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Relationship Between Mental, Existential, and Religious Well-being and Death Anxiety in Women With Breast Cancer

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ABSTRACT

Background: Considering the role of psychological components in the life of patients with cancer, the present study was conducted to investigate the relationship between mental, existential, and religious well-being and death anxiety in women with breast cancer.

Methods: In this descriptive, correlational study, the statistical population included all women with breast cancer referred to Shahid Rahimi Hospital in Khorramabad in 2017. A sample of 100 patients was selected through convenience sampling and data were collected using Templer's Death Anxiety Scale, the Warwick-Edinburgh Mental Well-being Scale, and the Spiritual Well-being Scale. For the purpose of data analysis, mean, standard deviation, Pearson's correlation coefficient and multiple regression were applied using SPSS 22.

Results: The study findings indicated a significant, negative correlation between mental well-being, existential well-being, and religious well-being and death anxiety in patients with breast cancer ($\alpha = 0.05$).

Conclusion: According to the results of this study, mental, existential, and religious well-being are important contributors to mental health and quality of life of patients with cancer. Therefore, enhancing these components in cancer patients can be introduced as a complementary treatment along with medical treatments in order to improve psychological problems in clinical settings.

Introduction

Today, cancer is a growing and increasing phenomenon that has been recognized as one of the important problems in contemporary human societies, with breast cancer being the most common type of cancer in women. Worldwide, breast cancer is one of the main causes of cancer death among women. According to the global statistics, the rate of the occurrence of breast cancer is estimated to be between 20,000 and 30,000 people annually, which reaches 1 out of about 11 women in Iran (21.4%). Breast cancer is also the most common cancer among Iranian women.[1] Breast cancer has detrimental effects on various dimensions of women's lives, such that diagnosis of cancer can contribute to loss of psychosocial balance, disrupt the individual, family, and social relationships, and affect the individual's quality of life. Research has shown that after a woman is reported to have cancer, she may demonstrate various reactions, including shock, infertility, fear, anxiety, restlessness, anger, and a sense of frustration and despair.[2]

Mental well-being is recognized as a psychological component of overall health in patients with cancer. It is regarded as a complex construct that examines the

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two components of psychological action and affection from two distinct perspectives: a pleasure view and virtuosity view.[3] Positive and negative emotions can affect the health and illness of people suffering from cancer by influencing the immune system.[4] Various studies suggest that patients with cancer have low mental well-being.[5, 6] Mental well-being has a close but complex association with values, and the criteria based on which people evaluate their perception of happiness are different. In fact, achieving well-being and satisfaction is the ultimate goal of life, and feelings of sadness and dissatisfaction are often regarded as constraints to performing the tasks.[7]

Another common psychological experience in cancer patients is death anxiety. Death anxiety involves the thoughts, fears, and emotions associated with the end of life.[8] As a matter of fact, it is defined as an abnormal fear of death or apprehension when thinking about the process of dying and issues that occur after death.[9] Death is one of the most important ontological concerns.[10] Proponents of terror management theory maintain that the most important function of religion is to help cope with the awareness of death. Human beings always struggle with this awareness that they will die eventually. Religion reduces this anxiety because it claims that life does not end with death. Religion thus provides a kind of psychological security and hope for eternity and increases the level of the individual's well-being.[11]

Spiritual well-being is one of the basic yet important concepts regarding how to deal with the problems and tensions caused by cancer. It has two dimensions, namely, existential and religious well-being. Religious well-being refers to the satisfaction of having a relationship with a superior power, while existential well-being refers to an attempt to understand meaning and purpose in life.[12] When spiritual well-being is seriously compromised, a person may experience mental disorders such as loneliness, anxiety, and loss of meaning of life. Patients whose spiritual well-being is reinforced can effectively adapt to their illness and perhaps spend the last stages of their illness better. Therefore, support from mental or religious sources and a relationship with a superior power can help improve the quality of life, mitigate mental disorders, provide interpersonal support, reduce the severity of disease symptoms, and effect positive medical outcomes.[13] In fact, a significant number of studies on the relationship between spirituality and mental health and patient recovery have confirmed a significant, positive effect of spirituality on mental health. The findings of a study aimed to determine the relationship between spiritual health and anxiety and depression in cancer patients at end-of-life stages in the UK suggest a significant relationship between spiritual well-being and anxiety in these patients.[14]

Hall and colleagues found that God's remembrance developed positive feelings about life, friends, family, and relatives in a group of breast cancer patients. This suggests that the medical team may be able to increase happiness and enthusiasm in the affected women by means of prayers, worship, and remembrance of God.[15] Moreover, McMahon's study suggested a significant relationship between spiritual well-being and anxiety in patients with cancer.[16] The objective and historical experience of mankind is indicative of the fact that no human being is eternal in this world, and sooner or later all human beings will experience death. Whether young, old, weak, or full of existence, we all confront this fate. Life is essentially a means to die, and so death may even be viewed as being more important than life. If an individual lives a life full of fun and enthusiasm, merely following ordinary superficial rational rules, then he or she can be expected to fear death, because that would be interpreted as the end of their happiness. Likewise, people living a helpless and lonely life would be expected to feel happy upon their death, because it would signal the end of their misery. However, this is not what usually happens with this population. Interestingly, it has been shown that those who live in vain are more afraid of dying than others are.

Those who express great love towards life are less afraid of death in comparison with those who live a superficial life. Those who have a meaningless life cannot give meaning and value to death. In fact, individuals who have passed through different stages of life with satisfaction experience a mental feeling of well-being as well as satisfaction and accept death as a reality. Since denial is the simplest and most inappropriate way of dealing with any unfortunate event, such as death, the first step of coping is to recognize this painful fact. Moreover, acceptance of the ultimate reality of death can demonstrate the peak of an individual's emotional maturity. Such psychological factors affect other important parameters including patients' quality of life, immune system, the course of illness, treatment efficacy, duration of hospital stay, and even survival. In addition, studies have reported conflicting findings regarding the relationship between spiritual well-being, mental health, and death anxiety in cancer patients.[17] Therefore, the present study aimed to investigate the relationship between mental well-being, existential well-being, and religious well-being and death anxiety in women with breast cancer.

Methods

In this descriptive-correlational study, predictor variables included mental, existential, and religious well-being and the dependent variable was death anxiety. The statistical population of the study consisted of patients with breast cancer referred to Shahid Rahimi Hospital in Khorramabad, Iran, in 2017. The sample size was determined to be 100 according to Morgan's sampling table, and the

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participants were recruited through convenience sampling. Selection criteria included being 20 years old or older, having a definite diagnosis of breast cancer, being aware of the medical diagnosis, lacking mental illness, and being willing to participate in the study.

Research Instruments

Templer's Death Anxiety Scale (DAS)

Templer's Death Anxiety Scale contains 15 questions that assess the subject's attitudes towards death. The subject answer to each question with a "yes" or "no," where "yes" indicates anxiety in that area. Total score ranges from 0 to 15, with a higher score corresponding to a higher level of anxiety.[18] Templer obtained a test-retest reliability coefficient of 0.83 for the scale.[18] In Rajabi and Bohrani's study,[21] the split-half reliability of the DAS was calculated to be 0.62 using the Spearman-Brown prediction formula.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

This 14-item scale, developed by Tenant *et al*. is rated on a 5-point Likert scale (1 = never to 5 = always). The minimum and maximum scores on this scale vary from 14 to 70, with a higher score indicating a higher level of psychological well-being. Cronbach's alpha coefficient for this scale was 0.89 for a sample of students and 0.91 for the community.[19] Cronbach's alpha coefficient for the scale estimated by Clarke *et al*. was 0.87.[22] The test-retest reliability of the scale was relatively high (r = 0.66), and the scale showed good correlation with other scales such as the Psychological Well-being Scales (r = 0.59), the short form of the Mental Health Continuum (r = 0.65), and the well-being index of the World Health Organization (r = 0.57). The Persian version of the questionnaire had a Cronbach's alpha coefficient of 0.78 for the entire scale.[23]

Spiritual Well-Being Scale

This instrument was developed by Palutzin and Ellison in 1982, containing 20 items and two subscales. Odd-numbered questions are related to religious well-being and measure the individual's experience of a satisfactory relationship with God, and even-numbered questions are related to existential well-being and measure the feeling of purposefulness. The items are scored on a 6-point Likert scale ranging from totally agree to totally disagree. In one study, Palutzin and Ellison reported Cronbach's alphas of 0.91, 0.91, and 0.93, for religious, existential, and cognitive well-being, respectively.[20] In another study, alpha coefficients for the whole scale, religious dimension, and existential dimension were reported to be 0.90, 0.82, and 0.87, respectively, in a sample of male and female students. Moreover, the whole scale and its religious and existential dimensions were found to have good test-retest reliability (0.85, 0.78, and 0.81, respectively).[24]

The data were analyzed using SPSS 22. Means, standard deviations, Pearson correlation coefficients, and multiple regression were utilized for the purpose of data analysis. The significance level was considered to be 0.05 in all tests.

Results

In this study, the mean age of participants was 49.06 years. In terms of education, 54 had finished middle school, 18 had a high school diploma, 13 had received an associate degree, and 15 held a bachelor's degree or higher. Additionally, 69 of the participants were married, and 31 were single. Seventy-two of participants lived in the city, 28 in the village. Fifty-nine people were employed, while 41 were not employed. As shown in Table 1, the highest and lowest mean belonged to mental well-being and death anxiety, respectively. Moreover, the highest and lowest standard deviation belonged to existential and religious well-being.

According to Table 2, there was a significant negative relationship between spiritual, existential, and religious well-being and death anxiety (R = 0.505). In other words, the higher the mental, existential, and religious well-being of the patients, the lower the level of their death anxiety.

Table 1. Means and Standard Deviations for Spiritual, Existential, and Religious Well-being, and Death Anxiety

Variable	Mean	Standard deviations
Mental well-being	3.74	0.73
Existential well-being	3.27	0.75
Religious well-being	3.73	0.58
Death anxiety	1.67	0.65

Table 2. Univariate Relationships Between Mental, Existential, Religious Well-being and Death Anxiety

Variable	Mental Well-being		Existential Well-being		Existential Well-being	
	R	P	R	P	R	P
Death anxiety	-0.220	0.028	-0.282	0.004	-0.502	<0.001

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Table 3. The Results of Prediction of Death Anxiety Variance by Predictors (Mental, Existential, Religious Well-being)

		Sum of Squares	Degree of Freedom	Mean Square	F	Sig
Model (1)	Regression	1171.389	3			
	Residual	3421.851	96	390.463	10.954	< 0.001
	Total	4593.240	99	35.644		

As shown in Table 3, the obtained value of F for the predictor variables (mental, existential, religious) was 10.954, which, on the basis of the significance level, reveals that the variables could be used to predict dαeath anxiety in the sample (P < 0.001).

Based on the results of multiple regression, there was a significant relationship between mental, existential, and religious well-being and death anxiety (α = 0.05). The analysis of the regression model showed that the variables of mental, existential, and religious well-being can predict 51% of the variance in patients' death anxiety.

Table 4. Estimation of Regression of Death Anxiety by Predictive Variables (Mental, Existential, and Religious Well-being)

Dependent Variable	Independent Variables	Nonstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig
Death anxiety	Constant value	13.974	5.802		2.408	0.001
	Mental well-being	-0.329	0.105	-0.329	-2.272	0.006
	Existential well-being	-0.153	0.170	-0.273	-2.593	0.004
	Religious well-being	-0.703	0.151	-0.536	-4.667	< 0.001

Discussion

The results of this study indicated that there was a significant, negative relationship between mental, existential, and religious well-being and death anxiety in patients with breast cancer. In other words, with an increase in mental, existential, or religious well-being, the level of death anxiety decreases. In fact, the study findings are in line with the findings of previous research.[13, 25-38] Regarding the interpretation of these findings, it can be concluded that breast cancer is a frightening and an anxiety-provoking event for many women, so feelings of grief, fear of death, confusion, and anger are considered as natural responses in the process of diagnosis and treatment of this medical condition.

Unfortunately, in addition to the difficulties and hassles associated with the medical complications of breast cancer, there exist social stereotypes and taboos for cancer patients. For example, cancer is viewed by most people as equating to imminent death, hence the actions and reactions of patients are often coordinated with these social stereotypes, more than with the real risks of death from cancer. Owing to scientific advances, cancer patients can be treated almost completely. Cancer presents itself with fragility, instability, unpredictability, as well as physical and mental damage to the patients, such that makes it necessary for the patients to rethink and redefine the meaning of life in order to regain their mental well-being. Mental well-being is the greatest wish and the most important goal of human life, which affects people's mental health more than any other factor.

At the emotional level, people with a higher degree of well-being mostly experience positive emotions and have a positive attitude towards life events. Conversely, people with low mental well-being evaluate the conditions and events of life as undesirable and dull and therefore experience negative emotions such as anxiety, depression, and disappointment. Since mental well-being and satisfaction with life reflect the balance between the person's aspirations and his current position, a greater gap between these two will result in lower satisfaction with life.[39] Life dissatisfaction is associated with poor health, fear of death, low temperament, personality problems, unhealthy behaviors, and disorders in social relationships. Terminal cancer patients report unfavorable life events and often experience negative emotions.[40] The subjective mental feeling of well-being and satisfaction with life are predictive of mental health, which can help them confront problems against the desire to die. Patients who find life full of meaning and experience a sense of well-being and satisfaction in their lives have almost always believed that life is like a valuable gift to humankind. Therefore, they love life, accept the truth of death, and almost never engulf their lives with the thought of a frightful death.

By targeting the individual's beliefs, religion helps the person evaluate the negative events in a new way, have a stronger sense of control over the event, increase their abilities and tolerance, thereby enhancing their adaptability and compatibility to adverse conditions. In spite of the illness, mourning, or despair that individuals experience because of the

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apparent loss of health, religion helps the patient not to concentrate upon deficiencies and problems, but rather be in search of meaning. In other words, reliance on religious beliefs would make the world meaningful for people, drawing attention to the duties they have towards life and awakening a sense of responsibility to accomplish those duties. Meaningfulness, purposefulness, and hope in life are components which consolidate mental health. As a result, if life is purposeful and meaningful, it is natural that any incident, even though overwhelming, such as intense stress or terminal illnesses, is redirected in a meaningful manner.

In addition to exerting positive effects on death anxiety, religious interventions also improve psychosocial adaptation and well-being among cancer patients. In this sense, individuals with religious orientation will have a greater sense of control and domination over their living conditions through ultra-social attitudes, reliance on God, and mental resources during illness and death and, as a result, will experience better social adaptation.[41-44] It is recommended that the findings from this study be used by counselors and other mental health professionals for providing more effective treatment plans for women with breast cancer.

Conflict of Interest

None.

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