

## The prevalence of death anxiety among patients with breast cancer

Breast cancer for many women is a horrific incident and makes the person encounter psychological and social challenges, including anxiety and particularly death anxiety. Among humankind, the most fundamental anxiety is death anxiety.<sup>1</sup> Death anxiety seems to be the morbid, abnormal or constant fear of death. This concept is also referred to as thanatophobia (fear of death).<sup>2</sup>

While the disease and its related symptoms progress, patients with cancer in most cases are afraid of the mentioned dimensions of death anxiety. Therefore, this anxiety cannot only cause physical and mental disorders in the patients but also affect their quality of life. Thus, recognising and identifying factors that may have an impact on the quality of life of these patients sound essential. Like other forms of anxiety, death anxiety affects mental health, and this issue is of such great prominence that Langz and Yalom assert death anxiety is one of the most important issues raised in psychotherapy.<sup>3</sup> So, the current study was aimed to investigate the prevalence of death anxiety among the patients with breast cancer referred to the hospitals in Ahvaz.

### METHODS

This cross-sectional study was carried out on 118 women with breast cancer who referred to the health centres in Ahvaz. The sampling method was non-probability and consecutive sampling method. Templer's Death Anxiety Scale was used for data collection.

### RESULTS

The mean age of the participants was 47.65 (SD=10.45). The minimum age was 18 years, and the maximum was 76 years. Other demographic characteristics of participants are presented in [table 1](#).

In terms of death anxiety, the mean and SD of death anxiety scores were 9.68 and 3.67, respectively. Meanwhile, more participants (66.9%) had death anxiety. Furthermore, the participants' responses to the questions of the Death Anxiety Scale are given in [table 2](#). According to the responses, 75.4% of the participants were afraid of having an operation and the fear of death with the rate of 72% was in the second place.

Moreover, the results of this study showed there was a significant difference between death anxiety and marital status by using the  $\chi^2$  test (p value=0.007); it means that the level of death anxiety was higher in married participants. However, there were no significant

associations between age group, economic status, employment status, place of residence (urban or rural) and type of hospital (private or governmental) and death anxiety (p value>0.05).

### DISCUSSION

Death anxiety, as a type of different kinds of anxieties, can predispose individuals to physical, emotional and mental complications and consequences and interfere with the process of care and treatment. Accordingly, one of the topics of interest in recent years is to deal with this type of anxiety and its related factors in patients with cancer, including breast cancer as the most common cancer among women.

The findings of the present study showed that the mean and the SD of death anxiety scores of the participants were 9.68 and 3.67, respectively. In total, 66.9% of the participants enjoyed death anxiety and, as you can see, death anxiety in the patients with breast cancer had a high frequency.

Human beings are consciously aware of their death, and the patients who are subjected to risky diagnoses like cancer are forced to deal with their own death. Individuals with diseases are scared of death rather than being upset about their disease; thus, it can be concluded that they believe cancer is synonymous with death.<sup>4</sup> Gurm *et al* in a qualitative study concluded that women with breast cancer after facing the diagnosis of the cancer experienced mental pressure, so the patients believed that cancer equalled death and had a sense of fear of dying and an imminent death.<sup>5</sup> Aghabarari *et al* in a study stated that for many women, breast cancer was such a frightening and tragic event; hence, not only feelings of sadness, fearing dying, confusion and anger as natural reactions but also psychological pressures due to the cancer diagnosis and its treatment during the illness have been reported in 70% of patients.<sup>6</sup>

**Table 1** Demographic information of the participants

Variable		Frequency	Percentage
Marital status	Single	22	18.6
	Married	71	60.2
	Divorced	7	5.9
	Widowed	18	15.3
Employment status	Employed	45	38.1
	Unemployed	73	61.9
Place of residence	Urban	94	79.7
	Rural	24	20.3
Level of education	Illiterate	23	19.5
	Elementary education	29	24.6
	High school diploma	20	16.9
	Associate degree	13	11.0
	Bachelor degree	24	20.3
	Master degree	9	7.6

**Table 2** The frequency and percentage of responses to each of the questions of the Death Anxiety Scale

Questions	Yes, frequency (%)	No, frequency (%)
1. I am very much afraid to die.	85 (72)	33 (28)
2. I dream to think about having to have an operation.	89 (75.4)	29 (24.6)
3. I am often distressed by the way time flies so very rapidly.	73 (61.9)	45 (38.1)
4. I fear dying a painful death.	83 (70.3)	35 (29.7)
5. The subject of life after death troubles me greatly.	80 (67.8)	38 (32.2)
6. I am really scared of having a heart attack.	75 (63.6)	43 (36.4)
7. I often think about how short life really is.	78 (66.1)	40 (33.9)
8. I shudder when I hear people talk about a World War III.	72 (61)	46 (39)
9. The sight of a dead body is horrifying to me.	78 (66.1)	40 (33.9)
10. The thought of death seldom enters my mind.	70 (59.3)	48 (40.7)
11. It does not make me nervous when people talk about death.	69 (58.5)	49 (41.5)
12. I am not at all afraid to die.	70 (59.3)	48 (40.7)
13. I am not particularly afraid of getting cancer.	66 (55.9)	52 (44.1)
14. The thought of death never bothers me.	73 (61.9)	45 (38.1)
15. I feel that the future holds nothing for me to fear.	82 (69.5)	36 (30.5)

Moreover, the results of the current study showed that there was a significant relationship between marital status and death anxiety ( $p$  value  $<0.05$ ). Thus, the level of death anxiety was higher in the married patients; this could be due to married women's concerns about the future of their children and themselves and about their life and fate after their eventual death. In the study by Neel *et al* on 60 patients with advanced cancer, it was revealed that 67% of those with high levels of death anxiety were married.<sup>7</sup>

In the present study, the results indicated that there are no significant relationships between age group, employment status and place of residence (urban or rural) and the level of death anxiety ( $p$  value  $>0.05$ ).

## CONCLUSIONS

The findings of the study indicate that there have been high levels of death anxiety in majority of the population studied; thus, due to the importance of mental health status of individuals in the whole process of care and treatment, it is suggested addressing the issue of death anxiety in the process of treatment and care of these patients.

Saraa Karampour,<sup>1</sup> Malek Fereidooni-Moghadam,<sup>2</sup> Kourosh Zarea,<sup>1</sup> Bahman Cheraghian<sup>3</sup>

<sup>1</sup>Nursing Care Research Center in Chronic Diseases, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

<sup>2</sup>Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

<sup>3</sup>Department of Epidemiology and Bio-statistics, School of Public Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

**Correspondence to** Malek Fereidooni-Moghadam, Isfahan University of Medical Sciences, Isfahan, Iran; fereidooni\_moghadam@yahoo.com

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**Patient consent** Detail has been removed from this case description/these case descriptions to ensure anonymity. The editors and reviewers have seen the detailed information available and are satisfied that the information backs up the case the authors are making.

**Ethics approval** The Ethics Committee of Ahvaz Jundishapur University of Medical Sciences.

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## REFERENCES

- 1 Fritsche I, Jonas E, Kayser DN, *et al*. Existential threat and compliance with pro-environmental norms. *J Environ Psychol* 2010;30:67–79.
- 2 Sherman DW, Norman R, McSherry CB. A comparison of death anxiety and quality of life of patients with advanced cancer or AIDS and their family caregivers. *J Assoc Nurses AIDS Care* 2010;21:99–112.
- 3 Mohamadi M, *et al*. Explaining the bases and fundamentals of anger: a literature review. *Journal of Psychological Science* 2013;12:343–64.
- 4 Almostadi DA. *The relationship between death depression and death anxiety among cancer patients in Saudi Arabia*: uni of south florida scholar commons, 2012.
- 5 Gurm BK, Stephen J, MacKenzie G, *et al*. Understanding Canadian Punjabi-speaking South Asian women's experience of breast cancer: a qualitative study. *Int J Nurs Stud* 2008;45:266–76.
- 6 Aghabarari m, *et al*. Physical, emotional and social dimension of quality of life among breast cancer women under chemotherapy. *Iranian journal of nursing research* 2007;1:55–65.
- 7 Neel C, Lo C, Rydall A, *et al*. Determinants of death anxiety in patients with advanced cancer. *BMJ Support Palliat Care* 2015;5:373–80.

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Saraa Karampour, Malek Fereidooni-Moghadam, Kourosh Zarea and Bahman Cheraghian

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