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THE EFFECT OF DEATH AND COVID-19 PANDEMIC DISEASE ANXIETY LEVELS ON SPORTS SPECIFIC ACHIEVEMENT MOTIVATION IN BASKETBALL PLAYERS

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ABSTRACT

The aim of our study is to examine the effects of basketball players' death anxiety and Covid-19 pandemic anxiety levels on sports-specific achievement motivation. The study sample consisted of 63 basketball players, 46 men, and 17 women, playing in the Turkish Basketball 2nd League. To obtain study data; sport-specific achievement motivation scale, death anxiety scale, and coronavirus anxiety scale short form were used. The obtained data showed normal distribution. Therefore, independent samples t-test, ANOVA test, correlation analysis, and regression analysis were used at the 0.05 significance level. According to the results obtained from our study; the level of fear of death of the athletes is at medium-level (mean= 77.03). Athletes have high achievement motivation in sports (mean=127.36). Although the coronavirus anxiety levels of athletes are generally very low, there are differences between age groups. There is a weak positive correlation between the death anxiety levels of the athletes and the level of achievement-motivation in sports.

Keywords: Achievement Motivation, Anxiety Levels, Basketball Players

INTRODUCTION

When we look at sports-specific achievement motivation, the anxiety level of the Covid 19 pandemic, and death anxiety from a conceptual point of view, achievement motivation in sports is formed due to the increase in the expectations

of individuals who do sports for the future. The Covid-19 pandemic generally causes diseases in the respiratory and gastrointestinal systems in humans. In adults, the clinical picture can range from the common cold to bronchitis, pneumonia, severe acute respiratory distress syndrome (SARS), and multi-organ failure resulting in death. Death anxiety is a concept that the phenomenon of death has not been able to solve since the existence of humanity. It is for this reason that people have wondered about death for ages. The thought of death is a source of stress for some people, a way to get rid of stress for some people, an extinction for some, and the beginning of an eternal life for some people. Just as the thought of death has a positive effect on human life, if the thought of death, which is excessive, reaches a pathological dimension, it will negatively affect the normal life of a person. By observing the effects of death anxiety, which is already present in humans in this pandemic period, on the motivation of achievement of basketball athletes under the triggering effect of the Covid 19 pandemic, the effects of the three related concepts on each other will be determined.

Achievement Motivation in Sports

The motivation for success in sports emerges with the increase in the expectations of the sports person for the future. The pleasure and satisfaction of success create new desires and new expectations for future successes. This motivation created by expectations is called "success motivation in sports" or "success motivation". In order to be successful in sports and to achieve success in case of failure, sufficient motivation is needed as much as personality traits and training in order not to break away and continue (Horst, 1976). Success motivation is defined by Murray as doing a job in the most correct way, overcoming existing obstacles, and outperforming competitors. Gill, on the other hand, defined it as resisting failure, struggling and trying other ways (Tiryaki, 2000).

Achievement Motivation Theory tries to explain the reasons why people participate in an activity, the reasons for making an effort to succeed, and the reasons for making this effort for a long time (Hayashi, 1994). Motivation is different for each person. When the reasons for these differences from person to person are known, it will be easier to make the necessary guidance accordingly. Achievement motivation affects thinking, behavior, and emotion at different levels. Hayashi and Weiss (1994) stated that one of the important factors affecting the success motivation of athletes is cultural factors, and therefore this issue should be taken into account in research on success motivation in sports.

The most comprehensive model of achievement motivation is that presented by McClelland-Atkinson. The most important concept in achievement motivation is the need for achievement. Knowing a person's need for achievement helps to know that person's achievement motivation.

The achievement motivation approach sees motivation situations as the basis of sportive behavior. These motivation states are named "motivation to get achievement" and "motivation to avoid failure" (Arık, 1996). The motivation to acquire achievement is expressed as "the capacity to experience pride or satisfaction in situations of achievement", while the motivation to avoid failure is expressed as "the capacity to experience shame or humiliation as a result of failure". The motivation to procure achievement and the motivation to avoid failure are different constructs. For this reason, the motivation of individuals to procure achievement and the motivation to avoid failure may be high or low independently of each other. While the individual's motivation to avoid failure drives the individual away from the competition, the motivation to procure achievement attracts the individual to the competition.

Thomassen and Halvari (1996), in their study on achievement motivation, found that there was a negative relationship between the motivation to avoid failure and participation in sports, while there was a positive relationship in sports environments.

Death Anxiety

There are three important thresholds in human life; these are birth, marriage and death, respectively (Example, 1971). Death, which is an unchanging and important turning point in human life, has taken place in people's lives and cultures. From past to present, people have pondered death and tried to explain it. The phenomenon of death is the biggest secret that the existence struggles with and cannot come to a conclusion, but has to live, perhaps the biggest secret hidden in the meaning of life. This secret has made people wonder about death due to its impressive and mysterious feature (Geçtan, 2016). The positive effect of the thought of death on human life cannot be ignored, but when the thought of death reaches a pathological dimension, it can negatively affect the "normal" life of a person (Karaca, 2000). Therefore, it is important for people to determine the limits of the thought of death in order to keep their mental and physical health in balance (Alkan, 1999). It is not meant to define the limits mentioned here; It is not healthy to think about death all the time, and it is not healthy to try to forget and ignore it completely. The important thing is to accept that death is also a part of life. People who accept the phenomenon of death will adapt to life more.

Schopenhauer (2005) sees life as a death that is constantly stopped, a death that is always postponed. Courageously accepting death is a psychological precursor to life. If one bravely confronts the suppressed reality of one's mortality and nothingness, then only then can one regain mental health. Accepting one's mortality and truly believing that one is mortal are the prerequisites for mental health. For no matter how many illusions of immortality one lives by oneself, one

actually knows one's own mortality. Therefore, the illusion of immortality will cause depression and psychological well-being in the person (Young, 2006). Although the phenomenon of death is denied by the subjective perception of the individual, it is inevitable to face this end eventually. The death of a loved one can cause complex and difficult-to-resolve emotions for those left behind. Learning how to deal with possible death anxiety and fear as a result of these issues is considered important by many mental health experts in terms of the development and integrity of the individual's life. Death anxiety includes feelings, fears, and thoughts about the end of life underlying normal life experiences, psychological well-being, whether the individual is aware of his/her potential regarding life goals, and the quality of communication with other people (Singh, Singh, & Nizamie, 2003). In other words, psychological well-being refers to a person's positive perception of himself, being aware of his limitations, developing positive and warm relationships with others, shaping his environment to meet his personal needs and desires, acting autonomously and independently, having a purpose and meaning in life, being aware of his capacity and being aware of this capacity. (Keyes, Shmotkin, & Ryff, 2002).

Expressions such as fear of death, great horror, and fear of finitude were used to describe death anxiety (Yalom, 2001; cited in Karakuş, Öztürk, & Okay, 2012). Although the terms are often used interchangeably, the terms "death anxiety" and "fear of death" have different meanings. While death anxiety corresponds to the fear of disappearing completely, the fear of death is a more concrete concept with the belief that death is scary (Momeyer, 1988; cited in Karakuş, Öztürk, & Okay, 2012). Death anxiety takes its place in people's lives as a concept that exists since the birth of the individual and continues throughout his life. Different views have been put forward to explain this concept and many studies have focused on this subject (Karakuş, Öztürk, & Okay, 2012). Freud is one of the earliest theorists to discuss death anxiety. Freud suggested that fears of death reflect unresolved childhood conflicts rather than fear of death, and he was skeptical of his ability to accept death (Furer and Walker, 2008).

For example, in his article *Reflections on War and Death*, Freud (1952) stated that "our unconscious does not believe in its own death; states that he acts like an immortal" (Act. Furer and Walker, 2008). It can be said that Kübler-Ross's (2010) statement that it is unacceptable to consider that the unconscious is the end of life in this world coincides with Freud's thought. On the other hand, Jung thought that the fear of living under the death anxiety and that the person who is afraid of death is actually afraid of living (Karakuş, Öztürk, & Okay, 2012). Existential psychologists have argued that death anxiety is inevitable anxiety that resides in the depths of individuals' egos and is experienced before the individual reaches the level of consciousness (Geçtan, 2016). Adopting the existential school, Yalom

(2000) argued that all people experience death anxiety in every period and that people channel some of their energies here to keep this anxiety at a minimum. According to Yalom, there are two main defenses people can use to avoid noticing death and avoid death anxiety: to feel special and to believe that there is an ultimate savior. If the individual feels that he is special, he believes that death will not approach the individual and go to others. If the individual finds a magic savior, this will save the individual from non-existence (Murdock, 2014).

Constantly resorting to defense mechanisms to avoid death anxiety may reveal other psychological problems in terms of adapting to life. The more you adhere to the defense mechanisms, the further away you get from the truth. As it is known, death is also a part of reality, that is, life. Life as a whole, coming to this world, continuing his life, leaving the world are the elements of the process and it is valid for all humanity. However, if people cannot accept death and leave death out of the process, they may experience problems while facing death in the future. Therefore, if the individual accepts death and knows that it is a part of his life, he will live his life more meaningfully and maintain his emotional balance by keeping his energy dynamic.

Components of Death Anxiety

Six components of death anxiety have been identified. These are emotional, cognitive, experiential, developmental, sociocultural shaping and motivational components (Lehto & Stein, 2009).

Emotional Component: Death anxiety is closely related to the brain and the basic brain systems underlying death anxiety include the hippocampus, amygdala, and related cortical areas, which are involved in the development of latent (unconscious) fear memories and overt (conscious) fear memories (Lehto & Stein, 2009). When memories are revived or similar death-related situations occur, the aforementioned structures are activated and anxiety symptoms appear in the individual.

Cognitive Component: Important cognitive components of death anxiety include attitudes, conceptual abilities to anticipate and predict the future, and awareness of death salience. Cognitions include beliefs about death, images, and beliefs about death experiences, beliefs that have died spontaneously or no longer exist (Neimeyer, Wittkowski, & Moser, 2004).

Experiential Component: Death anxiety is largely rejected or suppressed, and this situation is adaptive because it reduces the possibility of stopping the fear and horror that will prevent survival (Becker, 1973; Yalom, 1980; cited in Lehto & Stein, 2009). Thus, it can be said that death anxiety is not typically a part of conscious experience (Lehto & Stein, 2009).

Developmental Component: Expression of death anxiety varies with developmental stage. Developmental theorists emphasize that it is a healthy and natural process to decide the life journey with identity crises appropriate for certain ages that lead to self-power and maturation (Erikson, 1959; Fortner & Neimeyer, 1999; cited in Lehto & Stein, 2009).

Sociocultural Component: The experiential, cognitive, and perhaps emotional components of death anxiety are shaped and may vary according to the culture. A basic cultural responsibility is to protect against the knowledge and fear of death (Becker, 1973; cited in Lehto and Stein, 2009). It has been stated that cultures differ in the way they express and give meaning to death, and some cultures have more pronounced side effects related to death awareness (Kübler-Ross, 2010).

Motivational Component: Bassett (2007) states that the defense mechanisms against death anxiety are a motivating driving force for various human behaviors.

Variables Affecting Death Anxiety

When studies on death anxiety are examined, it is stated that there is a multidimensional structure that is generally associated with death anxiety. Among these, it was determined that gender, age, personality traits, developmental process, socio-cultural factors, religious beliefs, and terminal illness were associated with death anxiety (Pollack, 1980; Candidate, 1985; Roff, Butkeviciene, & Klemmack, 2002; cited in Karakuş, Öztürk, and Tamam, 2012).

In individuals with intense death anxiety, the causes of this situation can be investigated and important results can be obtained in this area. The fact that women have higher death anxiety than men in studies shows that gender is an important variable. Examining the reasons for the different results in terms of developmental periods will contribute to this field. It has been observed that as the economic level and living conditions of individuals increase, there is a decrease in their anxiety about death, and it will not be possible to say the same for high levels of religious belief. The reason for this is that death anxiety is not related to the level of belief. However, it would not be correct to generalize the results given here according to all regions, countries, cultures, and beliefs. As a result, each region, country, culture, and religion have a different view of death, and therefore there may be differences in death anxiety. Therefore, whether there is a relationship between death anxiety and variables such as gender, age, education level, socioeconomic level, religious belief level in different regions of our country should be investigated in more detail.

Covid-19 Pandemic

Coronaviruses (COV) are a large family of viruses that cause diseases ranging from the common cold to more serious diseases such as Middle East Respiratory

Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (T.C. Ministry of Health, 2020). The new type of coronavirus, which is encoded as covid-19, causes diseases in the respiratory and gastrointestinal systems in humans. The clinical picture in adults can range from the common cold to bronchitis, pneumonia, severe acute respiratory distress syndrome (ARDS), and multi-organ failure resulting in death (Özdemir and Pala, 2020; Reyad, 2020). An increasingly significant impact of Covid-19 on the global community has emerged, and therefore the World Health Organization (WHO) declared a pandemic on March 11, 2020 (AIS, 2020). According to the WHO report, public health and social measures must be implemented with the participation of all members of the society to slow or stop the spread of Covid19, and a global struggle must be waged (World Health Organization, 2020). As a result, the transformation of covid-19 into a pandemic has paralyzed the sports systems of the countries where the pandemic took place, both economically and psycho-socially. This pandemic, which removed the borders all over the world, not only suspended sports events but also caused great damage to the sector due to cancellations and postponements (Türmen; Özsarı, 2020).

Those who do sports will make both physical and mental loads. The level of these uploads is very important (Kahya, 2019). Athletes can often be anxious in certain situations. Anxiety can negatively affect the effective decision-making process of athletes. The high level of anxiety can prevent the athlete from making the right decision and fully displaying his skills. In this sense, there may be a certain level of anxiety in athletes who are exposed to pressure on the way to success. The high level of anxiety may cause confusion in the feelings and thoughts of even high-performance athletes, and the inability to make correct and appropriate decisions (Sönmez et al., 2020).

Mass tragedies, especially those involving infectious diseases, often appear to cause a significant deterioration in the behavior and psychological well-being of many in the population, triggering increased waves of fear and anxiety (Balaratnasingam; Janca, 2006). In a recent study on people who are highly susceptible to coronavirus infection, the prevalence of traumatic stress was found to be 73.4%, depression 50.7%, general anxiety 44.7%, and insomnia 36.1% (Liu et al,2020). Studies on the psychological effects of previous global disease pandemics have revealed pandemic-related anxiety and stress, contamination concerns, health anxiety, post-traumatic stress, and suicidal tendencies (Chong, et al., 2004; Wheaton, et al., 2012; Wu), et al., 2009; Yip, et al., 2010; Wang, et al., 2020). Wang et al. (2020) found a significant relationship between stress, anxiety, and depression scores in their study on the mental health of the general population during the COVID-19 pandemic (Wang et al,2020). Cao et al. (2020), in their study, proved that approximately 24.9% of university students experience anxiety due to the COVID-19 pandemic.

METHOD

Sport-Specific Achievement Motivation Scale (SSAMS)

In the study, "Personal Information Form" prepared by the researchers, "Sport-Specific Achievement Motivation Scale-SSAMS", developed by Willis (1982) and adapted in Turkish by Tiryaki and Gödelek (1997), was used as a data collection tool. A total of 40 items (a) motivation to show power $r=0.81$, (b) motivation to approach achievement $r= 0.82$, (c) motivation to avoid failure $r= 0.80$, the expressions in the scale consisting of 3 sub-dimensions are 5-point Likert type (1) It is scored as "Never" and (5) "Always" (Tiryaki & Gödelek, 1997).

Death Anxiety Scale (DAS)

Combining the death anxiety scales developed by Templer and Boyar, Nehrke added some items to this composition (Thorson, 1977). As a result of Nehrke's arrangement in the scales of Templer and Boyar, the scale became a death anxiety scale consisting of 31 items in the true-false form. This scale is known as NTB (Nehrke, Templer, Boyar) scale in the literature (Thorson & Powell, 1994). Thorson and Powell (1992) developed this scale into a five-point Likert form consisting of 25 items. The scale, which was reconsidered in Thorson and Powell (1992), took its final form with the study. In its final form, the scale consists of 25 items in a five-point Likert form. 17 items of the Death Anxiety Scale have positive sentence structure as in the item "Coffins make me uneasy" (items in positive sentence structure in RDAS; 1, 2, 3, 5, 6, 7, 8, 9, 12, 14, 15), 16, 18, 19, 20, 22, 24), the other 8 items are in negative sentence structure, as in the item "I do not have a special fear of getting cancer" (Items in negative sentence structure in RDAS are items 4, 10, 11, 13, 17, 21, 23, 25). The lowest 0 and the highest 100 points can be obtained from the RDAS, and high scores indicate a high level of anxiety (Karaca & Yıldız, 2001). To determine the validity of DAS, factor analysis was performed using Varimax rotation. As a result, 4 main factors with eigenvalues greater than 1 were found on the scale. While the first factor (items: 2, 3, 6, 7, 12, 14, 18, 19, 22) called "anxiety about losing physical and mental functions" explained 26.3% of the variance; The second factor (items: 9, 13, 15, 16, 20, 23) called "anxiety about the other world" explains 8.7% of the variance. The third factor (items: 4, 11, 17, 25) "concerns about decay and deterioration" accounted for 7.1% of the variance; The fourth factor (items: 1, 5, 8, 10, 21, 24), "anxieties about the death process and suffering," explains 5.6% of the total variance.

Short Form of the Coronavirus Anxiety Scale (CAS)

A short mental health screening, CAS, was used to identify possible situations of dysfunctional anxiety associated with the COVID-19 crisis, developed by Lee

(2020). CAS is a 5-point Likert-type scale. The scale consists of 5 questions and one dimension. Scoring of the scale was performed as “0” “never”, “1” “Rare, less than one or two days”, “2” “A few days”, “3” “more than 7 days” and “4” “almost every day in the last two weeks”. According to the findings, the CAS, whose validity and reliability study was conducted by Biçer et al. (2020), shows the same features as the original scale consisting of one-dimensional and five questions. As a result of the statistical analysis, the Cronbach Alpha reliability coefficient of the 5-question and one-dimensional scale was calculated as 0.832. The factor loads of the scale, which consists of a single factor and 5 items, vary between 0.625 and 0.784.

Statistical Tests Used in the Study

Normality analysis was performed to determine whether the data obtained in the study were normally distributed. As a result of the analysis, it was observed that the data were normally distributed. For this reason, the T-Test, which is the parametric test statistics, was used at the 0.05 significance level, the Anova test at the 0.05 significance level, the correlation analysis at the 0.05 significance level, and the regression analysis at the 0.05 significance level.

FINDINGS

Table 1. Descriptive Statistics of Athletes' Gender, Age Groups and Education Level

Gender	Frequency	Percent
Male	46	73
Female	17	27
Total	63	100
Age Group		
14-20 Years	21	33,3
21 Years and More	42	66,7
Total	63	100
Level of Education		
High School	25	39,7
Undergraduate	32	50,8
Postgraduaate	6	9,5
Total	63	100

73% of the athletes are male and 27% are female. 33.3% of the athletes are in the 14-20 age group, and 66.7% are in the 21 and over age group. 39.7% of the athletes are at the high school level, 50.8% at the undergraduate level and 9.5% at the graduate level.

Table 2. Athletes' Coronavirus Anxiety Levels and Death Anxiety Levels

	N	Minimum	Maximum	Mean	Std. Deviation
Coronavirus Anxiety	63	0	11	2,6508	3,73803
Death Anxiety	63	54	95	77,0317	9,50207
Achievement Motivation in Sports	63	87	161	127,3651	14,50617

The coronavirus anxiety levels of the athletes are very low (mean=2,6508). Athletes' death anxiety levels are at medium level (mean= 77.03). Athletes have high achievement motivation in sports (mean=127.36).

Table 3. T-Test for the Difference Between Perceptions of Athletes' Gender and Coronavirus Anxiety Level, Death Anxiety Level, and Achievement Motivation in Sports

	Gender	N	Mean	Std. Dev.	t	df	p
Coronavirus Anxiety	Male	46	2,4565	3,61913	-0,637	61	0,530
	Female	17	3,1765	4,1115			
Death Anxiety	Male	46	76,2609	9,58108	-1,078	61	0,290
	Female	17	79,1176	9,23906			
Achievement Motivation in Sports	Male	46	125,4348	14,0549	-1,723	61	0,096
	female	17	132,5882	14,83686			

($p < 0,05$)

There was no difference between the coronavirus anxiety levels of the athletes and their genders ($p > 0.05$). There was no difference between the death anxiety levels of the athletes and their genders ($p > 0.05$). There is no difference between the achievement motivation levels in sports of the athletes and their genders ($p > 0.05$)

Table 4. The T-Test on the Differences between Athletes' Age Groups and Perceptions of Coronavirus Anxiety Level, Death Anxiety and Achievement Motivation in Sports

	Age Group	N	Mean	Std. Dev	t	df	p
Coronavirus Anxiety Level	14-20 Years	21	0,7143	2,43193	-3,103	61	0,003
	21 Years and Over	42	3,619	3,91963			
Death Anxiety	14-20 Years	21	78,5238	9,34676	0,888	61	0,382
	21 Years and Over	42	76,2857	9,60255			
Achievement Motivation in Sports	14-20 Years	21	129,9048	11,60993	0,982	61	0,283
	21 Years and Over	42	126,0952	15,73223			

There is a difference between the coronavirus anxiety levels of the athletes and the age groups ($p < 0.05$). There was no difference between the death anxiety levels of the athletes and the age groups ($p > 0.05$). There is no difference between the corona virus survey levels of the athletes and the age groups ($p > 0.05$).

Table 5. AnovaTest on the Difference between Athletes' Education Levels and Perceptions of Coronavirus, Death Anxiety, and Achievement Motivation in Sports

	Education Level	N	Mean	Std. Dev.	df	F	p
Coronavirus Anxiety Level	High School	25	2,24	3,24397	62	0,644	0,529
	Undergraduate	32	3,1563	4,06487			
	Postgraduate	6	1,6667	4,08248			
	Total	63	2,6508	3,73803			
Death Anxiety	High School	25	77,72	8,70115	62	0,56	0,574
	Undergraduate	32	77,2188	9,4382			
	Postgraduate	6	73,1667	13,54129			
	Total	63	77,0317	9,50207			
Achievement Motivasyon in Sports	High School	25	124,56	16,36582	62	1,019	0,367
	Undergraduate	32	128,5	13,47878			
	Postgraduate	6	133	10,56409			
	Total	63	127,3651	14,50617			

($p < 0,05$)

There was no difference between the coronavirus anxiety levels of the athletes and their education levels ($p > 0.05$). There was no difference between the death anxiety levels of the athletes and their education levels ($p > 0.05$). There was no difference between the coronavirus anxiety levels of the athletes and their education levels ($p > 0.05$).

Table 6. Correlation Analysis of the Relationship Between the Athletes' Achievement Motivation in Sports and their Coronavirus Anxiety Levels and Death Anxiety Levels

	Achievement Motivation in Sports	
Coronavirus Anxiety Level	Pearson Correlation	
	p	0,242
	N	63
Death Anxiety	Pearson Correlation	0,249
	p	0,050*
	N	63

$p < 0,05^*$

There is no significant relationship between the coronavirus anxiety levels of the athletes and the level of achievement motivation in sports ($p > 0.05$). There is a weak positive correlation between the death anxiety levels of the athletes and the level of achievement motivation in sports ($p < 0.05$).

Table 7. Correlation Analysis of the Effect of Death Anxiety Levels on Athletes' Achievement Motivation in Sports

	R	R ²	B	Std Error	Beta	t	P
Achievement Motivation in Sports	0,198 ^a	0,39	104,113	14,87		7,003	0,000
Death Anxiety			0,302	0,192	0,198	1,574	

^aDependent Variable: Death Anxiety

$p < 0,05^*$

The effect of the death anxiety levels of the athletes on the achievement motivation levels of the athletes is at the level of 19.8%.

DISCUSSION AND RESULT

According to the results obtained in the study; 73% of the athletes are male and 27% are female. 33.3% of the athletes are in the 14-20 age group, and 66.7% are in the 21 and over age group. 39.7% of the athletes are at the high school level, 50.8% are at the undergraduate level and 9.5% are at the postgraduate level. The coronavirus anxiety levels of the athletes are very low (mean=2,6508). The level of fear of death of the athletes is at a medium level (mean= 77.03). Athletes have high achievement motivation in sports (mean=127.36). There is no difference between the genders of the athletes and the level of coronavirus anxiety, fear of death, and achievement motivation in sports.

Although the coronavirus anxiety levels of the athletes are generally very low, there are differences between age groups. Athletes in the 21 and over age group are higher than the 14-20 age group athletes. According to the results obtained; as stated in the conceptual dimension of the scale; Basketball players in the 14-20 age group minimize watching, reading, or listening to news about Covid-19, which causes them to feel anxious or anxious. Basketball players in the 14-20 age group only seek information from reliable sources and prepare daily plans. Basketball players in the 14-20 age group take better practical steps to protect themselves and their loved ones compared to the 21 and over age group basketball players. They also follow information updates once or twice at certain times during the day. Being bombarded with sudden and almost constant news about an epidemic causes concern. In this respect, it is seen that the 14-20 age group basketball players take better precautions against news bombardment than the 21

and over age group. Therefore, they can learn the facts and reduce their anxiety levels by avoiding rumors and false information.

There is no difference between age groups in the level of fear of death of the athletes and the level of achievement-motivation in sports. There is no difference between the education levels of the athletes and the levels of coronavirus anxiety, fear of death, and achievement motivation in sports. In other words, the education level of the athletes has no effect on the three concepts we examined.

There is no significant relationship between the coronavirus anxiety levels of the athletes and the level of achievement-motivation in sports. There is a weak positive correlation between the fear of death levels of the athletes and the level of achievement-motivation in sports. The effect of the death anxiety levels of the athletes on the achievement motivation levels of the athletes is at the level of 19.8%. This situation brings with it a mutual interaction. As the death anxiety levels of the athletes increase, the level of achievement-motivation in sports also increases. The athletes in our study have a high level of achievement-motivation in sports, as well as a moderate level of death anxiety. Looking at the result obtained from this point of view, Bassett (2007) states that the defense mechanisms against death anxiety are a motivating driving force for various human behaviors. Basketball players feel less death anxiety thanks to their sport-specific achievement motivation. Life as a whole, coming to this world, continuing his life, leaving the world are the elements of the process and it is valid for all humanity. However, if people cannot accept death and leave death out of the process, they may experience problems while facing death in the future. As the level of achievement-motivation in sports and sports rises, the basketball player will accept death and become more advantageous than other individuals. Compared to individuals who do not play basketball and lack the achievement motivation specific to sports, they will be able to accept that death is a part of their life more quickly. Compared to individuals who do not play basketball and lack the achievement motivation specific to sports, they will live their own lives more meaningfully and will be able to maintain their emotional balance by keeping their energy dynamic.

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