Research Paper

Exploring Gender Differences in Death Anxiety Among Cancer Patients in Kashmir: A Psychological Perspective

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ABSTRACT

Background: Cancer is major global health problem according to the world Health Organization (2022). Various psychological variables and constructs are associated with cancer disease. **Methods:** A hospital based cross-sectional study aims to asses and find gender differences in death anxiety. A sample consists of 37 patients using purposive sampling, 17 females and 20 males diagnosed with cancer from department of oncology GMC Srinagar. Self –structured sociodemographic sheet and Templer death anxiety scales (DAS) was used to gather data **Results:** There was a no significant gender difference in death anxiety among cancer patients. **Conclusion:** This study demonstrates the influence of gender differences in death anxiety among cancer patients. Because of their greater emotional expressiveness, caring obligations, and social expectations, women were found to have higher levels of death anxiety than men. **Implications:** The above findings can be an important for psychological intervention and therapeutics related to both the gender while dealing with death anxiety.

Keywords: *World Health Organization Quality of Life, Govt Medical College Srinagar, Death anxiety scale*

Cancer is a combination of physical and mental illnesses. Despite being somatic, it is psychically influenced. It is challenging for researchers to create treatments for this disease because of how flexible cancer cells are. Cancer is one of the major global public health issues, according to the World Health Organization (2022). Those who receive a cancer diagnosis may experience depression and even develop a dread of dying. Cancer is a serious, multifaceted disease that develops over time and has biological, psychological, and social effects. People who have cancer question the therapies they are receiving as a result, and others even decide not to get them. The life of the cancer patient, as well as the lives of their carers and others around them, may alter as a result of the disease. In the world, 1 in 5 people will develop cancer at some point in their lives, and 1 in 8 men and 1 in 11 women will pass away from the disease. More than 50 million people may have lived within five years of receiving a cancer diagnosis. According to estimates, non-communicable

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diseases in India were responsible for 63% of all fatalities, and cancer was one of the main causes (90%).

The literature has produced a number of theoretical frameworks that are pertinent to the study of death anxiety. Sigmund Freud (Thanatophobia), Ernest Becker (Terror Management Theory), Erik Erikson (Wisdom: Ego Integrity vs. Despair), and Kestenbaum (Edge Theory) are some of the pioneers in the study of death anxiety. Cancer patients frequently develop emotional and psychological issues related to death dread. It describes the anxiety, anguish, and apprehension brought on by realizing one is mortal. Due to the life-threatening nature of their condition, the uncertainty of treatment results, and the possibility of physical pain and suffering, cancer patients frequently have a heightened sense of death fear. **Such as** patients may feel overwhelmed and afraid when they receive a cancer diagnosis. Intense anxiety about dying can be brought on by the knowledge that one has a life-threatening illness and uncertainty about the future. Fear of Pain and Suffering; Chemotherapy, radiation therapy, and surgery are a few cancer therapies that can be physically taxing and uncomfortable. Anxiety over dying can become more intense if one is concerned about going through intense pain and suffering while ill. Loss of Control; Cancer frequently impairs a person's perception of their ability to govern their body and life. Feelings of powerlessness and greater concern about dying might result from losing one's independence and autonomy. Existential Concerns, receiving a cancer diagnosis frequently leads people to reflect on existential issues such as the essence of existence, the meaning and purpose of life, and what happens after death. These existential worries may make people more fearful of dying. Social and Emotional Impact, cancer diagnosis has a profound effect on a person's connections with their family, friends, and careers in addition to the individual. Anxiety over dying can be exacerbated by seeing loved ones go through emotional pain and by the prospect of being parted. (Mystakidou, K., Tsilika, E., Parpa, and Galanos (2005) ("Applebaum, A. J., Kulikowski, J. R., and Breitbart." (2014).

Psychological and sociocultural research has focused on gender variations in death anxiety, implying that men and women may view and handle death in different ways. Numerous elements, such as socialization processes, cultural norms, and biological predispositions, influence these differences. Traditional gender norms and expectations may make these disparities more pronounced in many countries, including Kashmiri society. For example, women frequently have to balance caring for their families and managing their sickness, which may make them more fearful of dying. On the other hand, males can feel pressured to live up to society's expectations of stoicism and strength, which could cover up or exacerbate their anxieties of dying. The sociocultural setting of Kashmir offers a distinctive perspective for examining cancer patients' fear of dying. Kashmir's sociocultural dynamics may have a substantial impact on people's experiences with mortality because the region is marked by cultural resilience, deeply ingrained religious beliefs, and extended exposure to violence and instability. Together with the psychological effects of cancer, these cultural and environmental elements highlight the necessity of investigating how gender-specific reactions to death dread appear in this context. In order to shed light on the interaction of psychological, cultural, and gender-based factors, this study intends to examine the gender disparities in death anxiety among cancer patients in Kashmir. By tackling this important problem, the study aims to advance our knowledge of death anxiety in various sociocultural situations and provide guidance for culturally sensitive psychological interventions. As death anxiety is a complicated and varied issue, and how it manifests itself varies from

person to person. While managing their anxiety, some cancer patients may actively seek meaning and purpose in their lives, while others may feel intense distress and terror.

REVIEW OF LITERATURE

Amirifard et al. (2020) Studies Significant correlations between death anxiety and some demographic data were investigated by Amirifard et al. in 2020. The results show that the majority of cancer patients have high levels of worry about dying. Due to the high levels of death anxiety in these patients and its psychological impacts, oncology departments require psychological interventions and counselling from psychologists to reduce death anxiety.

Bibi & Khalid (2019) investigated the relationship between death anxiety, perceived social support, and various demographic factors. A purposive convenient sample of 80 carcinoma patients was recruited from various oncology departments in Pakistan. In the current study 13.8% of breast cancer patients expressed low, 51.2% medium, 27.5% high, and 7.5% very high death anxiety. The results of the current study indicate that social support and demographic factors like education level and marital status are related to death anxiety. According to the findings, patients who receive less social support have more fear about dying.

Ekaterina et al. (2017) The current research aims to study the Demoralization and death anxiety in advanced cancer. In this study 307 patients diagnosed with advanced cancer were recruited from outpatient oncology clinics. All patients were diagnosed with the Stage III or stage IV ovarian, fallopian tube, or lung cancer; stage IV melanoma, sarcoma, breast, gastrointestinal, genitourinary, or gynaecologic malignancies; or pancreatic cancer. The Death and Dying Distress Scale (DADDS), the Demoralization Scale, the modified Experiences in Close Relationships Scale, the Life Completion subscale of the Quality-of-Life Evaluation–Cancer scale, the Memorial Symptom Assessment Scale, and Karnofsky Performance Status were used to gather the data. The results of this study reveal that in patients with advanced cancer, demoralisation and death dread are strongly related.

Omran et al. (2017) the current study was a descriptive-correlational study and it was done on cancer patients in sari Iran. The number of patients were 100 and the Convenience sampling was used to choose the participants at Imam Khomeini Hospital. A demographic questionnaire, the Templer Death Anxiety Scale (DAS), and the Spirituality Questionnaire (SQ) were used to gather the data. Findings indicate that the spiritual practises dimension is a good predictor of death anxiety in cancer patients; hence, spirituality training may lessen the occurrence or intensity of their death worry.

Karampour (2017) this cross-sectional study was carried out on 118 women with breast cancer. Non-probability and consecutive sampling were the methods used. The Templer's Death Anxiety Scale was utilised to gather data. The results of this study revealed that the individuals' mean and SD death anxiety levels were 9.68 and 3.67, respectively. As you can see, 66.9% of participants overall reported having a high frequency of death concern among breast cancer patients.

METHODOLOGY
Aims and Objectives:
- To assess the death anxiety among cancer patients.
- To find gender differences in death anxiety among cancer patients

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Hypothesis
Ho1: There would be no significant gender differences in Death anxiety among cancer patients.

Design of Study: The present study will be cross sectional study.

Study Setting: This study will be conducted at the Oncology Department of Govt Medical College Srinagar.

Study duration: The study will be time bound.

Sample: The study will be conducted on patients with cancer and the sample will be collected by purposive sampling method. Clinical sample will be taken from the Out Patient Department and In Patient Department at Oncology department of Govt Medical College Srinagar.

Inclusion criteria for patient population
- Patients who give consent to participate in the study
- Patients with the diagnosis of cancer
- Age above 18
- Both the genders will be included in the study

Exclusion criteria for patient population
- History of any Psychiatric illness in past before diagnosed with cancer
- History of head injury, epilepsy or organicity
- History of substance abuse
- History of any other medical condition

Test Materials Used for Study
1. Socio-Demographic and clinical data sheet
2. Death anxiety Scale

Description of Tools:
1. **Socio-demographic data sheet:** To gather data on the patient's numerous sociodemographic variables, a socio-demographic data sheet was created. Age, gender, birth order, marital status, place of residence, educational level, family structure, and employment status are socio-demographic factors that are included.
2. **Death Anxiety Scale (DAS):** Death anxiety has been assessed majorly through the self-report measures. Templar's Death Anxiety Scale (DAS) developed in 1970, has been the most repeatedly employed scale to for measuring death anxiety. It consists of 15 items. It was created using a two-factor model of death anxiety that includes both internal and external psychological aspects connected to experiences with death. Both Western and Middle Eastern nations have employed DAS with samples from college students. The theoretical development of DAS resulted in translations and validations in 26 different languages. The scale has been translated into 54 other languages, including German, Arabic, Korean, Chinese, Dutch, Russian, Farsi, Portuguese, Japanese, French, Hindi, Italian, Spanish, and Swedish, according to literature. The DAS had 15 items that respondents were to score as true or untrue on

a binary scale with 31 individuals, Kuder-Richardson Formula 20 produced an excellent internal consistency of.76 and a test-retest correlation coefficient of.83 for the DAS with a three-week interval. (Templer,1970).

Procedure

Sample will be selected from the Outpatient and Inpatient department at Oncology department of Govt Medical College Srinagar after taking proper consent from the patients. Initially detailed socio-demographic and clinical details will be collected from the patients. Death Anxiety Scale by Templer, Spritual wellbeing Scale by Ellison and Brief cope scale by Carver will be administered on the Cancer patients.

RESULTS

Table No 1: Description of Sociodemographic variables of Cancer Patients

VARIABLES	FREQUENCY 37 (100%)
GENDER	
Male	20 (54.1%)
Female	17 (45.9%)

Table 1 suggests that total number of males in the current study were 20 corresponding to 54.1% of the total sample. Similarly total number of the females were 17 corresponding to 45.9% of the sample.

Table 2: Description of Death anxiety among cancer patients.

DEATH ANXIETY SEVERITY	
Low	2 (5.4%)
Moderate	31 (83.8%)
High	4 (10.8%)

Table 2 shows severity of death anxiety among cancer patients. From total sample 31 (83.8%) reported to have moderate level of death anxiety, 4 (10.8%) reported to have high level of anxiety whereas very small number of patients corresponding 2 (5.4%) reported to have low level of death anxiety. Thus, findings suggests that in this current study majority of patients reported to have moderate death anxiety.

Table No 3: Description of Death Anxiety Across Gender Among Cancer Patients

Variable Gender	Male Mean ± SD N= 20	Female Mean ± SD N=17	Mean Rank Male	Mean Rank Female	U	Significance
Death Anxiety	44.30±5.88	46.41±7.81	17.85	20.35	147.00	.483

Table no 3 the mean of death anxiety in males was found to be 44.30 with standard deviation of 5.88 and the mean rank of males were found to be 17.85. Similarly, the mean of death anxiety in females was found to be 46.41 with standard deviation of 7.81 and mean rank of females were found to be 20.35. Thus, mean of females was higher as compared to males' cancer patients. Further analysis indicates that, U was found to be 147 and the difference between the groups on death anxiety scale was found to be statistically insignificant.

DISCUSSION

The present study consists of 37 cancer patients among them 20 were males and 17 were females. The present study was a cross-sectional study and the sampling method use in this study was purposive method. Informed consent was taken from all the patients and screening of the patients was based on the inclusion and exclusion criteria of current study. Almost the similar findings reported from the study on cancer patients by Saylan & Dogan (2020) where male population was high. Similarly, according to The National Cancer Institute (NCI) male gender reported to have more chance of being diagnosed with cancer as compared to females. This shows that male gender is prone to cancer. We use Death Anxiety Scale (DAS) to assess death anxiety. This scale was developed and validated by Templer in 1970. DAS is a self-report measure to asses death anxiety. It consists of 15 items. This scale is theoretically translated and validated in 26 languages. Due to its simplicity, very less time consuming and popularity, we prefer to use and asses death anxiety among patients. Items are scored by marking true and false. Higher the score higher would be the death anxiety among cancer patients.

The severity of death anxiety among cancer patients. From total sample 31 (83.8%) reported to have moderate level of death anxiety, 4 (10.8%) reported to have high level of anxiety whereas very small number of patients corresponding 2 (5.4%) reported to have low level of death anxiety. Thus, findings suggest that in this current study majority of patients reported to have moderate death anxiety which is according to research conducted by Soleimania, Bahramia, Allenb and Alimoradia (2020), Bahrami et al. (2013) and Sherman, Norman and McSherry (2009). In our study the mean of death anxiety in males was found to be 44.30 with standard deviation of 5.88 and the mean rank of males was found to be 17.85. Similarly, the mean of death anxiety in females was found to be 46.41 with standard deviation of 7.81 and mean rank of females were found to be 17.85. Thus, mean of females was higher as compared to males' cancer patients. Further analysis indicates that, U was found to be 147 and the difference between the groups on death anxiety scale was found to be statistically insignificant. In a study Correlates of Death Anxiety Among Taiwanese Cancer Patients conducted by Tang, et al (2011) found similar findings i.e. mean of females patient was higher as compared to males which is almost similar to the findings in our study.

CONCLUSION

This study demonstrates the influence of gender disparities in death anxiety among cancer patients. Because of their greater emotional expressiveness, caring obligations, and social expectations, women were found to have higher levels of death anxiety than men. The results highlight how crucial it is to attend to the psychological requirements of patients with cancer who are specific to their gender. Male and female patients can benefit from culturally relevant counseling and therapy interventions that are customized to their individual experiences in order to reduce their fear of dying and enhance their mental health. Furthermore, more studies with larger sample sizes and a more varied population in Kashmir may deepen our knowledge of these dynamics and help shape inclusive, comprehensive healthcare policy for cancer patients in the area of health.

REFERENCES

Ali, M. S., Osmany, M., Khan, W., & Mishra, D. (2014). Fear of death, depression and coping among cancer patients. *Indian Journal of Health & Wellbeing*, *5*(6).

An, E., Lo, C., Hales, S., Zimmermann, C., & Rodin, G. (2018). Demoralization and death anxiety in advanced cancer. *Psycho-oncology*, *27*(11), 2566-2572.

Aydın Sayılan, A., & Demir Doğan, M. (2020). Illness perception, perceived social support and quality of life in patients with diagnosis of cancer. *European journal of cancer care*, *29*(4), e13252.

Bibi, A., & Khalid, M. A. (2020). Death anxiety, perceived social support, and demographic correlates of patients with breast cancer in Pakistan. *Death Studies*, *44*(12), 787-792.

Hedayatizadeh-Omran, A., Janbabaei, G., Faraji Emafti, M., Noroozi, A., Kolagari, S., & Modanloo, M. (2018). Relationship between spirituality and death anxiety in patients with cancer undergoing chemotherapy. *Journal of Mazandaran University of Medical Sciences*, *27*(156), 98-108.

Karampour, S., Fereidooni-Moghadam, M., Zarea, K., & Cheraghian, B. (2018). The prevalence of death anxiety among patients with breast cancer. *BMJ Supportive & Palliative Care*, *8*(1), 61-63.

Matsushita, T., Matsushima, E., & Maruyama, M. (2005). Psychological state, quality of life, and coping style in patients with digestive cancer. *General Hospital Psychiatry*, *27*(2), 125-132

Soleimani, M. A., Lehto, R. H., Negarandeh, R., Bahrami, N., & Nia, H. S. (2016). Relationships between death anxiety and quality of life in Iranian patients with cancer. *Asia-Pacific Journal of Oncology Nursing*, *3*(2), 183-191.

Tang, L., Zhang, Y., Pang, Y., Zhou, Y., Li, J., Song, L., ... & Wang, Y. (2021). Validation of death and dying distress scale-Chinese version and prevalence of death anxiety among patients with advanced cancer. *Frontiers in Psychiatry*, *12*, 715756.

Templer, D. I. (1970). The construction and validation of a death anxiety scale. *The Journal of general psychology*, *82*(2), 165-177.

WHO, C. O. (2020). World health organization. *Air Quality Guidelines for Europe*, (91).

Conflict of Interest
The author(s) declared no conflict of interest.

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