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LEVELS OF DEPRESSION AND PSYCHOLOGICAL WELL-BEING AMONG INDIVIDUALS DURING THE COVID-19 PANDEMIC PROCESS

COVID-19 PANDEMİSİ SÜRECİNDE BİREYLERİN DEPRESYON VE PSİKOLOJİK İYİ OLUŞ DÜZEYLERİ

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ABSTRACT

In this study, the levels of depression and psychological well-being among individuals were examined during the Covid-19 pandemic. The population of the study comprises individuals living in the Turkish Republic of Northern Cyprus aged between 16 and 65. A total of 447 individuals, selected through random sampling, were included in the study. Data were collected using the Sociodemographic Information Form, the Psychological Well-Being Scale, and the DSM-5 Depression Scale. Within the scope of the research, Mann-Whitney U analysis was conducted for binary groups, and Kruskal-Wallis H analysis was employed for three or more groups as non-parametric tests. It was determined that there was a negative and moderately significant relationship between the level of depression and the level of psychological well-being among individuals. Although variables such as age, education level, living situation, chronic disease, and psychiatric diagnosis were not found to be correlated with the level of psychological well-being, gender, marital status, income level, the degree of psychological negative impact from the pandemic, and the use of psychiatric drugs were observed to influence the level of psychological well-being. Finally, no significant difference was found between the level of depression and variables such as gender, age, education status, the psychological negative impact of the pandemic process, and chronic disease. It was concluded that variables such as marital status, income level, cohabitating person, psychiatric drug use, and psychiatric diagnosis were associated with the level of depression.

Keywords: Covid-19 pandemic, Depression, Psychological Well-Being.

ÖZET

Bu çalışmada Covid-19 pandemisi sürecinde bireylerin depresyon ve psikolojik iyi oluş düzeyleri incelenmiştir. Araştırmanın evrenini Kuzey Kıbrıs Türk Cumhuriyeti'nde yaşayan ve yaşları 16-65 arasında olan bireyler oluşturmaktadır. Rastgele örnekleme yöntemiyle seçilen 447 kişi çalışmaya dahil edilmiştir. Veriler Sosyodemografik Bilgi Formu, Psikolojik İyi Oluş Ölçeği ve DSM-5 Depresyon Ölçeği kullanılarak elde edilmiştir. Araştırma kapsamında parametrik olmayan testlerden ikili gruplar için Mann-Whitney U analizi, üç ve daha fazla grup için Kruskal-Wallis H analizi kullanılmıştır. Bireylerin depresyon düzeyi ile psikolojik iyi oluş düzeyi arasında negatif ve orta düzeyde anlamlı bir ilişki olduğu belirlenmiştir. Yaş, eğitim düzeyi, yaşam durumu, kronik hastalık, psikiyatrik tanı gibi değişkenler psikolojik iyi oluş düzeyiyle ilişkili olmasa da; cinsiyet, medeni durum, gelir düzeyi, pandemiden psikolojik olarak olumsuz etkilenme düzeyi ve psikiyatrik ilaç kullanımının psikolojik iyi oluş düzeyini etkilediği görülmektedir. Son olarak çalışmada depresyon düzeyi ile cinsiyet, yaş, eğitim durumu, pandemi sürecinden psikolojik olumsuz etkilenme, kronik hastalık değişkenleri arasında anlamlı bir fark olmadığı belirlenmiştir. Medeni durum, gelir düzeyi, beraber yaşanılan kişi, psikiyatrik ilaç kullanımı ve psikiyatrik tanı gibi değişkenlerin depresyon düzeyi ile ilişkili olduğu sonucuna varılmıştır.

Anahtar Kelimeler: Covid-19 Salgını, Depresyon, Psikolojik İyi Oluş.

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1. INTRODUCTION

It is known that throughout human history, there have been epidemics that cause mass illness and death (Videbeck, 2020:652-742). The Covid 19, which first appeared in Wuhan, China in December 2019, has affected the whole world in a very short time and has been declared a pandemic by the World Health Organization (WHO) on March 11, 2020. Although the Covid-19 pandemic is similar to the pandemics that have occurred in the past in terms of threatening the lives of all people, it differs from other pandemics due to the high transmission rate (Anand, Karade, Sen and Gupta, 2020). For this reason, it is defined as the most effective infectious disease of recent times by experts (Güngörer, 2020). It is reported that Covid 19 adversely affects individuals not only physically, but also psychologically and socially (Rana et al., 2021). In addition, it is clear that the effects of Covid 19 are not limited to infected individuals, it negatively affects all individuals psychologically whether they are infected or not (Ahorsu, Lin, Imani, Saffari, Griffiths and Pakpour, 2022). Studies report that outbreaks with a high risk of transmission, such as Covid-19, are associated with psychological distress and symptoms of mental illness (Pierce et al., 2020; Liu et al., 2020). The transmission of the Covid-19 virus from individual to individual through close contact has endangered public health and brought many restrictions. Measures such as quarantine practices, social isolation, travel restrictions, suspension of collective activities have been taken all over the world (Heymann and Shindo, 2020). These measures taken to reduce the rate of transmission cause anxiety because they cause disruptions in the normal lives of individuals and contain many uncertainties (Heymann and Shindo, 2020; Ejaz et al., 2020).

In addition, factors such as high transmission rate, increase in deaths due to the virus, lack of sufficient information about how long the epidemic will last, and the lack of a therapeutic drug for the virus increase the sense of uncertainty and anxiety in individuals (Hodges, Moore, Lockee, Trust and Bond, 2020). It is obvious that this state of uncertainty and anxiety that individuals feel negatively affects their psychological well-being. It is said that many psychological symptoms can be observed in individuals with the decrease in psychological well-being (Xu et al., 2020; Kotlyar et al., 2020).

It has been determined that during the Covid-19 period, which occurred all over the world and affected both the Turkish Republic and the TRNC, people were confined to their homes, constantly fearful of getting sick, and were more prone to depression due to the losses experienced. People had difficulty adapting and were afraid of getting sick and being excluded (Subaşı, 2023).

As a matter of fact, studies examining the psychological symptoms in individuals during the Covid 19 pandemic period report that many psychopathologies, especially anxiety, OCD and depressive symptoms, may develop in individuals during this period (Kakimoto et al., 2020; Kim et al., 2020; Frutos, Serra-Cobo, Chen and Devaux, 2020). Many individuals experienced boredom,fear, uncertainty,burnout, aimlessness, conflicts (Tanhan,2020) also unpleasant feelings and thoughts that may lead to some problems such as suicide. According to many researchers such as college students experienced psychological problems in Turkey,Chine and USA (Tanhan et.al.,2020).

In this context, in this study, it is aimed to examine the effect of the Covid-19 pandemic process on the depression and psychological well-being levels of individuals.

The limitations of this study are as follows:

1. The research is limited to individuals living in TRNC.

2. The research is limited to the number of participants.

3. The surveys used in the research and the participants' participation in the surveys are limited to the answers they give.

2. METHOD

The universe of the study consisted of individuals living in the Turkish Republic of Northern Cyprus and speaking Turkish. 447 individuals selected by randomized sampling method were included in the study. Research data were collected online between February and March 2021 and ethical permission was obtained from the Scientific Research Ethics Committee of the Cyprus University of Health and Social Sciences before the data were collected. In the study, Socio-Demographic Information Form, Psychological well-being scale and DSM-5 depression scale were used as data collection tools. Psychological well-being scale was developed by Telef (2013) and DSM-5 depression scale was developed by Aydemir et al. (2017). In order to evaluate whether there was differentiation due to demographic variables in the analysis of the data, Mann-Whitney U test was applied for binary groups and Kruskal-Wallis H test was applied for three or more groups from non-parametric tests. In the study, the margin of error was taken as $p < 0.05$. When the original of the Depression Scale questionnaire was examined, it was seen that the Cronbach alpha coefficient was .085, the Cronbach alpha value of the psychological well-being scale was calculated as 0.80, and the Cronbach alpha value obtained in this study was calculated as 0.88.

3. FINDINGS

Table 1. Demographic Information About Participants

		f	%
Gender	Female	251	56.2
	Male	196	43.8
	Total	447	100
Age	17 and below	9	2
	18-25	181	40.5
	26-33	98	21.9
	34-41	108	24.2
	42-49	31	6.9
	50-57	17	3.8
	58 and above	3	0.7
	Total	447	100
Marital status	Married	150	33.6
	Single	233	52.1
	Engaged	33	7.4
	Divorced	31	6.9
	Total	447	100
Education level	Primary school	11	2.5
	Secondary school	11	2.5
	High school	78	17.4

	University and post graduate	347	77.6
	Total	447	100
Income level	Very low	2	0.4
	Low	29	6.5
	Medium	232	51.9
	High	172	38.5
	Very high	12	2.7
	Total	447	100
Living status	With family	386	86.4
	With friend	10	2.2
	Alone	41	9.2
	Other	10	2.2
	Total	447	100
Psychological Negative Impact the Situation During Pandemic Period	Yes	393	87.9
	No	54	12.1
	Total	447	100
Chronic Illness	Yes	70	15.7
	No	377	84.3
	Total	447	100
Psychiatric Disorder	Yes	24	5.4
	No	423	94.6
	Total	447	100
Psychiatric Drug Usage	Yes	19	4.3
	No	428	95.7
	Total	447	100

When table 1 is examined, it is seen that 25 (56.2%) of the participants were female and 196 (43.8%) were male. The majority of the participants 181 (40.5%) was between the age range of 18-25. Following this, 108 (24.2%) participants were between the ages of 34-41, 98 (21.9%) were between the ages of 26-33, 31 (6.9%) were in the age range of 42-49, 17 (3.8%) were in

the age range of 50-57 and 3 (0.7%) were in the age range of 58 and over. It is seen that 52.1% of the participants were single, 33.6% were married and 7.4% were divorced. 77.6% of the participants were university graduates and above, while the remaining 22.4% were primary, secondary and high school graduates.

While 51.9% of the participants had a medium level of income, 6.9% were found to be very low or low, and 41.2% were found to be at a high or very high level. 86.4% of the participants lived with their family, 2.2% lived with friends and other people, and 9.2% lived alone. It is clear that 87.9% of the participants had negative psychological impact during the pandemic period and 12.1% were not adversely affected.When the chronic conditions of the individuals in the study group are examined, it is seen that 84.3% of them did not have any disease, but the remaining 15.7% had a chronic disease. It was determined that 94.6% of the individuals did not have any discomfort and 5.4% had a psychiatric disorder. In addition, 428 (95.7%) of the total 447 participants did not use any psychiatric drugs, but 19 (4.3%) of them used a psychiatric drug.

Table 2. Examination of the difference in depression levels of individuals in terms of demographic variables according to Mann Withney-U test

Variable	Group	N	Mean Rank	Sum of Ranks	U	P
Gender	Female	251	227.48	57098	23724.000	. 518
	Male	196	219.54	43030		
	Total	447				
Psychological Negative Impact Situation During the Pandemic Period	Yes	393	234.79	92272	6371	.000
	No	54	145.48	7856		
	Total	447				
Chronic illness	Yes	70	230.64	16145	12730	0.639
	No	377	222.77	83983		
	Total	447				
Psychiatric Disorder	Yes	24	319.48	7667.5	2784.5	.000
	No	423	218.58	92460.5		
	Total	447				
Psychiatric Drug Usage	Yes	19	360.18	6843.5	1478.5	.000
	No	428	217.95	93284.5		
	Total	447				

Variable	Group	N	Mean Rank	Sum of Ranks	U	P
Gender	Female	251	227.48	57098	23724. 000	. 518
	Male	196	219.54	43030		
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	No	54	145.48	7856		
	Total	447				

Period						
Chronic illness	Yes	70	230.64	16145	12730	0.639
	No	377	222.77	83983		
	Total	447				
Psychiatric Disorder	Yes	24	319.48	7667.5	2784.5	.000
	No	423	218.58	92460.5		
	Total	447				
Psychiatric Drug Usage	Yes	19	360.18	6843.5	1478.5	.000
	No	428	217.95	93284.5		
	Total	447				

When Table 2 was examined, it was found that there was no significant difference in depression levels according to the gender variable of the individuals participating in the study (U=23724.000, p > 0.05). There was no significant difference as a result of the Mann Withney U test conducted to determine whether there was a significant difference between the depression levels of the individuals participating in the study and the level of psychological exposure to the pandemic (U=6371.000, p > 0.05)

There was no significant difference between the depression levels and chronic conditions of the individuals (U=12730.000, p > 0.05). There was a statistically significant difference between the depression levels and the levels of exposure to psychiatric disorders of the individuals participating in the study (U=2784.500, p < 0.05). As a result of the Mann Withney U test conducted to determine whether there was a significant difference between the depression levels of individuals and their use of psychiatric drugs, a statistically significant difference was found (U=1478.500, p < 0.05).

Table 3. Examination of the difference in psychological well-being levels of individuals in terms of demographic variables according to Mann Withney-U test

Variable	Group	N	Mean Rank	Sum of Ranks	U	P
Gender	Female	251	244.68	61413.5	19408.5	.000
	Male	196	197.52	38714.5		
	Total	447				
Psychological Negative Impact Situation During the Pandemic Period	Yes	393	217.73	85569	8148	0.006
	No	54	269.61	14559		
	Total	447				
Chronic illness	Yes	70	218.18	15272.5	12787.5	0.681
	No	377	225.08	84855.5		
	Total	447				
Psychiatric	Yes	24	176.08	4226	3926	0.062

Disorder	No	423	226.72	95902		
	Total	447				
Psychiatric Drug Usage	Yes	19	163.11	3099	2909	0.036
	No	428	226.7	97029		
	Total	447	163.11	3099		

When Table 3 was examined, it was found that the psychological well-being levels of the individuals participating in the study showed a significant difference according to the gender variable (U=23724.000, p < 0.05). This situation, together with the examination of the average score values, reveals that the psychological well-being levels of female individuals are higher than male individuals. As a result of the Mann Withney U test conducted to determine whether there was a significant difference between the well-being levels of the individuals participating in the study and the level of psychological negative impact during the pandemic period, a statistically significant difference was found (U=6371.000, p < 0.05).

There was no significant difference between the well-being levels of individuals and their chronic conditions (U=12787.000, p > 0.05). There was also no statistically significant difference between the well-being levels and psychiatric disorders of the individuals participating in the study (U=3926.000, p > 0.05). A statistically significant difference was found as a result of the Mann Withney U test performed to determine whether there was a significant difference between the well-being levels of individuals and their use of psychiatric drugs (U=2909.000, p < 0.05).

Table 4. Examination of the difference in depression levels of individuals in terms of demographic variables according to Kruskall Wallis test

	Group	**N**	**Mean Rank**	X^2	**P**
Age	17 and below	9	247.11	11.742	0.068
	18-25	181	231.81		
	26-33	98	201.59		
	34-41	108	240.11		
	42-49	31	185.58		
	50-57	17	247.59		
	58 and above	3	99		
	Total	447			
Education level	Primary school	11	312.36	5.496	0.139
	Secondary school	11	227.82		
	High school	78	216.12		
	University and post graduate	347	222.85		
	Total	447			

	N	**Mean Rank**	X^2	**P**	**Binomial comparison**

Marital status	Married	150	191.59	47.308	0	Engaged -married	0.02
	Single	214	227.04			Engaged -single	0
	Engaged	33	135.98			Engaged -divorced	0
	Divorced	31	322.32			Married -single	0.001
	Total	428				Married -divorced	0
						Single -divorced	0
Income level	Very low	2	115.5	26.398	0	Very high-low	0.01
	Low	29	293.86			High -medium	0
	Medium	232	242.1			High -low	0
	High	172	192.14			Medium -low	0.042
	Very high	12	180.08				
	Total	447					
Living status	With family	386	216.37	10.608	0.014	With family-alone	0.022
	With friend	10	272				
	Alone	41	264.94				
	Other	10	302.8			With family -other	0.036
	Total	447					

Kruskall Wallis test results showed that there was no significant difference between the age levels and depression levels of the participants (=11.742, $p > 0.05$). It was concluded that depression levels of the participants differed significantly according to their marital status (X^2=47.214, $p < 0.05$). It was revealed that depression levels of those who were divorced were significantly higher than those who were single, engaged and married. In addition depression levels of those who were single were significantly higher than those who were married.

While it was determined that there was no statistically significant difference in terms of educational status of individuals (=5.496, $p > 0.05$), a statistically significant difference was found between depression levels of participants according to their income levels.(=26.398, $p < 0.05$). Participants with low income levels had higher depression levels than those with medium income level and others.

Kruskall Wallis test results showed that there was statistically significant difference between the depression levels of participants according to their living status (X^2=10.608, $p < 0.05$). Those who were living with their families had lower depression levels than other groups.

Table 5. Examination of the difference in psychological well-being levels of individuals in terms of demographic variables according to Kruskall Wallis test

	Group	N	Mean Rank		P
Age	17 and below	9	297.56	10.013	0.124
	18-25	181	237.4		
	26-33	98	202.27		
	34-41	108	217.66		
	42-49	31	221.15		
	50-57	17	197.68		
	58 and above	3	311.5		
	Total	447			
Education level	Primary school	11	253.68	2.33	0.507
	Secondary school	11	184.91		
	High school	78	235.59		
	University and postgraduate	347	221.69		
	Total	447			
Living status	With family	386	230.32	6.824	0.078
	With friend	10	176.85		
	Alone	41	186.01		
	Other	10	182.9		
	Total	447			

		N	Mean Rank	X^2	P	Binomial comparison	
Marital status	Married	150	226.85	10.378	0.016	Divorced -single	0.006
	Single	214	212.97				
	Engaged	33	229.21			Divorced -married	0.002
	Divorced	31	149.63				
	Total	428				Divorced -engaged	0.01
Income level	Very low	2	255	38.849	0	Low -medium	0
	Low	29	105.5			Low-very high	0.004
	Medium	232	212.41				
	High	172	258.6			Low -high	0
	Very high	12	233.33				
	Total	447				Low -high	0

Kruskall Wallis test results showed that there was no significant difference between the psychological well-being levels of participants according to their age groups(X^2=10.013, p > 0.05). On the other hand, it was concluded that there was a statistically significant difference between the psychological well-being levels of participants according to their marital status (=10.378, p < 0.05).

As a result of the Kruskall Wallis test, it was concluded that there was no statistically significant difference between the well-being levels of participants according to their education levels (X^2=2.330, p > 0.05). But a statistically significant difference was found between the well-being levels of participants according to their income levels (X^2=38.849, p < 0.05).It was found that divorced individuals had lowest well-being levels than other groups.participants with low income level had the lowest well-being levels than other groups.

As a result of the Kruskall Wallis test, it was found that there was no statistically significant difference between the psychological well-being levels of the individuals according to their living status (X^2=6.824, p > 0.05).

Table 6. Determining the relationship between depression levels and psychological well-being levels of individuals

	Depression levels	N
Psychological well-being levels	r=-.469**	447

p < 0,01

When Table 6 is examined, it is seen that there is a negative and moderately significant relationship between the depression levels and psychological well-being levels of individuals (r= -.469; p<.01). This situation reveals that the increase in the level of psychological well-being in individuals is associated with the decrease in the level of depression in individuals.

4. DISCUSSION

In this study, it was found that there was a negative and moderately significant relationship between individuals' depression levels and their psychological well-being levels. It has been found that as the level of psychological well-being increases, the level of depression decreases. It is known that the effects of epidemic diseases are not limited to physical effects but also negatively affect individuals psychologically and socially (Ahmed et al., 2020: 1-7 ; Holmes et al., 2020: 547–560). In a comprehensive study examining the general population during the Covid 19 pandemic period, it was concluded that anxiety, phobic anxiety and depressive symptoms increased and that these symptoms decreased the psychological well-being levels of individuals (Rossi et al., 2020:790). Similarly, during the Covid 19 pandemic period, the relationship between the psychological well-being levels of individuals with chronic diseases and the level of anxiety and depression was examined; psychological well-being has been found to decrease as the level of depression and anxiety increases (Fernandez, Crivelli, Guimet, Allegri and Pedreira, 2020:75-84).

In the study conducted by Harris (2020), during the Covid 19 pandemic, the depression and psychological well-being levels of 1258 adult individuals were evaluated in terms of emotional regulation, hope and perceived social support, and it was found that there was a relationship between depression and psychological well-being. It is reported that as the level of depression increases, the level of psychological well-being decreases. In another study, it was concluded that the depression and Tension Disorder After Abuse_levels of the individuals with COVID-19 were higher and their psychological well-being levels were lower than participants without disease. This result supports that psychological well-being levels decrease as individuals' depression levels increase (Hayes, Hofmann and Stanton, 2020:128-145). In the study where the

relationship between depression, anxiety and psychological well-being and Coronavirus anxiety was examined, it was found that coronavirus anxiety, anxiety and depression negatively predicted psychological well-being. According to these results, as individuals' coronavirus anxiety, depression and anxiety levels increase, their psychological well-being levels decrease (Shechter et al., 2020). Lahav (2020) examined the psycho-social effects of the Covid 19 pandemic on individuals and found that depressive symptoms in individuals reduced their psychological well-being. The effect of social media addictions on depression and psychological well-being of university students was examined and it was found that there was a negative and significant relationship between depression and psychological well-being (Riggs, Cahill and Foa, 2021).

In a study conducted in the UK, the relationship between women's gender perception, anxiety, psychological well-being and depression levels was examined and it was found that there were negative correlations between depression and psychological well-being levels (Chua, Milfont and Jose, 2015:2028-2041). Zettle and Hayes (2016:37), who examined the relationship between perceived social support, depression and psychological well-being, found that social support resources are an important predictor of psychological well-being; individuals who are close to social support sources have low levels of depression, and their psychological well-being levels were higher.

When the findings of this research are examined, it is determined that variables such as age, education level, living status chronic disease, psychiatric diagnosis are not related to psychological well-being level; gender, marital status, income level, the level of psychological negative impact from the pandemic and the use of psychiatric drugs are seen to affect the level of psychological well-being. According to these results, women's psychological well-being levels are higher than men, psychological well-being levels of individuals who use psychiatric drugs are higher than those who do not use drugs, single and married individuals are more likely to have higher psychological well-being levels than divorced individuals, and individuals with higher income levels have higher psychological well-being levels than those with lower income levels.

Aydın, Şahan and Temel (2018:1541-1550) examined the psychological well-being levels of athletes in university teams and found that the age variable was not related to psychological well-being. It was determined that the level of psychological well-being was related to living conditions rather than sociodemographic characteristics. There were similar results in a study that examined the relationship between social media consumption tendency and psychological well-being in women who use social media; It was found that the age and education levels of individuals did not make a significant difference on their psychological well-being levels (Brom, 2014:243-248).

Factors affecting the psychological well-being levels and relationship satisfaction levels of married women were examined in a study and it was found that age and education level were not associated with psychological well-being (Rhemtulla, 2016:348-368). In the context of the Covid 19 pandemic, the relationship between anxiety, psychological well-being, life satisfaction and psychological resilience was examined according to various demographic variables; and it was found that age and education level variables were found to be unrelated to psychological well-being and life satisfaction (Asmundson and Taylor, 2020:1-3). There are other studies reporting that psychological well-being is not related to age and education level (Bardeen,

Fergus and Orcutt, 2013; Phillips, Carroll and Der, 2015:459-469 ; Seligowski, Lee, Bardeen and Orcutt, 2015:87-102).

When the literature on the variable of psychological well-being, chronic illness and psychiatric disorder is examined, it is seen that the findings obtained from this study are not compatible with the literature. Gelkopf, Lapid, Carlson, and Greene (2019:119-129) reported that friends, spouses, and social support resources increase individuals' psychological well-being. Soylu (2016:1-68) stated that chronic disorders cause impairments in the social functioning of individuals; It has been revealed that these deteriorations adversely affect the quality of life and psychological well being levels of individuals. There are studies reporting that chronic diseases, which tend to persist for a long time and cause changes in individuals' daily routines and life habits, reduce individuals' life satisfaction and psychological well-being (Espejo, Gorlick and Castriotta, 2017:65-71; Crouch, Lewis, Erickson and Newman, 2017:544-556).

Death anxiety, psychological well-being and coronavirus anxiety levels of individuals with and without chronic diseases were examined during the Covid 19 pandemic period and it was found that the death anxiety and coronavirus anxiety levels of individuals with chronic diseases were higher than individuals without chronic diseases; and their psychological well-being levels were found to be lower (Stephenson and DeLongis, 2020:55-60). Kermen et al., (2016:20-29) examined the psychological well-being levels of individuals with and without a diagnosis of social anxiety and revealed that the psychological well-being levels of the diagnosed group were lower than the undiagnosed group. Similarly, Demirer and Erol (2020:201-211) stated that the psychological well-being levels of individuals with a diagnosed psychiatric disorder are lower than individuals without a psychiatric diagnosis. These different results are thought to be due to the differences of the sample groups.

It is seen that the studies examining gender, marital status, income level, level of psychological negative impact from the pandemic and the relationship between psychiatric drug use and psychological well-being are in parallel with the results of this study. Eroğlu (2017:1-13) and Kring, Johnson, Davison and Neale (2017:172-200) reported that women's psychological well-being levels were higher than men's. Yurcu (2019:25-38) stated that the psychological well-being levels of married individuals are higher than single individuals, because married individuals can share all the positive or negative emotions they experience in daily life.

Ekşi, Güneş and Yaman (2018:203-233) stated that there is a relationship between income level and psychological well-being in their study. They stated that as the income level increases, the psychological well-being levels of individuals increase. In the study conducted by Harmancı (2020:1-81) with patients diagnosed with schizophrenia, it was determined that psychopharmacological treatment of diagnosed individuals was effective in reducing clinical symptoms and that this treatment increased the psychological well-being levels of individuals in the first place.

In the study, it was determined that the depression levels of the individuals were not related to gender, age, education status, psychologically affected adversely by the pandemic process, chronic disease variables. It has been found that individuals who are divorced, have low income levels, live alone, receive psychiatric diagnosis and use psychiatric drugs have higher levels of depression. When the literature on gender is examined, it is seen that there are studies with different results on the subject. Demir (2015:1-78) reached conclusions supporting the findings of this study and revealed that there was no significant difference between gender and depression. Bardeen and Fergus (2016:1-6) reported that individuals' levels of depression are

associated with life conditions rather than gender. There are studies reporting that women have higher levels of depression than men (Seah and Tham, 2015:136-141 ; Townsend and Morgan, 2018; Orth and Robins, 2013:455-460). Although there are studies reporting that the depression levels of individuals are not related to age and education level in accordance with the results of this study (Atasoy, 2017:41-56; Lapate et al., 2014:499-509), There are also studies stating that the level of depression decreases as age and education level increase (Çakır and Can, 2012:35-42; Grande, Berk, Birmaher and Vieta, 2016:1561-1572; Evans, Iverson, Yatham and Lam, 2014:1359-1370).

Guo et al. (2020:17-27) reported that factors such as the high transmission rate of Covid 19, the increase in the number of people who died due to the virus, and the lack of a drug to treat this viral disease caused depression, anxiety, stress and Tension Disorder After Abuse symptoms in individuals. In another study, similar results were reached and it was revealed that the physical health and psychological health of individuals were adversely affected during the pandemic and this triggered many psychiatric disorders, especially anxiety, stress, OCD and depression (Di Crosta et al., 2020).

Studies reported that during the Covid 19 period, feelings of anxiety, uneasiness, loneliness were observed intensely in individuals and these reactions observed in individuals increased phobic anxiety, stress, hostility, post-traumatic stress disorder and depressive symptoms (Bidzan, Bidzan-Bluma, Szulman-Wardal, Stueck and Bidzan, 2020:1-9; Blekas et al., 2020:812-819; Pakenham et al., 2020:109-118). Buldan and Kurban (2018:274-282) stated that unlike this study, individuals with chronic diseases are adversely affected by long-term drug use, daily functioning is impaired and these factors increase the depression levels of individuals.

Moroz and Dunkley (2019:18-27) examined the anxiety, depression and psychological symptom levels of individuals with and without chronic diseases and revealed that, unlike the results of this study, individuals with chronic diseases had higher depression levels than other individuals. There are studies reporting that chronic illness is an important predictor of depression (Mojtabai, Olfson and Han, 2016:1-10 ; Solmi et al., 2020:189-202). These different conclusions about depression, gender, age and education level are thought to be related to the fact that this study was carried out during the pandemic period unlike other studies.

There are studies reporting that the Covid 19 virus causes depressive symptoms in individuals regardless of gender, age, education level (Liang et al., 2020:1164-1175 ; Taylor, Landry, Paluszek, Rachor and Asmundson, 2020). The different conclusions reached regarding the variables of psychological negative impact of the pandemic period and chronic diseases are thought to be related to the fact that the general living conditions, number of cases and death rates of the TRNC are lower than in Turkey and other countries. When the literature on marital status and income level was examined, it was determined that similar results were reached with our study.

In the study conducted by Öngider and Eyüboğlu (2013:34-46), it was found that the depression levels of single and low-income individuals were higher than those of married and high-income individuals. In another study on the subject, similar results were reached and it was revealed that the depression levels of divorced and low-income individuals were higher than those of married and low-income individuals (Warren, 2018:756-797). Studies show a significant negative relationship between income level and depression level (Videbeck, 2020:652-742 ; Trigoboff, 2014:336-365).

It is also stated that individuals who have difficulty in meeting their basic needs may be more sensitive to many psychiatric disorders, especially anxiety and depression (Sirey et al., 2017:1129-1135 ; Schwartz et al., 2014:118-125). In the study that examined the depression and psychological symptom levels of university students during the Covid 19 pandemic period and included 536 students, it was found that the psychological symptoms and depression levels of university students living with their families were lower than those living alone (Wright, Steptoe and Fancourt, 2020:683-688). Doğan (2008:30-44) examined the effect of perceived social support on depression and anxiety levels and found that perceived social support levels of individuals living alone were low; that this situation increases the level of anxiety and depression. Man is a biopsychosocial being. In this context, socialization and social support are the needs that are decisive in psychological health of individuals.

Studies report that curfews and quarantine practices, especially during the Covid 19 pandemic period, affect individuals living alone more psychologically and depressive symptoms are observed more in these individuals (Akiskal, 2017:4099-4139; Hobelmann and Clark, 2017:6101-6130 ; Ladwig and Martinez-Kratz, 2017:763-767). Studies examining the depression levels of individuals with a diagnosed psychiatric disorder have reached similar results with this study. Bulechek Butcher, Dochterman and Wagner (2017) reported that individuals with diagnosed psychiatric disorders had more depressive symptoms than individuals without a diagnosed psychiatric disorder.

In a study conducted on the general population in China, it was found that there was an increase in the number of individuals diagnosed with anxiety, OCD and sleep disorders during the Covid 19 pandemic period and that these diagnoses were accompanied by depressive symptoms in these individuals (Rodriguez, Litt and Stewart, 2020). However, when the literature on the relationship between psychiatric drug use and depression is examined, there are studies that support the results obtained from this study; studies have reported that individuals with psychiatric drug use have higher levels of depression than other individuals (Altun, 2018; Khan and Huremovic, 2019:37-44 ; Flesia et al., 2020:3350).

5. CONCLUSION

The Covid-19, which emerged in December 2019, exceeded the borders of the China very quickly and showed its effect on a global scale and was declared as a pandemic in a very short time. It is clear that the prevalence of epidemic diseases causes negative psychological effects in individuals, as they can cause limitations in physical movement, social activities, and lifestyles of individuals. As in all countries, the effects of the pandemic have been deeply felt in the TRNC. In this study, it was found that there was a significant negative relationship between psychological well-being and depression.

In the study, however, it was determined that variables such as age, education level, living status, chronic disease, psychiatric diagnosis were not related to psychological well-being level; gender, marital status, income level, the level of psychological negative impact from the pandemic and the use of psychiatric drugs are seen to affect the level of psychological well-being. Finally, in the study, it was determined that there was no significant difference between depression level and gender, age, education status, psychological negative impact from the pandemic process, chronic disease variables; It was concluded that variables such as marital status, income level, person lived, psychiatric drug use and psychiatric diagnosis were related to depression level.

6. SUGGESTIONS

It is thought that it will be useful for experts working in this field to plan their treatment processes by considering that individuals may be adversely affected psychologically in pandemics. This study is limited to individuals living in the TRNC. Therefore, it is thought that conducting studies with large sample groups will be useful in order to identify the emerging problems and to develop solution proposals. In addition, it is highly suggested to do qualitative research about the same topic to capture the thoughts, feelings, images, and behaviors of people from their own unique experiences during Covid-19 in detail.

REFERENCES

Ahmed, M.Z., Ahmed, O., Aibao, Z., Hanbin, S., Siyu, L., Ahmad, A. (2020). Epidemic of Covid-19 inChina and associated psychological problems. *Asian Journal of Psychiatry,* 51:1-7. https://doi.org/10.1016/j.ajp.2020.102092

Ahorsu, D.K., Lin, C.Y., Imani, V., Saffari, M., Griffiths, M.D., Pakpour, A.H. (2022). The fear of Covid 19 scale: development and initial validation. *International Journal of Mental Health and Addiction,* 20:1537–1545. https://doi.org/10.1007/s11469-020-00270-8

Akiskal, H.S. (2017). Mood disorders: Historical introduction and conceptual overview in: Kaplan and Sadock's comprehensive textbook of psychiatry. (10th ed.). *Philadelphia: Wolters Kluwer*, 4099-4139.

Altun, Y. (2018). *Psikolojik Sıkıntı Ölçeği'nin (Kessler Psychologıcal Dıstress Scale;K10) Türkçe uyarlaması, geçerlilik ve güvenilirlik çalışması* (Tıpta uzmanlık tezi). Antalya Sağlık Bilimleri Üniversitesi.

Anand, K.B., Karade, S., Sen, S., Gupta, R.M. (2020). SARS-CoV-2: Camazot's curse. *Medical Journal Armed Forces India*, 76:136-141. https://doi.org/10.1016/j.mjafi.2020.04.008

Asmundson, G.J., Taylor, S. (2020). Coronaphobia revisted: A state-of-the-art on pandemic-related fear, anxiety and stress. *Journal of Anxiety Disorders*, 76:1-3. https://doi.org/10.1016/j.janxdis.2020.102326

Atasoy, A. (2017). Sağlık çalışanların örgütsel depresyon algılarının çeşitli değişkenler açısından incelenmesi. *Sağlıkta Performans ve Kalite Dergisi,* 41- 56.

Aydemir, Ö., Sücüllüoğlu, D.D., Aşçibaşi, K. (2017). DSM- 5 Depresyon ölçeği Türkçe formunun geçerliliği ve güvenilirliği. *Anadolu Psikiyatri Dergisi*, 18(2):51-56.

Aydın, E., Şahan, S., Temel, V. (2018). Üniversite takımlarında oynayan sporcuların psikolojik iyi oluş düzeylerinin belirlenmesi. *Journal Of Human Sciences,* 15(3):1541-1550.

Bardeen, J.R., Fergus, T.A. (2016). The interactive effect of cognitive fusion and experiential avoidance on anxiety, depression, stress and posttraumatic stress symptoms. *Journal of Contextual Behavioral Science, 5*(1):1-6. https://doi.org/10.1016/j.jcbs.2016.02.002

Bardeen, J.R., Fergus, T.A., Orcutt, H.K. (2013). Experiential avoidance as a moderator of the relationship between anxiety sensitivity and perceived stress. *Behavior Therapy,* 44(3):459-469. https://doi.org/10.1016/j.beth.2013.04.001

Bidzan, M., Bidzan-Bluma, I., Szulman-Wardal, A., Stueck, M., Bidzan, M. (2020). Does self efficacyand emotional control protect hospital staff from Covid-19 anxiety and PTSD symptoms? Psychological functioning of hospital staff after the announcement of Covid 19 Coronavirus pandemic. *Frontiers in Psychology*, 11:1-9. https://doi.org/10.3389/fpsyg.2020.552583

Blekas, A., Voitsidis, P., Athanasiadou, M., Parlapani, E., Chatzigeorgiou, A.F., Skoupra, M., Syngelakis, M., Holeva, V., Diakogiannis, I. (2020). Covid 19: PTSD symptoms in Greek health care professionals. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(7):812-819. http://dx.doi.org/10.1037/tra0000914

Brom, D. (2014). Thoughts about survival mode theory of posttraumatic reactions. In R. Pat Horenczyk, D. Brom, & J. M. Vogel (Eds.), Helping children cope with trauma: Individual, family andcommunity perspectives. *Routhledge*, 243-248.

Buldan, Ö., Kurban, N.K. (2018). Kronik hastalığı olan olguların anksiyete ve depresyon düzeyleri ile hemşirelik bakımı algısı arasındaki ilişki. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi,* 11(4):274-282.

Bulechek, G.M., Butcher, H.K., Dochterman, J.M., Wagner, C. (2017). Hemşirelik girişimleri sınıflaması (NIC) Çeviri ed: Erdemir F, Kav S, Akman Yılmaz A. *Nobel Tıp Kitabevleri*.

Chua, L.W., Milfont, T.L., Jose, P.E. (2015). Coping skills help explain how future-oriented adolescents accrue greater well-being over time. *Journal of Youth and Adolescence*, 44(11):2028-2041.

Crouch, T.A., Lewis, J.A., Erickson, T.M., Newman, M.G. (2017). Prospectiveinvestigation of the contrast avoidance model of generalized anxiety and worry. *Behavior Therapy*, 48(4):544 556. https://doi.org/10.1016/j.beth.2016.10.001

Çakır, L., Can, H. (2012). Gebelikte sosyodemografik değişkenlerin anksiyete ve depresyon düzeyleriyle ilişkisi. *Turkish Family Physcian Dergisi,* 3(2).

Demir, E. (2015). *Üniversite öğrencilerinin depresyon düzeylerinin belirlenmesi* (Yüksek lisans tezi) Beykent Üniversitesi.

Demirer, İ., Erol, S. (2020). Üniversite öğrencilerinin fiziksel aktivite düzeyleri ile uykusuzluk ve psikolojik iyilikleri arasındaki ilişki. *Psikiyatri Hemşireliği Dergisi, 11*(3):201-211.

Di Crosta, A., Palumbo, R., Marchetti, D., Ceccato, I., La Malva, P., Maiella, R., Cipi, M., Roma, P., Mammarella, N., Verrocchio, M. C., & Di Domenico, A. (2020). Individual differences, economic stability, and fear of contagion as risk factors for PTSD symptoms in the Covid-19 emergency. *Frontiers in Psychology*, 11. https://doi.org/10.3389/fpsyg.2020.567367

Doğan, T. (2008). Psikolojik belirtilerin yordayıcısı olarak sosyal destek ve iyilik hali. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 3*(30).

Ejaz, H., Alsrhani, A., Zafar, A., Javed, H., Junaid, K., Abdalla, A. E., & Younas, S. (2020). Covid-19 and comorbidities: Deleterious impact on infected patients. *Journal of Infection and Public Health*.

Ekşi , H., Güneş, F., Yaman, N. (2018). Öğretmenlerin evlilik uyumlarının psikolojik iyi oluşları ve toplumsal cinsiyet rolleri açısından incelenmesi. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 8*(50):203-233.

Eroğlu, F. (2017). *Evli bireylerde psikolojik iyi oluş ile ebeveyn tutumları arasındaki ilişkinin incelenmesi* (Yüksek lisans tezi). İstanbul Ticaret Üniversitesi Sosyal Bilimleri Enstitüsü.

Espejo, E. P., Gorlick, A., & Castriotta, N. (2017). Changes in threat-related cognitions and experiential avoidance in group-based transdiagnostic CBT for anxiety disorders. *Journal of Anxiety Disorders*, 46, 65-71. http://dx.doi.org/10.1016/j.janxdis.2016.06.006

Evans, V.C., Iverson, G.L., Yatham, L.N., & Lam, R.W. (2014). The relationship between neurocognitive and psychosocial functioning in majör depressive disorder: a systematic review. *J Clin Psychiatry*, 75(12):1359-70.

Fernandez, R. S., Crivelli, L., Guimet, N. M., Allegri, R. F. & Pedreira, M. E. (2020). Psychological distress associated with Covid-19 quarantine: latent profile analysis, outcome prediction

and mediation analysis. *Journal of Affective Disorders*, 277:75-84. https://doi.org/10.1016/j.jad.2020.07.133

Flesia, L. Monaro, M., Mazza, C., Fietta, V., Colicino, E., Segatto, B. & Roma, P. (2020). Predicting perceived stress related to the Covid-19 outbreak through stable psychological traits and machine learning models. *Journal of Clinical Medicine, 9*(10). https://doi.org/10.3390/jcm9103350

Frutos, R., Serra-Cobo, J., Chen, T., & Devaux, C.A. (2020). Covid-19: Time to exonerate the pangolin from the transmission of SARS-CoV-2 to humans. *Infect Genet Evol,* 84:104493.

Gelkopf, M., Lapid Pickman, L., Carlson, E. B., & Greene, T. (2019). The dynamic relations among peritraumatic posttraumatic stress symptoms: An experience sampling study during wartime. *Journal of Traumatic Stress, 32*(1):119-129. https://doi.org/10.1002/jts.22374

Grande I., Berk, M., Birmaher, B., & Vieta, E. (2016). *Bipolar disorder. Lancet, 387(10027):1561-72.*

Guo, Q., Zheng, Y., Shi, J., Wang, J., Li, G., Li, C., Fromson, J. A., Xu, Y., Liu, X., Xu, H., Zhang, T., Lu, Y., Chen, X., Hu, H., Tang, Y., Yang, S., Zhou, H., Wang, X., Chen, H. Wang, Z. & Yang, Z. (2020). Immediate psychological distress in quarantined patients with Covid-19 and its association with peripheral inflammation: a mixed-method study. *Brain, Behavior, and Immunity*, 88, 17-27. https://doi.org/10.1016/j.bbi.2020.05.038

Güngörer, F. (2020). Covid-19'un Toplumsal Kurumlara Etkisi. *Sosyal Bilimler Enstitüsü Dergisi*, 393-428.

Harmancı, P. (2020). Şizofreni hastalarında motivasyonel görüşme tekniklerinetemellendirilmiş psikoeğitimin tedaviye uyum, umut ve psikolojik iyi oluşa etkisi [Doktora tezi]. *İnönü Üniversitesi Sağlık Bilimleri Enstitüsü. Hemşirelik Anabilim Dalı.*

Harris, R. (2020). Odak Covid (S. Cömertoğlu ve K. F. Yavuz, Uyarlayanlar). https://www.baglamsalbilimler.org/odak_kovid.pdf

Hayes, S. C., Hofmann, S. G., & Stanton, C. E. (2020). Process-based functional analysis can help behavioral science step up to novel challenges: Covid-19 as an example. *Journal of Contextual Behavioral Science, 18*:128-145. https://doi.org/10.1016/j.jcbs.2020.08.009

Heymann, D. L., & Shindo, N. (2020). Covid-19: What İs Next For Public Health.

Hobelmann, J.G., & Clark, M.R. (2017). Psychosomatic medicine: Management of chronic pain. In: Sadock BJ, Sadock VA, Ruiz P, (Eds.). Kaplan and Sadock's Comprehensive textbook of psychiatry. 10th ed. *Philadelphia: Wolters Kluwer*: 6101-6130.

Hodges, C. B., Moore, S., Lockee, B. B., Trust, T., & Bond, M. A. (2020). The difference between emergency remote teaching and online learning. *Educause Review.*

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Silver, R. C., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przyblski, A., Shafran, R., Sweeney, A., Worthman, C. M., Yardley, L., Cowan, K., Cope, C., Hotopft, M., & Bullmoret, E. (2020). Multidisciplinary research priorities for the Covid- 19 pandemic: a call for action for mental health science. Lancet Psychiatry,https://doi.org/10.1016/S2215-0366(20)30168-1

Kakimoto, K., (et al.). (2020). Initial investigation of transmission of Covid-19 among crew members during quarantine of a cruise ship. *Morbidity and mortality weekly report*, 69.11: 312-313.

Kermen, U. , İlçin Tosun, N. & Doğan, U. (2016). Yaşam doyumu ve psikolojik iyi oluşun yordayıcısı olarak sosyal kaygı. *Eğitim Kuram ve Uygulama Araştırmaları Dergisi*, 2 (1): Retrieved from https://dergipark.org.tr/en/pub/ekuad/issue/25921/273151

Khan, S. & Huremovic, D. (2019). Psychology of pandemic. In D. Huremovic (Ed.), Psychiatry of pandemics: a mental health response to infection outbreak. *Springer*, 37-44. https://doi.org/10.1007/978-3-030-15346-5

Kim, D., Lee, J.Y., Yang, J.S., Kim, J.W., Kim, V.N, & Chang, H. (2020). The architecture of SARSCoV-2 transcriptome. Cell. 181(4): 914-921.

Kotlyar, A., Grechukhina, O., Chen, A., Popkhadze, S., Grimshaw, A., Tal, O., & Tal, R. (2020). Vertical transmission of Covid-19: A systematic review and meta analysis. *American journal of obstetrics and gynecology.*

Kring, A. M., Johnson, S. H., Davison, G. & Neale, J. (2017). Kaygı bozuklukları (G. Dirik, Çev., M. Şahin Çev. Ed.,), Anormal Psikolojisi içinde (1. bs. 172-200). *Nobel Yayınları.* (Orijinal basım tarihi 2014).

Ladwig, G.B., & Martinez-Kratz, M. (2017). List of nursing diagnoses by letters: Chronic low selfesteem. ın: (Ackley, B.J., Ladwig, G.B., Makic, M.B.F., eds). Nursing diagnosis handbook an evidence-based guide to planning care. *Missouri: Elsevier*, 763-767.

Lahav, Y. (2020). Psychological distress related to Covid-19: The contribution of continuous traumatic stress. *Journal of Affective Disorders,* 277:129-137. https://doi.org/10.1016/j.jad.2020.07.141

Lapate, R.C., Van Reekum, C.M., Schaefer, S.M., Greischar, L.L., Norris, C.J., Bachhuber,D.R., Ryff, C.D., & Davidson, R.J. (2014). Prolonged marital stress is associated with short-lived responses to positive stimuli. *Psychophysiology,* 51: 499-509.

Liang, L., Gao, T., Ren, H., Cao, R., Qin, Z., Hu, Y., Li, C., & Mei, S. (2020). Posttraumatic stress disorder and psychological distress in Chinese youths following the Covid-19 emergency. *Journal of Health Psychology*, 25(9):1164-1175. https://doi.org/10.1177/1359105320937057

Liu, C. H., Zhang, E., Wong, G. F., Hyun, S., & Hahm, H. C. (2020). Factors associated with depression, anxiety, and PTSD symptomatology during the Covid-19 pandemic: Clinical implications for us young adult mental health. *Psychiatry Research,* 290:1-7.

Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults*. Pediatrics*, 138: 1-10.

Moroz, M., & Dunkley, D. M. (2019). Self-critical perfectionism, experiential avoidance and depressive and anxious symptoms over two years: A three wave longitudinal study. *Behaviour Research and Therapy,* 112:18-27. https://doi.org/10.1016/j.brat.2018.11.006

Orth, U., Robins, R.W. (2013). Understanding the link between low self-esteem anddepression. *Current Directions in Psychological Science,* 22: 455-460.

Öngider, N., & Eyüboğlu, Ö. S. (2013). Depresyon tanısı almış hastalarda ölüm kaygısının araştırılması. *Klinik Psikiyatri Dergisi, 16:*34-46.

Pakenham, K. I., Landi, G., Boccolini, G., Furlani, A., Grandi, S., & Tossani, E.(2020).Themoderating roles of psychological flexibility and inflexibility on themental health impacts of Covid 19 pandemic and lockdown in Italy. *Journal of Contextual Behavioral Science*, 17:109 118.https://doi.org/10.1016/j.jcbs.2020.07.003

Phillips, A. C., Carroll, D., Der, G. (2015). Negative life events and symptoms of depression and anxiety: Stress causation and/or stress generation*. Anxiety, Stress, & Coping*, 28(4):357 371.

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S. & Abel, K. M. (2020). Mental health before and during the Covid-19 pandemic: a longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*, 7(10):883-892. https://doi.org/10.1016/S2215-0366(20)30308-4

Rana, I. A., Bhatti, S. S., Aslam, A. B., Jamshed, A., Ahmad, J., & Shah, A. A. (2021). Covid-19 risk perception and coping mechanisms: Does gender make a difference?. *International Journal of Disaster Risk Reduction*, 55.https://doi.org/10.1016/j.ijdrr.2021.102096

Rhemtulla, M. (2016). Population performance of SEM parceling strategies under measurement and structural model misspecification. *Psychological Methods*, 21(3): 348-368. https://doi.org/10.1037/met0000072

Riggs, D. S., Cahill, S. P. & Foa, E. B. (2021). Travma sonrası stres bozukluğunda uzamış maruz bırakma terapisi (E. Dökmetaş, Çev., M. E. Karadere ve K. F. Yavuz, Çev. Ed.). Travmaya yönelik bilişsel davranışçı terapiler içinde. *Litera Yayıncılık,* 107-148. (Orijinal basım tarihi 2006).

Rodriguez, L. M., Litt, D. M., & Stewart, S. H. (2020). Drinking to cope with the pandemic: The unique associations of Covid-19-related perceived threat and psychological distress to drinking behaviors in American men and women. *Addictive Behaviors,* 110. https://doi.org/10.1016/j.addbeh.2020.106532

Rossi, R., Socci, V., Talevi, D., Mensi, S., Niolu, C., Pacitti, F., Di Marco, A., Rossi, A., Siracusano, A. & Di Lorenzo, G. (2020). Covid-19 pandemic and lockdown measures impact on mental health among the general population in Italy. *Frontiers in Psychiatry*, 11:790. https://doi.org/10.3389/fpsyt.2020.00790

Schwartz, H.A., Eichstaedt, J., Kern, M., Park, G., Sap, M., Stillwell, D., Kosinski, M., & Ungar, L. (2014). Towards assessing changes in degree of depression through facebook. In proceedings of the workshop on computational linguistics and clinical psychology: *From Linguistic Signal To Clinical Reality,* 118-125.

Seah, X.Y., Tham, X.C. (2015). Management of Bulimia Nervosa: a case study with the Roy Adaptation Model. *Nurs. Sci. Q*, 28(2):136-141. https://doi.org/10.1177/0894318415571599

Seligowski, A. V., Lee, D. J., Bardeen, J. R., Orcutt, H. K. (2015). Emotionregulationand posttraumatic stress symptoms: A meta-analysis. *Cognitive Behaviour Therapy*, 44(2): 87-102.

Shechter, A., Diaz, F., Moise, N., Anstey, D. E., Ye, S., Agarwal, S., Birk, J. L., Brodie, D., Cannone, D. E., Chang, B., Claassen, J., Cornelius, T., Derby, L., Dong, M., Givens, R. C., Hochman, B., Homma, S., Kronish, I. M., Lee, S. A. J., Manzano, W., Mayer, L. E. S., MucMurry, C. L., Moitra, V., Pham, P., Rabbani, L.R., Rivera, R. R., Schwartz, A., Schwartz, J., Shapiro, P., Shaw, K., Sullivan, A. M., Vose, C., Wasson, L., Edmondson, D., & Abdalla, M. (2020). Psychological distress,coping behaviors, and preferences for support among New York healthcare workers during the Covid-19 pandemic. *General Hospital Psychiatry*, 66:1-8. https://doi.org/10.1016/j.genhosppsych.2020.06.007

Sirey, J.A., Banerjee, S., Marino, P., Bruce, M.L., Halkett, A., Turnwald, M., Chiang, C., Liles, B., Artis, A., Blow, F., & Kales, H.C. (2017). Adherence to depression treatment in primary care: a randomized clinical trial. *JAMA Psychiatry*. 74: 1129-1135.

Solmi, M., Miola, A., Croatto, G., Pigato, G., Favaro, A., Fornaro, M., Berk, M., Smith, L., Quevedo, J., Maes, M., Correl, C.U., & Carvalho, A.F. (2020). How can we improve antidepressant adherence in the management of depression? A targeted review and 10 clinical recommendations. *Brazilian Journal of Psychiatry.*

Soylu, C. (2016). *Orta yetişkinlikte benlik saygısı, hayatın anlamı ve psikososyal uyum arasındaki ilişkiler: Meme kanseri hasta örneklemi* (Yüksek lisans tezi). Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü Psikoloji Anabilim Dalı Genel Psikoloji Bilim Dalı.

Stephenson, E., DeLongis, A. (2020). Coping strategies. *The Wiley Encyclopedia of Health Psychology,* 55-60. https://doi.org/10.1002/9781119057840.ch50

Subasi, Y. (2023). College belonging among university students during COVID-19: An Online Interpretative Phenomenological (OIPA) Perspective. *Journal of Happiness and Health, 3*(2), 109-126. https://doi.org/10.47602/johah.v3i2.52

Tanhan, A. (2020). COVID-19 sürecinde Online Seslifoto (OSF) yöntemiyle biyopsikososyal manevi ve ekonomik meseleleri ve genel iyi oluş düzeyini ele almak: OSF'nin Türkçeye uyarlanması. [Utilizing Online Photovoice (OPV) methodology to address biopsychosocial spiritual economic issues and wellbeing during COVID-19: Adapting OPV to Turkish.] *Turkish Studies, 15*(4), 1029-1086. https://doi.org/10.7827/TurkishStudies.44451

Tanhan, A., Yavuz K. F., Young, J. S., Nalbant, A., Arslan, G., Yıldırım, M., Ulusoy, S., Genç, E., Uğur, E., & Çiçek, İ. (2020). A proposed framework based on literature review of online contextual mental health services to enhance wellbeing and address psychopathology during COVID-19. Electronic Journal of General Medicine, 17(6), em254. https://doi.org/10.29333/ejgm/8316

Taylor, S., Landry, C. A., Paluszek, M. M., Rachor, G. S., & Asmundson, G. J. (2020).Worry, avoidance, and coping during the Covid-19 pandemic: A comprehensive network analysis. *Journal of Anxiety Disorders*, 76. https://doi.org/10.1016/j.janxdis.2020.102327

Telef, B. B. (2013). Psikolojik İyi Oluş Ölçeği (PİOO): Türkçeye Uyarlama, Geçerlik ve Güvenirlik Çalışması. *Hacettepe Eğitim Fakültesi Dergisi,* 28(3), 374-384.

Townsend,M.C., Morgan, K.I. (2018). *Psikiyatrik ruh sağlığı hemşireliği: Kanıta dayalı uygulamada bakım kavramlar.* (8. baskı) FA Davis.

Trigoboff, E. (2014). Mood disorders. in: Contemporary Psychiatric mental health nursing (3rd ed). *London: Pearson Education*, 336-365.

Videbeck, S.L. (2020). Mood Disorders and Suicide. In: Psychiatric mental health nursing. (8th ed.) *Philadelphia: Lippincott Williams & Wilkins,* 652-742.

Warren, B.J. (2018). Depression. In: Psychiatric nursing contemporary practice. (6thed.) *Philadelphia: Wolter Kluwer*, 756-797.

Wright, L., Steptoe, A., Fancourt, D. (2020). Are we all in this together? Longitudinal assessment of cumulative adversities by socioeconomic position in the first 3 weeks of lockdown in theUK. *Epidemiol Community Health, 74*(9): 683-688.

Xu, X., (et al). (2020). Evolution of the novel coronavirus from the ongoing Wuhan outbreak and modeling of its spike protein for risk of human transmission. *Science China Life Sciences*, 63.3:457-460.

Yurcu, G. (2019). Kobi çalışanlarının rekreasyon alışkanlıkları ve psikolojik iyi olma durumları üzerine bir araştırma. *Journal of Recreation and Tourism Research,* 6 (1):25-38.

Zettle, R. D., & Hayes, S. C. (2016). Rule-governed behavior: A potential theoretical framework for cognitive-behavioral therapy. *Routledge/Taylor & Francis Group,* 7–37.

Subasi, Y. (2023). College belonging among university students during COVID-19: An Online Interpretative Phenomenological (OIPA) Perspective. *Journal of Happiness and Health,* 3(2), 109-126. https://doi.org/10.47602/johah.v3i2.52

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