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DEATH ANXIETY AMONG CANCER PATIENTS IN RELATION TO GENDER AND STAGES OF CANCER

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ABSTRACT: The purpose of the present study is to find out the difference in the Death Anxiety among Cancer patients in relation to Gender and Cancer stages in Gujarat State. The sample consisted of 360 patients. Out of which 180 were Initial Stage patients (Male and Female) and 180 were Last Stage patients (Male and Female). For this purpose of study "Death Anxiety Scale" (1996) by Dr. K.D. Broota, Delhi University was used. The obtained data was analyzed through 't' test to know the mean difference between Initial Stage patients and Last Stage patients. The results show that there is no significant difference between the mean score of Male patients and Female patients of Cancer in relation to Death Anxiety and there is a significant difference between the mean score of Initial Stage patients and Last Stage patients of Cancer in relation to Death Anxiety.

Key words: Death Anxiety, Cancer, Patients, Initial stage, Last stage

INTRODUCTION:

"Death anxiety" is a term used to conceptualize the apprehension generated by death awareness (Abdel-Khalek, 2005). Humans are unique in that they must learn to live and adapt to the consciousness of their own finiteness (Becker, 1973). Thus, a major task for cultural systems is to provide a symbolic structure that addresses death and provides meaning for its occurrence and a context for its transcendence (Becker 1973; Kubler-Ross, 2002).

Death anxiety refers to the fear and apprehension of one's own death. It is the neurotic fear of loss the self which in intense state parallels feelings of helplessness and depression. Man's awareness of his own death produces anxiety that can only be dealt with by recognizing one's individuality. According to form and existential analysts, man's awareness of death gives him the responsibility for finding meaning in life. Death is a biological, personal, socio-cultural and existential phenomenon. The biological death is useful to distinguish between the process of aging and the ending called death. Yet when the actual time comes, and the individual faces death alone, the psychological reactions appear to be remarkably similar, Kubler (1969) had found that in the majority of persons, almost regardless of age, the personal reactions to imminent death pass through five phases-denial, anger, bargaining, depression and acceptance (although not every individual achieves the final phase). Dying and death, like other major aspects of human life, are also very important cultural and social phenomena.

Even less than a century ago, death was a common and familiar event in everyday life. There was no widespread technology to control infection and medicine could not do much for most diseases. Among the poorer classes the young died at an appalling rate. And the old died in their time, and they all died at home. The average person had been in the immediate presence of dead bodies at least half a dozen times before reaching adulthood. Against this background, death was in former years much more a part of life than it is today. It was not a matter to be shunned or a taboo to be mentioned by means of euphemisms such as passed on but was dealt with directly and was even elaborated at

the wake it was not unusual in small European towns of a few centuries ago, for someone who was dying to pass their death bed hours in the public square, greeting friends, saying good bye, and glorying, for at least brief time in a position of respect. Under such circumstances, death was an occasion for sadness but not for shame. No one would have dreamed of hiding away the dying as we do in the wards of hospitals or in old age homes.

The death can be fully understood only if it is viewed as one of the central meanings of human existence. An idea of the centrality of one's own death can be gathered if individuals could be made to contemplate seriously the possibility of their own death (McCarthy, 1980). As death is the final stage of life cycle, it can be approached naturally by dying individuals and their families. Death and dying can be seen as part of the life process, or they can be viewed as a dramatic, painful, tortured experience both for the patients and the families. Increasingly more research reports are being presented on the nature of death and dying. Research on exactly when death occurs, how the dying should be treated, and how their families might better cope will continue for many years (1982).

In old age, people must confront the possibility of their own death as well as the death of loved ones. Death may also be considered in statistical terms, which supply us with significant figures and facts. Even though death most commonly occurs in later years, it may happen at any stage in life. Accidents and suicides are the major causes of death among younger persons, and continue to be so in later years, although their relative significance declines, often death is associated with some special psychological stress, it may be acute morning, or an anniversary or some particular loss of status or self-esteem. Death is sometimes defined as the absence of certain clinically detectable vital signs. A person is dead "if his heart stops beating and he quits breathing for an extended period of time, his blood pressure drops as low as to be unreadable his pupils dilate, his body temperature begins to go down, and so forth. This clinical definition has been used over the centuries, both by physicians and laymen. More recently death has sometimes been defined as the lack of brain

wave activity still others say that death can only be defined as a bodily state which represents an irreversible loss of vital functions and from which the individual cannot passively be revived. According to the concept of terminal drop, death can be predicted from certain dramatic changes in cognitive function in the period preceding demise. This is significant changes both in personal adjustment and performance may serve as indicators of impending death (Riegel and Riegel, 1972). The purpose of this study was to measure the Death Anxiety among Cancer patients in relation to Gender and Cancer stages.

OBJECTIVES:

- (1) The purpose of the present study is to find out the difference related to the Death Anxiety among Cancer patients in relation to their Gender.
- (2) The purpose of the present study is to find out the difference related to the Death Anxiety among Cancer patients in relation to their Cancer stages.

HYPOTHESIS:

- (1) There is no significant difference between the mean score of the Death Anxiety among Cancer patients in relation to their Gender.

RESULT AND DISCUSSION:

Table : 1: Mean, S.D. and ‘t’ value of the Death Anxiety of Male patients and Female patients

GROUP	N	MEAN	S.D.	‘t’ Value	Level of sig.
Male Patients	180	57.70	5.47	1.19	NS
Female Patients	180	58.52	5.07		

The above table shows the Death Anxiety level of Male patients and Female patients for Male patients mean is 57.70 for Female patients mean is 58.52 and S.D. is 5.47 and 5.07 for both group ‘t’ level value is 1.19 which is not significant. It means Male patients

Table : 2: Mean, S.D. and ‘t’ value of the Satisfaction of Initial Stage patients and Last Stage patients

GROUP	N	MEAN	S.D.	‘t’ Value	Level of sig.
Initial Stage	180	28.59	13.89	3.19	0.01
Last Stage	180	24.73	8.37		

The above table shows the Satisfaction level of Initial Stage patients and Last Stage patients for Initial Stage patients mean is 28.59 for Last Stage patients mean is 24.73 and S.D. is 13.89 and 8.37 for both group ‘t’ level value is 3.19 which is significant at 0.01 level of significant. It means Initial Stage patients have more Satisfaction in comparison of Last Stage patients and the hypothesis, “There is no significant difference between the mean score of the Satisfaction among Cancer patients in relation to their Cancer stages” is Rejected.

CONCLUSION:

- (1) There was no significant difference between the mean score of the Death Anxiety among Cancer patients in relation to their Gender.

- (2) There is no significant difference between the mean score of the Death Anxiety among Cancer patients in relation to their Cancer stages.

METHOD:

(A) SAMPLE: In present study sample will be selected randomly. Research will take 180 Initial Stage patients (Male and Female) and 180 Last Stage patients (Male and Female) of Cancer in Gujarat State. So total 360 samples were selected for this study. Approximately 400 samples were selected in each category for the research study. After disposing off incomplete and unclear details total of 360 samples were selected for this study.

(B) TOOL: In the present study to measure the Death Anxiety among Cancer patients, researcher was used “Death Anxiety Scale” (2005) by Dr. K.D. Broota, Delhi University. The reliability of this scale is 0.78 and Validity is also very high.

STATISTICAL STRATEGY:

‘t’ test was applied to know the significant differences between death anxiety levels of male and female patients and Initial Stage patients and Last Stage patients of Cancer.

and Female patients are not significantly different with each other in relation to the Death Anxiety and the hypothesis, “There is no significant difference between the mean score of the Death Anxiety among Cancer patients in relation to their Gender” is accepted.

- (2) There was a significant difference between the mean score of the Death Anxiety among Cancer patients in relation to their Cancer stages.

REFERENCES:

Agarwal, D. (2001). Empowerment of Rural Woman in India. *Social Welfare*, 48(4)3-4.

Alkire, S. (2005). Subjective quantitative studies of human agency. *Social Indicators Research*, 74, 217- 60.

Argyle, M. (1987). *The Psychology of Happiness*. London: Routledge Press.

Bali, S.R. & Varghese A. (2009). “Does Self Help Group Participation Lead to Asset Creation?”. *World Development*, 37 (10) 1674-82.

Best, J.W. & Khan J.V. (1992). *Research in Education*. New Delhi: Prentice Hall.

- Dave, C.B. and others (1986), “*Statistics in psychology*”, Viral Prakashan, A’ bad Ch.1 and 2 page.1 to 30.
- Felicia, A Huppert, (2009), “*Psychological Well-being: Evidence Regarding its Causes and Consequences*”, applied psychology: health and well-being, 2009, 1 (2), 137–164.
- Garet, and R.S woodworth (1981), “*Statistics in Psychology in education*”, 10th Indian reprint, vakils, seffer and Simonds Ltd. Bombay. Ch- 6, 8,14 Page 122-125, 97-201 and 371-374.
- Ghoshal, Arup and Dutta, (1995), “*Feeling of loneliness and hopelessness among day scholars and hostellers*”.
- Trivedi, Pallavi R. (2010), “*A study of social maturity, happiness and stress among married and unmarried men*”, Page no. 36 – 39.

Websites:

- (1) www.shodhganga.com
- (2) www.inflibnet.indcat.ac.in
- (3) www.vidyanidhi.com
- (4) www.encyclopedia.com
- (5) www.wikipedia.org