

# Death anxiety among cancer patients

<sup>1</sup>Miss. Bhairavi Parishwad, <sup>2</sup>Dr. Yasmin D. Nadaf, <sup>3</sup>Dr. Shivaswamy M.S.

<sup>1</sup>Lecturer, <sup>2</sup>Associate Professor and Consultant Psychologist, Dept. of Psychology, KAHER, Belagavi, <sup>3</sup>Professor, Community Medicine, J.N.Medical College, Belagavi

<sup>1</sup>Department of Psychology

<sup>1</sup>KLE Academy of Higher Education and Research, Belagavi, India

[parishwadbhairavi@gmail.com](mailto:parishwadbhairavi@gmail.com), [yasminanandaf@gmail.com](mailto:yasminanandaf@gmail.com), [drshivaswamymys@yahoo.co.in](mailto:drshivaswamymys@yahoo.co.in)

**Abstract:**

**BACKGROUND:**

Cancer is caused by the abnormal growth of cells. It is perceived as a serious and chronic disease that contains hopelessness and uncertainties, reminds of a painful death, evokes guilt and anxiety and creates panic and confusion. In this sense, cancer causes a disaster and a dramatic breakdown in the psychic balance of the person. In cancer patients, psychological problems such as depression and anxiety persist and can cause an additional burden during their treatment, making it more challenging in terms of its management and control.

**OBJECTIVE:** To measure the level of 'Death Anxiety' among cancer patients

**MATERIALS AND METHODS:** Present study was aimed at studying the level of death anxiety among cancer patients using Death Anxiety Scale by Upinder Dhar, Savitha Mehtha and Santosh Dhar (English/Hindi) with the sample size of 70 cancer patients from Cancer Hospitals of Belagavi district.

**STATISTICAL ANALYSIS:** Percentage method was applied.

**RESULTS:** Results indicated 58.57% of participants had high and 35.71% had moderate level of death anxiety.

**CONCLUSION:** High level of death anxiety is noted in cancer patients

**Key words:** Cancer, Cancer patients and Death anxiety

## I. INTRODUCTION

Health is the greatest gift and resource for the individuals to be productive members of any society and also to live life in a content full way, but illness impacts individual's life negatively in a notable way especially chronic illnesses bring major negative effects on person's physical, psychological, vocational, family, financial and other domains of life, which not only makes the patient to suffer from disease but also develop many psycho-emotional and behavioural problems that in turn makes life more suffering. Cancer is one among the chronic illnesses that threatens person's life and wellbeing.

Cancer incidence rates are rising at an alarming rate in India and are expected to rise by 12% in the next 5 years.<sup>1</sup> According to World Health Organization "Cancer is a large group of disease that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and spread to other organs. The latter process is called metastasizing and is a major cause of death from cancer".<sup>2</sup> As per National "Cancer Institute "Cancer is term for disease in which abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph system".<sup>3</sup>

Cancer often has a profound impact on the mental and emotional well-being. Depressive and anxiety related disorders share common characteristics such as tiredness, sleep issues and loss of appetite, which makes recognizing any psychological conditions a challenging task. This poses threats to life. Serious psychiatric problems, like dementia and addiction can reduce the likelihood of survival after diagnosis, potentially leading to individuals not receiving the treatment they need.<sup>4</sup>

Suffering manifests itself in a various ways for cancer sufferers. One of these is a vague fear of death. It is one of the most frequent in the world and death dread is a significant element in these individuals.<sup>5</sup>

Death anxiety is also called as Thanatophobia. In Greek language, the word 'Thanatos' refers to 'death' and 'phobos' means 'fear'. Thus, the word 'death anxiety' is characterized by a fear of one's own death process of dying. It is commonly referred as death anxiety.<sup>6</sup>

Death anxiety is the fear of dying and anxiety related to the anticipation, awareness and nonexistence. It typically includes emotional, cognitive and motivational components that vary according to a person's stage of development and sociocultural life experiences. It is associated with fundamental brain structures that regulate fight – or – flight responses and record emotionally charged explicit and implicit memories.<sup>7</sup>

Cancer patients frequently face substantial psycho emotional difficulties, such as elevated anxiety, depression and psychosocial distress. Research shows that around 52% of these patients report significant psychological distress, particularly those with pancreatic and female genital cancers. Their emotional states can vary throughout treatment and caregivers also endure negative emotions related to unmet needs. The prevalence of psychiatric disorders among cancer patients ranges from 29% to 47%, adversely impacting their quality of life and adherence to treatment.<sup>8</sup>

Suffering comes in many ways for patients confronting cancer. One of these is an unspecifiable fear about death, which is an existential issue. Psychiatric diagnosis, pain scores and negative beliefs about what will happen after death were found to be higher in patients having death anxiety than patients not having death anxiety. Also life expectancy was perceived as shortened in patients with death anxiety. In cancer patients, anxiety and depressive symptoms are associated with beliefs about what will happen after their death. Death anxiety could not be regarded as a natural consequence of having cancer, it is associated with the unresolved psychological, behavioural issues and physical distress.<sup>9</sup>

Several reasons - personal, societal, cultural and religious contrast all have influence on one's level of demise fear and tension, which is pessimistically affect quality of life. The major goal of cancer treatment is to maintain patients physical condition and feature, but unfortunately ignores the psychological suffering and problems of the patients like death anxiety, which decrease the endure status of life. When a person is unexpectedly diagnosed with a life threatening illness, they are subject to unmanageable empirical anxiety and severe emotional upheaval.<sup>10</sup>

Many patients are least prepared for the emotional impact that cancer may have on them and on their families. Assisting individuals with issues related to mental health, upon being diagnosed with cancer and who are on treatment for cancer is a significant element of wide spectrum of care, which effects an individual's prognosis along with the outcome. Facilitating discussions about the issues of mental health can help patients get the support they need.<sup>11</sup>

Counselling and therapies play a crucial role in the comprehensive care of cancer patients as well as their family members to manage the psychological, emotional and behavioural challenges that often accompany a diagnosis and treatment counselling and therapies such as psychotherapy, acceptance and commitment therapy, supportive, mindfulness and stress reduction counselling, cognitive behavioural therapy, psych educational programs and coping strategies can help patients develop coping strategies to deal with symptoms, treatment side effects and, these interventions not only address emotional, behavioural, psychological and social challenges of cancer diagnosis but also support the overall treatment process.<sup>12</sup>

Hence, cancer is viewed as a terrible and chronic disease that brings with its feeling by hopelessness and uncertainty, conjures up image of a horrible death, elicits feeling of shame and worry that cases fear and confusion. In this perspective, cancer is tragedy that causes a major collapse in a person's psychic balance. Considering death and identifying its domains helps health care practitioners establish ties to content areas that they can utilize to assess specific interventional needs. So, not only physical health and wellbeing are maintained but also overall psychological and general wellbeing of these patients can be maintained and enhanced, which helps in improving the Quality of life.

**Objective:** To measure the level of 'Death Anxiety' among cancer patients.

## II. MATERIALS AND METHODS

By keeping the importance of death anxiety and its negative impacts among cancer patients in view, the present study was undertaken.

**Research design:** Descriptive Cross Sectional study

**Sampling technique:** Convenience sampling

**Sample size:** By using scientific formula  $n = z^2 s^2 / d^2$  the sample size is calculated

$$\begin{aligned} n &= z^2 s^2 / d^2 \\ &= (1.96)^2 (8.5)^2 / (2)^2 \\ &= (3.84) (72.25) / 4 \\ &= 277.44 / 4 \\ &= 69.36 \\ n &= 69.36 \end{aligned}$$

Thus, the sample size was fixed at 70 Cancer Patients.

**Inclusion Criteria:** All types of cancer patients aged 20 to 65 diagnosed with phase I and II Cancer, from hospitals in Belagavi district were included in the study.

**Exclusion criteria:** Patients with advanced cancer phase III and phase IV were excluded.

**Measure used:** Death Anxiety Scale by Upinder Dhar, Savitha Mehtha and Santosh Dhar (English/Hindi) consisting of 10 items.

**Procedure:** After seeking approval and ethical clearance from J.N.Medical College Ethics committee for Human Subjects' Research, KLE Academy of Higher Education and Research (KAHER) Belagavi and the authorities from the cancer hospitals, the present study was conducted; 70 cancer patients were selected as participants by convenience sampling technique. After briefing the study to the cancer patients and obtaining written Informed Consent from them, the questionnaire was administered with clear instructions and doubts (if any) were clarified and approximately 20-30 minutes of time was given to fill in the questionnaire. In case of patient was unable to read the investigator asked the questions and noted the responses from the participants. Once the questionnaires were filled by the patients/participants, they were collected back. Collected data was then produced for scoring by referring the manual and entered into Micro Soft Excel for further statistical computation and analysis.

**Statistical analysis:** The data was collected and tabulated using Statistical Package for the Social Sciences and percentage method was applied to find out the levels of death anxiety in cancer patients.

### III. RESULTS AND DISCUSSION

Fear of dying is heightened in the patients with illnesses that are life threatening, which also makes cognitive and emotional functioning difficult. Cancer is a threat to one's own life, so it is likely to cause more sorrow than death or any other pain. Anxiety over dying can have serious negative effects on one's quality of life as well as exacerbate psychological and physical problems. Patient's inability to accept their terminal condition is impeding by their fear of dying; this lack of acceptance is also linked to increase psychological suffering and a lower quality of life as patient approaches death.

According to reports, death fear has a negative correlation with life satisfaction, which lowers quality of life, upsets families and has a major negative impact on both physical and mental health as well as the prognosis of cancer patient. It may also constitute an obstacle to advance care planning and dying with dignity. The fear of death can make one want to pass away sooner. Addressing death anxiety during cancer treatment involves a holistic approach that considers psychological wellbeing coping mechanism and targeted interventions. Provisions of psychotherapy, cognitive behavioural therapy, acceptance and commitment therapies and emotional support, mindfulness and support groups such as peer and family support counselling is found to be helpful in mitigating negative emotional state, improving their acceptance and resilience and managing their distress, which otherwise can lead to various health damaging consequences.<sup>13</sup>

This not only helps in their psychological, behavioural and emotional concerns but also helps in creating and maintaining hope and optimism in their life. Health care providers play a vital role in supporting patients through this challenging journey. In this context present research was undertaken.

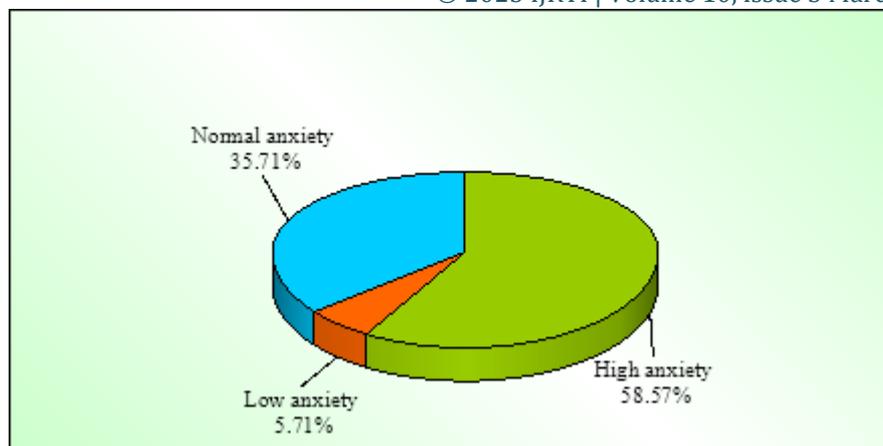
Results of the study objective are presented in Table 1 and discussed as follow.

With reference to Table 1, it is clearly evident that among the total sample of 70 cancer patients, 58.57% (41 participants) had high level of death anxiety followed by 35.71% (25 participants) with normal / moderate level and 5.71% (4 participants) were found to have low level of death anxiety. It is also reported subjectively by the patients and their family members.

Evaluation of these results evidently indicate that majority of the participants had experienced a high level of death anxiety. These results were found to be in lines with previous research findings.

**TABLE 1: SHOWING LEVELS OF DEATH ANXIETY AMONG CANCER PATIENTS**

Levels of death anxiety	No. of participants	% of cancer patients
<b>High</b>	41	58.57
<b>Normal/ Moderate</b>	25	35.71
<b>Low</b>	4	5.71
<b>Total</b>	<b>70</b>	<b>100.00</b>



**Graph 1: Representing the Levels of death anxiety among cancer patients (n=70)**

#### IV. CONCLUSION

Level of Death Anxiety is high in cancer patients.

#### V. LIMITATIONS OF THE STUDY

1. Research was carried out on a limited sample size only from Belagavi district.
2. Patients with initial stage I and II cancers were included in the study, while those with advanced cancer were excluded.

#### SUGGESTIONS

- 1) Further studies have to be conducted on all the four cancer stages so that level of death anxiety can be compared.
- 2) Effective strategies must be planned in order to reduce the death anxiety and other related psychological concerns among cancer patients.
- 3) Screening of all cancer patients to identify death anxiety must be carried out and counselling and mental health care services must be provided to the patients accordingly.

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#### Authors and Affiliations

<sup>1</sup>Miss. Bhairavi Parishwad, <sup>2</sup>Dr. Yasmin D. Nadaf, <sup>3</sup>Dr. Shivaswamy M.S.

<sup>1</sup>Lecturer, <sup>2</sup>Associate Professor and Consultant Psychologist, <sup>3</sup>Professor

<sup>1</sup>Department of Psychology

KLE Academy of Higher Education and Research, Belagavi, India

[parishwadbhairavi@gmail.com](mailto:parishwadbhairavi@gmail.com), [yasminanandaf@gmail.com](mailto:yasminanandaf@gmail.com), [drshivaswamys@yahoo.co.in](mailto:drshivaswamys@yahoo.co.in)

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