

ORIGINAL ARTICLE/ORIJİNAL MAKALE

Psychological Effects of COVID-19 Pandemic on Gynaecologic Oncology Patients Receiving Chemotherapy

COVID-19 Pandemisinin Kemoterapi Alan Jinekolojik Onkoloji Hastalarına Psikolojik Etkileri

 Dilek Yüksel¹  Fulya Kayıkcıoğlu¹  Sevgi Koç¹

¹University of Health Sciences, Ankara Etlik Zübeyde Hanım Health Research Center for Gynecological Disease, Ankara, Türkiye

ABSTRACT

Objective: Negative consequences of COVID-19 can cause psychological problems in cancer patients. This study aims to examine the thoughts, anxiety and depression levels of gynaecologic oncology patients who received chemotherapy in our gynaecologic oncology clinic during the COVID-19 pandemic.

Material and Methods: 30 gynaecologic oncology patients who applied to the gynaecologic oncology chemotherapy unit between 15 May 2020 and 1 August 2020 for chemotherapy were included. The opinions of the patients about COVID-19 were collected using the patient information form and Beck depression inventory (BDI) and Beck anxiety inventory (BAI) scales were used to evaluate anxiety and depression levels.

Results: The mean BDI and BAI scores were 16.80 ± 11.43 and 14.50 ± 13.17 , respectively. No difference was found in the anxiety and depression scores between relapse and primary cases. Furthermore, a positive significant correlation was found between the BDI and BAI scores ($r = 0.6969$ $p < 0.001$). No significant correlation was observed between age and anxiety and depression scores.

Conclusion: Pandemics can cause social and psychological problems in society. During such periods, cancer patients face both their primary diseases and the negative consequences of pandemics. Thus, cancer patients should be medically and psychologically monitored during pandemics.

Key words: COVID-19, Gynecologic cancer, Psychological care, Quality of life

ÖZET

Amaç: COVID-19'un olumsuz sonuçları kanser hastalarında psikolojik sorunlara neden olabilir. Bu çalışma, COVID-19 pandemisi sırasında jinekolojik onkoloji kliniğimizde kemoterapi alan jinekolojik onkoloji hastalarının düşünce, anksiyete ve depresyon düzeylerini incelemeyi amaçlamaktadır.

Materyal ve Metod: 15 Mayıs 2020 - 1 Ağustos 2020 tarihleri arasında jinekolojik onkoloji kemoterapi ünitesine kemoterapi için başvuran 30 jinekolojik onkoloji hastası çalışmaya dahil edildi. Hastaların COVID-19 hakkındaki görüşleri hasta bilgi formu kullanılarak toplandı ve anksiyete ve depresyon düzeylerini değerlendirmek için Beck depresyon envanteri (BDE) ve Beck anksiyete envanteri (BAI) ölçekleri kullanıldı.

Bulgular: Ortalama BDÖ ve BAÖ puanları sırasıyla 16.80 ± 11.43 ve 14.50 ± 13.17 idi. Nüks ve birincil vakalar arasında anksiyete ve depresyon puanlarında fark bulunmadı. Ayrıca BDE ve BAI puanları arasında pozitif yönde anlamlı bir ilişki bulundu ($r = 0,6969$ $p < 0,001$). Yaş ile anksiyete ve depresyon puanları arasında anlamlı bir ilişki gözlenmedi.

Sonuçlar: Pandemiler toplumda sosyal ve psikolojik sorunlara neden olabilir. Bu dönemlerde kanser hastaları hem birincil hastalıklarıyla hem de pandemilerin olumsuz sonuçlarıyla karşı karşıya kalmaktadır. Bu nedenle kanser hastaları pandemi sırasında tıbbi ve psikolojik olarak izlenmelidir.

Anahtar kelimeler: COVID-19, Jinekolojik kanser, Psikolojik bakım, Yaşam kalitesi

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Correspondence: Dilek Yüksel, University of Health Sciences, Ankara Etlik Zübeyde Hanım Health Research Center for Gynecological Disease, Ankara, Türkiye. E-mail: drdilekacar@hotmail.com

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INTRODUCTION

In Wuhan, China, cases of fatal pneumonia of unknown etiology were reported from late December 2019. On January 7, 2020, the causative agent was announced to be a novel coronavirus that had not been previously detected in humans, and this agent that caused severe acute respiratory syndrome was named novel coronavirus (SARS-CoV-2) (COVID-19) (1).

After January 2020, the number of new cases began to grow rapidly. The threat of the COVID-19 epidemic has been faced by 185 countries, including Turkey. On 11 March 2020, the World Health Organization (WHO) declared COVID-19 as a pandemic due to high rates of transmission and mortality (1). In Turkey, the first COVID-19 case was documented on 10 March 2020 (2). As of 3 September 2020, 26,356,657 cases and 870,284 deaths were attributed to COVID-19 worldwide, with 274,943 confirmed cases and 6,511 deaths in Turkey (3).

This is not the first pandemic humanity has faced; hence, the potentially destructive medical, economic, social, cultural and psychological impact of a viral pandemic is already known (4). Unexpectedly high transmission rate of the disease, high infection rate and relatively high mortality rate as well as increased number of cases can lead to psychological problems such as anxiety, depression and stress (5-8).

Cancer patients are more susceptible to infections than healthy people due to secondary systemic immunosuppression due to both malignancy and anticancer treatments. Therefore, these patients are among the highest risk group with respect to COVID-19's serious and critical effects (9,10). During a pandemic, the management of cancer patients is crucial, and cancer research associations have developed many management algorithms

related to this issue (11). Although elective operations can be postponed, in patients receiving chemotherapy, treatment should be individually provided on a patient basis, depending on the biological characteristics of the tumour, the clinical condition of the patient with symptoms and treatment tolerance.

During this period, these patients have to cope with the stress of cancer, accepting the disease and maintaining life in the best possible conditions with the least possible pain while putting any and all psychological and behavioural effort. In addition, the anxiety and stress on individuals caused by the pandemic can adversely affect these patients.

This study aims to examine the thoughts, anxiety and depression levels of gynaecologic oncology patients who received chemotherapy in our gynaecologic oncology clinic during the COVID-19 pandemic.

MATERIAL AND METHODS

Gynaecologic oncology patients who applied to the Chemotherapy Unit of our institution between 15 May 2020 and 1 August 2020 were included in this study. During this period, 36 patients applied to the chemotherapy unit, and 6 patients who did not want to participate were excluded from the study. The study was planned as a cross-sectional research to investigate the knowledge, attitude and anxiety level related to COVID-19 and to determine the anxiety and depression symptoms in gynaecologic oncology patients receiving chemotherapy. Approval was obtained from both the Institutional Review Board of our hospital (Decision number: 2020/53) and the Local Ethics Committee (No: 2020/53) for conducting the study. Informed consent form was obtained from the patients who participated in the study.

The study data were collected using the patient information form (demographic and clinical information and inventory form related to COVID-19), these forms were prepared by the researchers. They contained some descriptive questions such as age, diagnosis (chemotherapy indication), chemotherapy protocol received, presence of chronic disease, gravida/parity, body mass index, education level, occupation, place of residence, marital status and number of people living at home. In the evaluation form about COVID-19, the patients were questioned on whether they had sufficient information about COVID-19, whether there was any available treatment for COVID-19, the route of transmission, how much they were affected by the pandemic, their attitude towards being infected by COVID-19, the measures they took and the effects of the pandemic on their personal behaviour and expectations. Depression and anxiety levels were assessed using the Beck Depression Inventory and the Beck Anxiety Inventory, both of which are widely used, internationally validated instruments with established reliability and validity in Turkish populations.

Beck Anxiety Inventory:

Developed by Beck et al. (12), the Turkish validity and reliability study of this scale was conducted by Ulusoy et al. (13). The scale evaluates the frequency of anxiety symptoms experienced by the individual. Each item receives a score of 0–3, and high scores from the scale indicate a high level of anxiety. The scale is scored as follows: 0–17 points, low anxiety; 18–24 points, moderate anxiety and ≥ 25 points, high anxiety. Higher scores from the scale indicate the severity of the anxiety experienced by the individual.

Beck Depression Inventory;

BDI is a self-report inventory of 21 items designed by Beck et al. (14) to determine people's depression levels. Turkish validity and reliability study was done by Hisli et al. (15). The inventory aims to determine the risk in terms of depression and to measure the level of depressive symptoms and the change in their severity. Higher scores indicate an increase in depressive symptoms. Each item receives a score of 0–3, and a total score of 0–63 can be obtained from the inventory. Score of 0–9 indicates normal depressive symptoms, 10–18 indicates mild depressive symptoms, 19–29 indicates moderate depressive symptoms and 30–63 indicates severe depressive symptoms.

Statistical Analysis

Mean, standard deviation, median, minimum and maximum values were presented in descriptive statistics of continuous variables. Frequency (n) and percentage (%) values were presented for categorical variables. Mann–Whitney U test was used to compare continuous variables between two groups, and the correlations between continuous variables were analysed by the Spearman correlation analysis. The data were evaluated with the IBM SPSS.23 program, and $p < 0.05$ was considered as statistically significant.

RESULTS

Sociodemographic and medical characteristics of patients participating in the study are shown in Table 1. The mean age of the patients was 55.47 ± 10.09 years, the mean body mass index was 30.03 ± 5.50 . 22 of the 30 cancer patients (73.3%) included in the study were primary school graduates and 24 (80%) were married. According to the number of treatment courses they received, 15 patients (50%) were

receiving 2nd–4th course, while 15 patients (50%) were receiving the 5th or 6th course. 20 (66.7%) patients were receiving adjuvant chemotherapy, the remainder were on salvage chemotherapy because of recurrent or disseminated disease. The most common type of treatment was adjuvant chemotherapy with 20 patients (66.7%). Finally, 15 (50%) patients had additional diseases.

Diagnosis was ovarian cancer in 13 patients, endometrial cancer in 6 patients, cervical cancer in 1 patient, leiomyosarcoma in 1 patient and gestational trophoblastic neoplasia in 1 patient. The remaining 8 patients were receiving salvage chemotherapy due to recurrence of cervical and endometrial cancer.

When the distribution of responses to related questions in the COVID-19 evaluation form was evaluated, 19 (63.3%) patients declared to sufficient knowledge about COVID-19, 17 patients (56.7%) stated that they were afraid of COVID-19 and 18 patients (60%) stated that the thought of COVID-19 disturbed them. In addition, 14 patients (46.7%) were afraid of losing their lives due to COVID-19, 21 patients

(70%) stated that COVID-19 news on social media made them anxious/concerned and 10 patients (33.3%) stated that they thought they would get infected by COVID-19 (Table 2).

Three (10%) patients reported that the pandemic did not affect their behaviour, eight (26.7%) patients stated that they were afraid to experience economic difficulties, 19 (63.3%) were afraid about the discontinuation of their treatment and 15 (50%) were afraid that they would relapse during the pandemic (Table 2). There was no significant difference in age with respect to answers about COVID-19 ($p>0.05$) (Table 3).

The mean BDI and BAI scores were 16.80 ± 11.43 and 14.50 ± 13.17 , respectively. With a cut-off value for BDI was accepted as 18, we determined that 12 (40%) patients had depression that would require treatment. When the cut-off value for BAI was taken as 17, we determined that 8 (27%) patients had moderate and high anxiety scores. The distribution of BDI and BAI scores of all patients is shown in Table 4.

Spearman correlation analysis was performed

Table 1. Distribution of Patients by Sociodemographic and Medical Characteristics

Variable	Number (n)	Frequency (%)
Education status		
Primary education	22	73,3
Secondary education	7	23,3
University	1	3,3
Marital status		
Married	24	80,0
Single or Divorced	6	20,0
Number of cycles		
2, 3 or 4	15	50,0
5 or 6	15	50,0
Chemotherapy type		
Adjuvant	20	66,7
Neoadjuvant	1	3,3
Salvage	9	30,0
Comorbidity		
Yes	15	50,0
No	15	50,0

Table 2. Distribution of answers to questions about COVID-19 and how the pandemic process affects personal behavior

Variable	Number (n)	Frequency (%)
Do you have enough information about COVID-19?		
Yes	19	63,3
No	11	36,7
Are you afraid of COVID-19?		
Yes	17	56,7
No	13	43,3
Are you disturb of thinking about COVID-19?		
Yes	18	60,0
No	12	40,0
Are you afraid of losing your life due to COVID-19?		
Yes	14	46,7
No	16	53,3
Are you anxious/worried about COVID-19 news on social media?		
Yes	21	70,0
No	9	30,0
Do you think you are going to have COVID-19?		
Yes	10	33,3
No	20	66,7
How has the pandemic process affected your personal behavior?		
I'm not affected by the process	3	10
I'm afraid of financial problems	8	26,7
I am afraid of treatment interruption	19	63,3
I am afraid of recurrence of the disease	15	50

Table 3. Comparison of Average Age of Patients According to Various Variables

	Mean±S.D.	Median (Min. - Max.)	U	p
Do you have enough information about COVID-19?			68,50	,121
Yes (n=19)	53,00±9,86	55,00 (34-67)		
No (n=11)	59,73±9,41	56,00 (47-78)		
Are you afraid of COVID-19?			89,00	,368
Yes (n=17)	57,00±7,90	56,00 (40-69)		
No (n=13)	53,46±12,45	55,00 (34-78)		
Are you disturb of thinking about COVID-19?			87,00	,374
Yes (n=18)	54,39±10,42	54,50 (34-78)		
No (n=12)	57,08±9,79	57,00 (40-69)		
Are you afraid of losing your life due to COVID-19?			93,50	,441
Yes (n=14)	53,71±9,75	54,50 (34-68)		
No (n=16)	57,00±10,44	55,50 (40-78)		
Are you anxious/worried about COVID-19 news on social media?			74,00	,353
Yes (n=21)	54,52±10,71	54,00 (34-78)		
No (n=9)	57,67±8,63	58,00 (40-67)		
Do you think you are going to have COVID-19?			87,00	,567
Yes (n=10)	57,10±12,52	55,50 (34-78)		
No (n=20)	54,65±8,89	55,00 (40-68)		

Table 4. Distribution of Beck Depression and Anxiety Scores

	Mean±S.D.	Median (Min. - Max.)
Beck Anxiety Score		
Low (n = 22)	53,86±10,05	54,50 (34-69)
Medium (n = 3)	53,67±3,21	55,00 (50-56)
High (n = 5)	63,60±10,16	65,00 (52-78)
Beck Depression Score		
Normal (n = 8)	56,75±11,82	59,00 (34-69)
Mild (n = 10)	51,50±8,61	51,50 (40-66)
Medium (n = 7)	56,86±5,52	56,00 (51-67)
Severe (n = 5)	59,40±14,69	64,00 (40-78)

Table 5. Spearman Correlation Analysis Results of the Relationships among Age, Body Mass Index, Beck Anxiety Scale and Beck Depression Scale Scores

	Ave.	S.D.	Median (Min. - Max.)	1	2	3	4
1. Age	55,47	10,09	55 (34-78)	-			
2. BMI ^a	30,03	5,50	29,35(21,23-43,16)	,402*	-		
3. Beck Anxiety Score	14,50	13,17	12 (0-59)	,053	-,003	-	
4. Beck Depression Score	16,80	11,43	15 (1-39)	,081	,010	,696***	-

^a Body Mass Index, *p<,05 ***p<,001

to examine the relationships between the BAI and BDI scores, and the findings are shown in Table 5. A positive correlation was found between BDI and BAI scores ($r = 0.6969$; $p < 0.001$). No significant correlation was present between age and anxiety and depression scores.

Mann–Whitney U test was performed to determine whether a statistically significant difference was present between BAI and BDI scores among patients receiving relapse and primary cancer treatment. The anxiety scores of patients in relapse (23.13 ± 19.73 ; median = 15.50) were found to be marginally higher than those of primary patients (11.36 ± 8.44 ; median = 9) ($U = 47.00$, $z = -1.93$, $p = 0.056$). However, no statistically significant difference was present between depression and anxiety scores of patients receiving relapse and primary cancer treatment.

DISCUSSION

To the best of our knowledge, this is the first study to examine the impact of COVID-19 on gynaecologic oncology patients who received chemotherapy during the pandemic. Numerous studies have reported that the viral pandemic has medical, economic, social, cultural and psychological effects on public health (4,15).

Due to social isolation, which is necessitated by the pandemic, individuals are distanced from family and friends and their daily routine is restricted (16). This situation has a psychological effect on individuals (8). Wang et al. reported that social restrictions due to COVID-19 may lead to psychological pathologies, including mood and anxiety symptoms, in patients without previous mental disorders (17). Another study investigating the psychological and social effects of COVID-19 restrictions on

individuals with pre-existing anxiety disorders reported that they caused only a minimal increase in symptoms or social deterioration (18).

During this period, due to the rapid progression of COVID-19, research on the control, prevention and treatment of the virus has become a priority. However, a neglected fact is the social and psychological effects of the pandemic. Cancer patients may face the medical, social and psychological problems caused by the pandemic while fighting their primary diseases.

Cancer patients are more susceptible to infections both due to their primary diseases and the immunosuppressant they receive (9). These patients, who try to protect themselves from many external factors during the disease, are more susceptible to the high transmission risk brought about by the pandemic (19).

Cancer patients are in danger of losing what they have throughout their lives; they face losing their economic power, any one of their organs and even their lives. The pressure caused by all these factors and the additional problems caused by the pandemic can have psychological effects on the patient.

The main reaction of a cancer patient who accepts her illness is anxiety (20). Sources of anxiety are the threat of extinction, perception of loss, thoughts of separation and death and a sense of alienation to the body.

The person who adapts to cancer directs her energy and spiritual power to her life, learns to live with her illness, agrees to the treatment program, questions her life preferences and seeks confidence and balance. External negative factors experienced during this period adversely affect the patient's adaptation and expectations.

In this study, when the BDI and BAI scores of our patients during the pandemic were examined, severe depression scores were found in 40% and high anxiety scores were observed in 27% of the patients. Support was provided from the psychological support unit for the patients with high scores. COVID-19 created fear in many patients, and thinking about it made the patients uncomfortable. The vast majority of patients feared that their treatment would be disrupted and that their disease may recur during this period. The threat in the COVID-19 epidemic is ambiguous and persistent, and this can cause fear to become chronic and severe (21).

In gynaecologic oncology patients, the period of chemotherapy after primary surgery is a very important process in terms of patient and disease control. During this period, neutropenia, fever and infections due to immunosuppression in chemotherapy may delay the course of chemotherapy. This places additional stress on patients even in the absence of a pandemic. Thus, a highly contagious virus, such as COVID-19, that generally leads to severe diseases in cases with additional comorbidities may cause fear and anxiety related to COVID-19. Disease progression or recurrence is always a possibility during and after cancer treatment. Therefore, patients are worried about the recurrence of the disease.

Cancer itself is a shock and is a stressful incident for patients. Patients who overcome this phase and accept treatment and find or try to find their mental balance avoid factors that will affect their psychological balance (22,23). Although family and environmental factors are important during this period, factors that cause social stress, such as the pandemics, can affect patients.

No previous study on this subject related to

COVID-19 pandemic has been conducted with gynaecologic oncology patients. In this study, we aimed to investigate the anxiety and depression caused by the pandemic in patients receiving chemotherapy for gynaecological cancer during this period. With this study, we emphasize that these patients need psychological support during their treatment, especially in a period such as the pandemic, and this patient group, which is a high-risk and priority group in a period like a pandemic, may need more psychological support. However, the small sample size and the absence of a healthy control group are the limitations of this study.

In conclusion, the COVID-19 pandemic causes social and psychological trauma on the whole society. Cancer patients receiving treatment during this period should be prioritized due to the psychological condition they are in as a result of their primary diseases and the additional stress brought about by the pandemic. Therefore, defining the psychological symptoms of the disease and providing psychological support is important to increase the quality of life of the patients and to get better treatment response.

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Ethics Committee Approval

Approval was obtained from both the Institutional Review Board of our hospital (Decision number: 2020/53) and the Local Ethics Committee (No: 2020/53) for conducting the study.

Author Contributions:

All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Conflict of Interests

The authors declare that they have no known

competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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