

Commentary: Coronavirus Disease 2019 Worry and Related Factors: Turkish Adaptation and Psychometric Properties of the Coronavirus Disease 2019 Worry Scale

Coronavirus disease 2019 (COVID-19) pandemic has produced an undisputable impact on moral, social, and psychological functioning both on individual and group levels.

On group macro- and meso-levels, the global international population's studies revealed the predictive role of national identity and political values on the public health response.¹ Machine learning has further assisted the prediction of attitudinal and behavioral responses to the challenges of the pandemic, especially adherence to preventive measures. There have been identified some critical psychological constructs in this regard, such as internalized moral identity, morality as cooperation, symbolized moral identity, self-control, open-mindedness, and collective narcissism.²

However, cultural diversity and stage of the pandemic appear to be factors at the macro-group level beyond such predictive models.

On an individual or micro-level, the consequences of the pandemic affect mental health in several, intertwined dimensions. Those were defined in many studies as either COVID phobia or COVID anxiety,³ mainly aggregate constructs which are delivered to demarcate 2 different types of abnormal health attitudes and behaviors. COVID phobia is predominantly a state measure, which indicates rather *de novo* situational condition and is corresponding to a certain extent with the traditional psychopathological entity of specific phobias, whereas COVID anxiety is an emergent state which appears more as a protrusion of background hypochondriac and obsessive-compulsive personality traits.⁴ Coronaphobia was identified by some authors in terms of incremental validator to merge death anxiety, depression, and generalized anxiety.⁵

Anxiety related to COVID-19 has also been investigated in the Turkish population with the new standardized tool.⁶

The present study offers a careful adaptation of another psychological method—The Coronavirus Worry Scale (CWS) in the Turkish population. Authors pay due attention to convergent validity with the above-mentioned neighboring constructs, such as coronavirus anxiety, obsession, and fear. The sample is satisfyingly nuanced in terms of demographics. The psychometric approach is excellently managed. It includes psycholinguistic adaptation, reliability analysis, measuring convergent validity, factor analysis, and Likert scale. In essence, the adapted scale is short, and therein lies its screening-diagnostic value. The limitations of the study are correctly indicated, for instance, the use of an online platform, the lack of access to individuals who do not use the Internet, and, in this sense, a convenience sample. The results are robust for 2 main reasons:

- Cultural relevance of the data. The research design has the potential to correctly capture psychological trends because people who use the Internet belong to the technological context of the time and within the social normative demands.
- Structural relevance. Brief instruments such as the CWS combined with a Likert response scale allow subjectivity to be better monitored.



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Work environment, education, and research have adopted predominantly online format during the pandemic. Life in chronic sensory and social deprivation affecting the brain, mind, and relationships is traumatic.⁷ That is why psychosocial functioning takes on the trajectory of a new, though much distorted social norm. If we trust the phenomenological reading of the pandemic, we must note that traumatism, no matter to what degree it is expressed, is an essential feature of the collective experience. The main finding of the present study is that COVID-19 worry is significantly higher in people who have lost relatives or loved ones. COVID-19 worry, as shown by means of convergent validation, is a psychological construct related to negative emotional states—anxiety, fear, obsession, and depression. What many authors have classified as a “new normality” (psychological pandemic, emotional pandemic, and/or information pandemic) is related to psychologism articulated from many different scientific reports of stress, depression, anxiety, post-traumatic stress disorder, cognitive changes, facts of morbidity, mortality, and infection with COVID-19.^{8,9} These phenomena can affect in a negative way the general models of illness behavior, with a shift toward mal-adaptive, abnormal styles, such as aggravation, conversion, and a wide range of other psychosomatic reactions. In turn, abnormal behaviors and attitudes to health and disease can produce potential additional burden and consequent collateral damages in the health-care system.¹⁰

The CWS turns out to be brief and consistent with other findings too indirectly associated with these phenomena. Collective behavior is an extremely important variable of mental health in interpreting both the phenomenology and consequences of the pandemic. The method is highly informative and reliable in terms of assessing psychosocial attitudes in a specific context.

It can motivate further research to explore the links and overlaps between existing and emergent constructs of personality and health psychology to better understand overall health attitudes and behaviors.

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