically significant differences between rural and urban areas.

When the study examined the gender variable, it has been found that in both regions that sample is taken women has higher mean score of death anxiety than men. These findings are compatible with similar studies that have been previously conducted. Studies in fields of death anxiety show that women commonly have higher results than men (Abdel-Khalek, Lester, et.al, 2009; Thorson, Powell, 1988). It has been also identified that there are some differences on the way to deal with terrorism acts and perception the action of women and men (Hobfoll, Tracy, Galea, 2006; Solomon, Gelkopf, Bleich, 2005; Zeidner, 2006). Depressive symptoms and post-traumatic psychological strains in women can be more seriously seen when their results compared with men's results (Brewin, Andrews, Valantine, 2000; Burnham, 2005; Solomon et al., 2005; Zeidner, 2006). In this study, without any differences in all regions, mean scores of psychiatric symptoms in subscales of SCL-90 women that constitute the sample has higher results than men. At this point it is possible to say that these findings can be the result of the product of the traditional sense of the culture imposed on men. The reason is, it has been highlighted in many patriarchal society discourse based on their cultural norms that men should die bravely even if they died while they were fighting for his country (Lonetto, Templer, 1986).

In this study, no difference of death anxiety level has been detected between the education and income levels. In a similar study conducted on the Palestinian who had the chronic violence, no relationship on death anxiety has been found between two variables (Abdel-Khalek, Al-Arja, Abdalla, 2006).

There was no significant difference when the average of SCL-90 subscale scores of participants has been compared, considering their regularity of financial loses. However, when they are compared based on the regularity of witness to damage of home, vehicle or property their mean scores of O-C and ANX were significantly higher in other people who frequently witness to such events. Also, an increase has been detected in total mean score of TDAS and SCL-90 and in total means score of subscales of DEP, HOS, PHOB, and PAR in case of injury and witness to death regarding terrorism.

Any significant difference between the total scores of TDAS and SCL-90 and the mean score of subscales of SCL-90 were not detected when the both financial losses and injury situation has been personally experienced. In traditional societies, social identity, world of perception and even temperament re often integrated with the notion that public life like family. Individuals can assert themselves as a bouncer for the presence of the family. Therefore, for a family member to be witnesses to the attack on the family can create a much more traumatic effects than the exposure itself (Griffith, et.al., 2005). In this study, in case of witness to terrorism has led to an increase in psychopathology rather than expose it. At this point, it is possible to say that this has been s a result of similar to traditional social structure.

In case of death anxiety, it is possible to have different results when a study is conducted on the rural area of Hakkari and the rural countryside of the different geographical regions of Turkey. The reason is, as it has been mentioned in the literature, there are many different parameters that could affect this case. In this study, chronic terror violent actions, which are an important parameter for this study, helped to obtain different findings. It has been determined in this study that psychopathology is more intense in rural area of Hakkari where the terrorist incidents is intense. Therefore rehabilitation services in these areas should be immediately expanded

SCL-90-R inventory is used to determine the overall psychopathologic symptoms. Therefore, it is insufficient to reveal the level of violence -induced trauma when it has been used alone. Various type of inventory is used in order the measure the size of trauma in

case of terrorism. In another study where the death anxiety and violent events based on terrorism, trauma symptoms can be quantified.

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APPENDICES

Appendix 1: Informed Consent Form

Aydınlatılmış Onam ve Yönerge

Sevgili Katılımcı,

Bilimsel bir çalışma olan bu araştırmada, Kırsal ve Kentsel bölgelerde yaşayan bireylerin ölüm kaygılarının karşılaştırılması amaçlanmaktadır. Anket ve envanterler, 18-60 yaş aralığındaki kadın ve erkek bireylere uygulanacaktır. Çalışma gönüllülük esasına dayanmakta olup katılım zorunlu değildir. Kimlik bilgileri kesinlikle kullanılmayacak ve/veya paylaşılmayacaktır. Anket ve envanterlerdeki bildirimleri kendinize en uygun biçimde ve içtenlikle cevaplamanız beklenmektedir. Soruların doğru veya yanlış cevabı yoktur. Yapacağınız işaretlemeler ve vereceğiniz cevaplar, bilimsel tekniklerle karşılaştırma yapma fırsatı sunacaktır.

Katkı sağladığınız için teşekkürler.

Psk. Mümin Ekici
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Appendix 2: Demographic Information Form

Demografik Bilgi Formu

1. Kaç yaşındasınız?
   .....

2. Cinsiyetiniz nedir?
   a) Kadın b) Erkek

3. Medeni durumunuz nedir?
   a) Evli b) Bekar c) Dul

4. Öğrenim düzeyiniz nedir?
   a) Hiç okula gitmedim
   b) İlkokul
   c) Ortaokul
   d) Lise
   e)Yüksekokul
   f) Üniversite
   g) Yüksek Lisans
   h) Doktora

5. Mesleğiniz nedir?
   .....

6. Aylık ortalama gelir düzeyiniz nedir?
   a) 0-1300 tl
   b) 1300-2000 tl
   c) 2000-3000 tl
   d)3000-4000 tl
   e) 5000 tl veya daha fazla

7. Teşhis edilmiş kronik bir fiziksel hastalığınız var mıdır?
   a) Var (.....) b) Yok

8. Teşhis edilmiş bir ruhsal hastalığınız var mıdır?
   a) Var (.....) b) Yok

9. Doğum yeriniz neresidir?
   a) İstanbul b) Hakkari c) Diğer

10. Yaşadığınız yerleşim yeri hangisidir?
    a) İstanbul b) Hakkari

11. Kaç yıldır bulunduğunuz şehirde yaşıyorsunuz?
.....

12. Yaşadığınız yerleşim yerinden memnuniyetiniz hangi düzeydedir?
a) Hiç memnun değilim
b) Memnun değilim
c) Memnunum
d) Çok memnunum

13. Yaşadığınız bölgeyi terör olayları açısından güvenli buluyor musunuz?
a) Hiç güvenli bulmuyorum
b) Güvenli bulmuyorum
c) Çok güvenli buluyorum
d) Güvenli buluyorum
e) Orta düzeyde

14. Yaşadığınız bölgede terör olayları nedeniyle ev, araç ya da diğer eşyalara zarar geldi mi?
a) Her zaman b) Sık sık c) Bazen d) Nadiren e) Hiçbir zaman

15. Yaşadığınız bölgede terör olayları nedeniyle yaralanma veya can kaybı yaşandı mı?
a) Her zaman b) Sık sık c) Bazen d) Nadiren e) Hiçbir zaman

16. Daha önce silahlı veya bombalı bir saldırıya şahit oldunuz mu?
a) Evet b) Hayır

17. Siz ya da yakınlarınızdan biri bizzat silahlı veya bombalı bir saldırıya maruz kaldınız mı?
a) Evet b) Hayır

18. Siz ya da yakınlarınız terör olayları nedeniyle daha önce maddi kayıp yaşadınız mı?
a) Her zaman b) Sık sık c) Bazen d) Nadiren e) Hiçbir zaman

19. Siz ya da yakınlarınız terör olayları nedeniyle yaralandı mı?
a) Her zaman b) Sık sık c) Bazen d) Nadiren e) Hiçbir zaman

20. Terör olayları nedeniyle hayatını kaybeden yakınlarınız oldu mu?
a) Evet b) Hayır

21. Dini inanç hayatınızda ne düzeyde önemlidir?
a) Hiç önemli değil
b) Önemli değil
c) Önemli
d) Çok önemli
e) Orta düzeyde önemli

Appendix 3: Templer Death Anxiety Scale (TDAS)

Ölüm Kaygısı Ölçeği

(E) Evet	Hayır	
( )	( )	1. Ölmekten çok korkuyorum.
( )	( )	2. Zamanın böyle hızlı geçmesi bana çoğu zaman sıkıntı verir.
( )	( )	3. Ameliyat olacağımı düşündüğümde çok korkarım.
( )	( )	4. Sık sık hayatın gerçekte ne kadar kısa olduğunu düşünürüm.
( )	( )	5. Ölümden sonraki hayat beni büyük ölçüde kaygılandırır.
( )	( )	6. Kalp krizi geçirmekten gerçekten korkarım.
( )	( )	7. Bir cesedin görüntüsü bana dehşet verir.
( )	( )	8. Çıkacak bir dünya savasından söz edilmesi beni korkutur.
( )	( )	9. Acı çekerek ölmekten korkarım.
(H) ( )	( )	10. Ölmekten hiç korkmuyorum.
( )	( )	11. Gelecekte benim için korkulacak hiçbir şey olmadığını hissediyorum.
( )	( )	12. Kansere yakalanmaktan özel bir korku duymuyorum.
( )	( )	13. İnsanların ölüm hakkındaki konuşmaları beni tedirgin etmez.
( )	( )	14. Ölüm düşüncesi beni hiçbir zaman kaygılandırmaz.
( )	( )	15. Ölüm düşüncesi ara sıra aklıma gelir.

Appendix 4: Symptom Check List 90 Revised (SCL-90-R)

SCL-90-R
(psikolojik belirti tarama listesi)

AÇIKLAMA: Aşağıda zaman zaman herkeste olabilecek yakınmaların ve sorunların bir listesi vardır. Lütfen her birini dikkatle okuyunuz. Sonra bu durumun bu gün de dahil olmak üzere son üç ay içerisinde sizi ne ölçüde huzursuz ve tedirgin ettiğini gösterilen şekilde numaralandırarak işaretleyiniz.

Hiç : 0
Çok az : 1
Orta derecede : 2
Oldukça fazla : 3
İleri derecede : 4

Örnek: 1. (2) Baş ağrısı

1. ( ) Baş ağrısı
2. ( ) Sinirlilik ya da içinin titremesi
3. ( ) Zihinden atamadığınız tekrarlayan, hoşa gitmeyen düşünceler
4. ( ) Baygınlık ya da baş dönmesi
5. ( ) Cinsel arzu ve ilginin kaybı
6. ( ) Başkaları tarafından eleştirilme duygusu
7. ( ) Herhangi bir kimsenin düşüncelerinizi kontrol edebileceği fikri
8. ( ) Sorunlarınızdan pek çoğu için başkalarının suçlanması gerektiği duygusu
9. ( ) Olayları anımsamada güçlük
10. ( ) Dikkatsizlik ya da sakarlıkla ilgili düşünceler
11. ( ) Kolayca gücenme, rahatsız olma hissi
12. ( ) Göğüs ya da kalp bölgesinde ağrılar
13. ( ) Caddelerde veya açık alanlarda korku hissi
14. ( ) Enerjinizde azalma veya yavaşlama hali
15. ( ) Yaşamınızın sonlanması düşünceleri
16. ( ) Başka kişilerin duymadıkları sesleri duyma
17. ( ) Titreme
18. ( ) Çoğu kişiye güvenilmemesi gerektiği hissi
19. ( ) İştah azalması
20. ( ) Kolayca ağlama
21. ( ) Karşı cinsten kişilerle utangaçlık ve rahatsızlık hissi
22. ( ) Tuzağa düşürülmüş veya yakalanmış olma hissi
23. ( ) Bir neden olmaksızın aniden korkuya kapılma
24. ( ) Kontrol edilemeyen öfke patlamaları
25. ( ) Evden dışarı yalnız çıkma korkusu
26. ( ) Olanlar için kendisini suçlama
27. ( ) Belin alt kısmında ağrılar
28. ( ) İşlerin yapılmasında erteleme duygusu
29. ( ) Yalnızlık hissi
30. ( ) Karamsarlık hissi
31. ( ) Her şey için çok fazla endişe duyma
32. ( ) Her şeye karşı ilgisizlik hali
33. ( ) Korku hissi
34. ( ) Duygularınızın kolayca incitilebilmesi hali
35. ( ) Diğer insanların sizin özel düşüncelerinizi bilmesi
36. ( ) Başkalarının sizi anlamadığı veya hissedemeyeceği duygusu
37. ( ) Başkalarının sizi sevmediği ya da dostça olmayan davranışlar gösterdiği hissi
38. ( ) İşlerin doğru yapıldığından emin olmak için çok yavaş yapmak

39. ( ) Kalbin çok hızlı çarpması
40. ( ) Bulantı ve midede rahatsızlık hissi
41. ( ) Kendini başkalarından aşağı görme
42. ( ) Adale (kas) ağrıları
43. ( ) Başkalarının sizi gözlediği veya hakkınızda konuştuğu hissi
44. ( ) Uykuya dalmada güçlük
45. ( ) Yaptığınız işleri bir ya da birkaç kez kontrol etme
46. ( ) Karar vermede güçlük
47. ( ) Otobüs, tren, metro gibi araçlarla yolculuk etme korkusu
48. ( ) Nefes almada güçlük
49. ( ) Soğuk veya sıcak basması
50. ( ) Sizi korkutan belirli uğraş, yer veya nesnelerden kaçınma durumu
51. ( ) Hiç bir şey düşünmeme hali
52. ( ) Bedeninizin bazı kısımlarında uyuşma, karıncalanma olması
53. ( ) Boğazınıza bir yumru takınmış hissi
54. ( ) Gelecek konusunda ümitsizlik
55. ( ) Düşüncelerinizi bir konuya yoğunlaştırmada güçlük
56. ( ) Bedeninizin çeşitli kısımlarında zayıflık hissi
57. ( ) Gerginlik veya coşku hissi
58. ( ) Kol ve bacaklarda ağırlık hissi
59. ( ) Ölüm ya da ölme düşünceleri
60. ( ) Aşırı yemek yeme
61. ( ) İnsanlar size baktığı veya hakkınızda konuştuğu zaman rahatsızlık duyma
62. ( ) Size ait olmayan düşüncelere sahip olma
63. ( ) Bir başkasına vurmak, zarar vermek, yaralamak dürtülerinin olması
64. ( ) Sabahın erken saatlerinde uyanma
65. ( ) Yıkanma, sayma, dokunma, gibi bazı hareketleri yineleme hali
66. ( ) Uykuda huzursuzluk, rahat uyuyamama
67. ( ) Bazı şeyleri kırıp dökme hissi
68. ( ) Başkalarının paylaşıp kabul etmediği inanç ve düşüncelerin olması
69. ( ) Başkalarının yanında kendini çok sıkılgan hissetme
70. ( ) Çarşı, sinema gibi kalabalık yerlerde rahatsızlık hissi
71. ( ) Her şeyin bir yük gibi görünmesi
72. ( ) Dehşet ve panik nöbetleri
73. ( ) Toplum içinde yer, içerken huzursuzluk hissi
74. ( ) Sık sık tartışmaya girme
75. ( ) Yalnız bırakıldığınızda sinirlilik hali
76. ( ) Başkalarının sizi başarılarınız için yeterince takdir etmediği duygusu
77. ( ) Başkalarıyla birlikte olunan durumlarda bile yalnızlık hissetme
78. ( ) Yerinizde duramayacak ölçüde rahatsızlık hissetme
79. ( ) Değersizlik duygusu
80. ( ) Size kötü bir şey olacakmış hissi
81. ( ) Bağırma ya da eşyaları fırlatma
82. ( ) Topluluk içinde bayılacağınız korkusu
83. ( ) Eğer izin verirseniz insanların sizi sömüreceği duygusu
84. ( ) Cinsiyet konusunda sizi çok rahatsız eden düşüncelerin olması
85. ( ) Günahlarınızdan dolayı cezalandırılmanız gerektiği düşüncesi
86. ( ) Korkutucu türden düşünce ve hayaller
87. ( ) Bedeninizde ciddi bir rahatsızlık olduğu düşüncesi
88. ( ) Başka bir kişiye karşı asla yakınlık duymama
89. ( ) Suçluluk duygusu
90. ( ) Aklınızda bir bozukluğun olduğu düşüncesi

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- Kurdish (Reading, Writing, Speaking: Good Level)

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