

Research Paper

The Interplay of Depression, Death Anxiety, and Demographic Factors in Shaping the Desire to Live among Oncology Patients

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ABSTRACT

This study focuses on the issue of determining the impact of demographic and psychological aspects on the intention of living among oncology patients in India. With a descriptive-comparative and cross-sectional design, the data were gathered on 180 patients based on the age, gender and residence status. The Desire to Live Scale, Hamilton Rating Depression Scale (2015 adaptation) and Death Anxiety Scale (Dhar–Mehta Version) were used. The findings indicated that the moderate desire to live was present in the vast majority of patients (85.6%), and the younger adults (18–30 years) scored significantly higher than older patients (31–60 years). There were no major differences based on gender or residence groups. Correlation and regression analyses revealed that, death anxiety was significantly correlated with and negatively predicted the desire to live ($B = -0.759$, $p = 0.019$) but not in the case of depression. These results demonstrate how existential distress and age-related variables are in the centre of life motivation development in cancer patients. The research points out the significance of age-sensitive and death-anxiety-oriented psychological interventions in the cancer treatment scenario.

Keywords: *desire to live, depression, death anxiety, demographic factors, oncology in India*

One of the most pressing health concerns in the world has been cancer and results in a significant degree of physical degradation, emotional distress, and even lives among the patients (World Health Organization, 2025). In current times, psycho-oncology has emphasized that psychological consequences of cancer, in particular, depression, fear of death, and lost meaning, arguably have an equal impact as the actual illness (Deodhar et al., 2025). Among these emotional responses, there is the need to live, an essential yet under-explored construct that means that a person has a status of motivation to survive the disease despite being faced with an illness that seems to be life-threatening (Rodríguez-Mayoral et al., 2025).

Depression in cancer patients is a general phenomenon that has been documented, which is associated with hopelessness, fatigue, and decreased capacity to support the demands of the

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Received: December 4, 2025; Revision Received: December 16, 2025; Accepted: December 20, 2025

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treatment (Azizi et al., 2024). Depression symptoms might also get more severe, and in such instances, patients may be less oriented to the future, poor in managing their emotions, and lowly motivated since they influence their intentions to live (Getie et al., 2025). The person also experiences death anxiety as a result of being depressed, which is a considerable emotional burden in the oncology facility and includes the fear of dying, death, or a lack of understanding of its existence (Dadashi et al., 2025). The patients experience such problems as physical pain, the loss of autonomy, family separation, and the loss of personal significance (Borges et al., 2024). Such fears are proved to reduce the strength of psychology and negatively impact life-affirming attitudes (Pereira et al., 2024).

As existential perspectives believe, the reconstruction of meaning is a crucial role in the reaction of people to life-threatening disease, which impacts their emotional stability and the desire to live (Yalom, 2020; Calhoun et al., 2001). The willingness to live might be diminished in the instance of fragmented meaning, and the opposite, strong spiritual or personal models of meaning were related to the minimization of distress and maximization of psychological adjustment (Vakili Sadeghi et al., 2025).

Demographic traits such as age, gender, and residence also predetermine the emotional reactions and motivational conditions. The younger adults are more future oriented, whilst the older adults may be more susceptible to the reality of death and physical decay (Balasubramanian et al., 2025). Similarly, the psychological experiences and motivation in life are influenced by the differences in the social support and cultural coping styles in the circles (Brenner et al., 2025).

Though a growing body of international literature is available, a little literature has been carried to establish how depression, death anxiety, and demographic factors interact in order to shape the desire to live among the Indian cancer patients. This research paper seals this gaping hole as it considers the disparity in demographics and the predictive power of the depression and death anxiety to make a prediction of the decision to live of the patients.

Objectives and Hypothesis

This study aims to examine the desire to live among oncology patients in relation to their demographic characteristics (age, gender, and residence) and to determine the influence of psychological variables (depression and death anxiety) on the desire to live. It is hypothesized that (a) demographic factors will show significant differences in desire to live, with younger adults demonstrating higher life motivation; (b) depression and death anxiety will be significantly associated with the desire to live; and (c) death anxiety, due to its existential nature, will significantly predict lower desire to live compared to depression.

METHODOLOGY

Research Design

The research design was a descriptive-comparative cross-sectional in nature by evaluating the wish to live among oncology patients and comparing demographic disparities and the impact of depression and death anxiety. This design enabled all the study variables to be assessed at the same time.

Study Population and Sampling

The sample of 180 oncology patients comprised of the purposive sample of oncology and palliative care units. The samples were balanced in terms of age (18–30 years: n = 90; 31–60

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years: $n = 90$), gender (female: $n = 85$; male: $n = 95$) and place of residence (rural/tribal: $n = 90$; urban/non-tribal: $n = 90$). The fairness of subgroup comparisons was enhanced by the even representation.

Included were patients who were aged 18–60 years with a confirmed diagnosis of cancer undergoing active treatment or palliative care and able to comprehend self-report tools. Patients with severely psychiatric disorders, cognitive impairment, and communication restrictions, life-threatening conditions that were not related, or those who were not able to offer informed consent were not included.

Instruments

There were three standardized tools. The scale used was the Desire to Live Scale, which assessed the desire to live in terms of motivational inclination (scores 0-99 as low, moderate, or high). The Dhar–Mehta Version of the Death Anxiety Scale was used to measure death anxiety. I assessed depression according to the Hamilton Rating Depression Scale (2015 Adaptation) where the score is divided into normal, mild, moderate, and severe.

Data Collection Procedure

After ethical approval, eligible patients were approached during treatment visits. The study purpose was explained, written consent obtained, and questionnaires were completed privately with researcher assistance when required. Each assessment took approximately 25–30 minutes.

Statistical Analysis

Data analysis was done using SPSS Version 25.0. In order to use non-parametric tests, the non-normal distribution ($p < .001$) was found. Demographic and psychological data were summarised using descriptive statistics. One-Sample Wilcoxon Signed Rank Test was used to test the levels of prevalence. The compare and contrast U Tests were Mann-Whitney. Associations were analysed using Pearson correlations and the predictive role of depression and death anxiety were tested using multiple linear regression. Q-Q plots and residual scatterplots were used to check model assumptions, and they were significant at the level of $\alpha = .05$.

RESULTS

This study aims to describe how certain demographic factors including age, sex, and area of residence, alongside symptoms of depression and death anxiety, influence the inclination to live among patients diagnosed with cancer. The desire to live showed different psychological and demographic characteristics, indicating the desire to live in various and predicting the life-affirming attitudes of this population.

Table 1. Descriptive Statistics for Key Psychological Variables (N = 180)

Variable	Minimum	Maximum	Mean	SD
Desire to Live	29	80	57.94	10.19
Depression (HRDS)	9	46	34.68	6.74
Death Anxiety (DAS)	1	10	6.74	2.62

HRDS = Hamilton Rating Depression Scale; DAS = Death Anxiety Scale.

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Table 2. Mann–Whitney U Comparisons Across Demographic Groups

Comparison	Group Means	U	Z	p-value
Age	18–30: 60.96 vs 31–60: 54.92	3423	-1.96	0.050
Gender	Female: 58.59 vs Male: 57.36	3665	-1.17	0.244
Residence	Rural: 57.69 vs Urban: 58.19	3775	-0.86	0.390

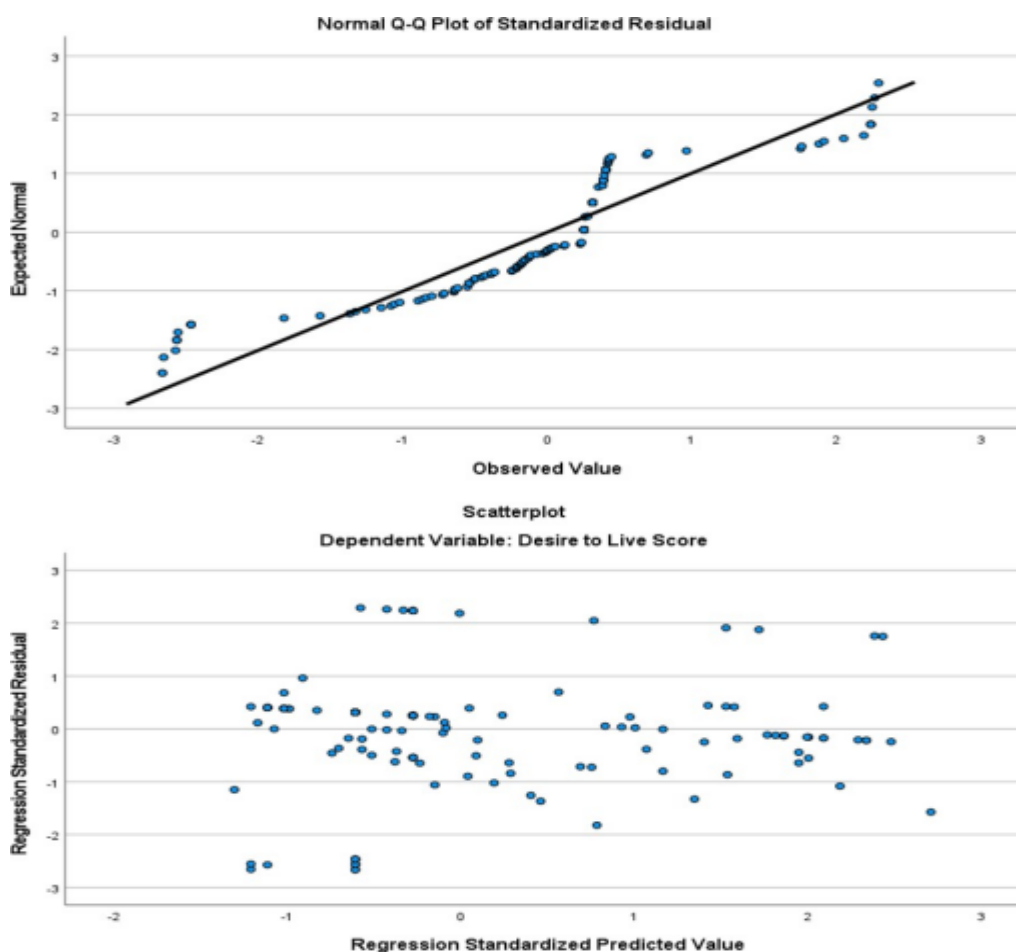
Note: U = Mann–Whitney statistic; Z = standardized rank difference.

Table 3. Correlation and Regression Summary for Predicting Desire to Live

Analysis	Statistic	Value	p-value
Correlation: Depression–Desire to Live	r	-0.029	0.703
Correlation: Death Anxiety–Desire to Live	r	-0.170	0.022
Regression R ²	—	0.032	—
Regression Coefficient (Death Anxiety)	B	-0.759	0.019

Note: R² = proportion of variance explained by predictors.

The results from a correlation analysis showed depression and death anxiety ($r = 0.439$, $p < 0.001$) are positively related in a statistically significant way. The desire to live ($r = -0.170$, $p = 0.022$) was correlated, and negatively so, with death anxiety, although the relationship with depression was non-significant ($r = -0.029$, $p = 0.703$). Desire to live was weakly predicted by the multiple regression model ($R^2 = 0.032$, $F = 2.884$, $p = 0.059$) which included several predictors, among which death anxiety was significant in critically reducing the desire to live ($B = -0.759$, $p = 0.019$), while depression in the model was non-significant.



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The combined diagnostic plots show that the standardized residuals deviate from the reference line at both tails, indicating non-normality of residuals. The residual-versus-predicted scatterplot displays a random distribution without a clear funnel pattern, suggesting acceptable homoscedasticity but also revealing some outliers influencing model fit.

DISCUSSIONS

The findings indicated that the desire to live was moderate in most oncology patients (85.6%), and a small proportion of the patients showed low (6.7%) and high (7.8%) desire to live. The Wilcoxon Signed Rank Test was used to ensure that the median score was not significantly different than the moderate category ($p = 0.695$) which proved that the psychological state that prevails in this sample is the moderate one. These results correspond to previous studies that indicated that balanced motivational states of cancer patients are usually determined by varying emotional and existential issues in the course of illness (Rodríguez-Prat et al., 2024; Boström et al., 2024). This trend could be indicative of continued attempts of patients to address uncertainty being active in the treatment and care.

The age group comparison showed that the younger patients (18–30 years) had a significantly higher desire to live ($M = 60.96$) than the older patients (31–60 years; $M = 54.92$) with the Mann–Whitney U Test being borderline significant ($p = 0.050$). This tendency is consistent with the research that further suggests that younger adults tend to have stronger life motivation, perceived future possibilities, and adaptive coping resources when they become ill (Veeraiah et al., 2022). Conversely, elderly patients may also have prolonged disease duration, cumulative physical burden, and mortality awareness, which can also lead to reduced life-oriented motivation (Bray et al., 2024). These results therefore confirm the hypothesis that age is significant in the development of desire to live.

Gender difference analysis indicated that the average desire to live was slightly higher among female patients ($M = 58.59$) than male patients ($M = 57.36$) though the difference was not found to be significant ($p = 0.244$). This indicates that there was no significant role of gender in motivation orientation in this sample. Although there are studies which have found gender differences in coping and emotional expression (Ranganathan et al., 2023), the current results have shown that the more probable motivation to live is due to shared illness conditions and treatment difficulties than gender-related. Both genders seem to maintain such motivations at the same level when they navigating around cancer-related stressors.

The comparison of rural / tribal ($M = 57.69$) and urban/ non tribal patients ($M = 58.19$) also found no significant difference ($p = 0.390$). These findings indicate that residence status has little impact on life motivation among oncology patients. Even though the past research has indicated differences in psychosocial support and health literacy between rural and urban populations (Mathew et al., 2021), the present results demonstrate that the emotional and existential load of cancer treatment can predominantly disregard the context differences. There seems to be similarities in levels of desire to live between patients in the two settings as they seem to have common interests regarding the illness, family, and the results of treatment.

Correlation analysis revealed that death anxiety was significantly and negatively correlated with desire to live ($r = -0.170$, $p = 0.022$), but depression was not significantly correlated ($r = -0.029$, $p = 0.703$). The multiple regression also supported that the desire to live was

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significantly predicted by death anxiety ($B = -0.759$, $p = 0.019$) and not by depression ($p = 0.490$). Even though the total explained variance of the model was low ($R^2 = 0.032$), these results portray that existential fear is more of a constructive factor as compared to the depressive symptoms in determining the motivational orientation among the patients. This is in line with the previous studies that have shown that fear of death augments emotional suffering and declines life-affirming attitudes among cancer groups (Soleimani et al., 2020; Brown et al., 2025; Li et al., 2024). The depression that is common in cancer environments (Mejareh et al., 2021) might not necessarily reduce the motivation to live when it is not accompanied by high existential anxieties.

The results show that age and the death anxiety represent the most important variables which affect the desire to live among the oncological patients, whereas gender, residence, and depression have small impact. Motivational orientation is stronger in young patients, but older individuals have less desire to live, which may be explained by the accruing health and emotional overload. The anxiety related to death becomes the most powerful psychological predictor, which is the reason interventions that target existential fear and existential distress should be implemented (Emanuel et al., 2023; Wilaras, 2024). The findings highlight the significance of considering psychosocial, age-sensitive, and culturally sensitive support interventions into oncology care to promote life motivation and emotional well-being.

CONCLUSION

This research offers a clear picture on the role of demographic and psychological factors in determining the desire to live among the oncology patients. The findings indicated that the majority of the patients were moderately willing to live, which is an indication of a psychological equilibrium of the need to go on with life despite the cancer burden. Age became an important demographic feature, with younger patients expressing that they would like to live more as opposed to older patients, which emphasizes the concept of future orientation, expectations of treatments, and physical resilience as a life motivation determinant. Conversely, gender and residence status did not have a significant contribution, therefore, meaning that the factors do not have a significant influence on motivational patterns among this population.

Death anxiety was among psychological variables that was critical and significantly predicted less desire to live contrary to depression which was not significantly associated with the variables. This conclusion indicates that existential fears, as opposed to the depressive symptoms only, have a more powerful impact on the motivational perspective of oncology patients. Treating death-related anxiety could thus be a focus of enhancing the life orientation, emotional stability and the treatment involvement of the patients. In general, the paper highlights that age-sensitive and existentially oriented psychosocial interventions in oncology clinics are necessary to support coping, enhance life-affirming attitudes, and advance the general well-being of cancer patients.

Recommendation

The research suggests the incorporation of age-sensitive and existentially oriented psychological counselling in the oncology care since younger patients are more willing to live compared to older adults who are less willing to live. As death anxiety is a major cause of low life motivation, the interventions targeting existential fear should be a major concern. The implementation of routine psychological screening and counselling would be beneficial

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in boosting coping and emotional stability, and stimulating treatment adherence among patients with oncology.

Further Studies Needed

Future studies ought to be multi-centred and include larger samples to increase the generalisability as well as adopt longitudinal designs to understand the change in desire to live over the course of treatment. The qualitative research is also required to investigate the processes of meaning-making, cultural factors, and the coping experience of patients. More detailed research is needed to examine other psychological, social, and spiritual predictors that might be used to describe the high unaccounted desire to live.

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Acknowledgment

The author(s) appreciate all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The authors indicate that this study has no conflict of interest.

How to cite this article: Choudhary, D., Sisodia, D.S. & Sengupta, S. (2025). The Interplay of Depression, Death Anxiety, and Demographic Factors in Shaping the Desire to Live among Oncology Patients. *International Journal of Indian Psychology*, 13(4), 2254-2261. DIP:18.01.205.20251304, DOI:10.25215/1304.205