



## Unravelling relationship between Stigmatization and Death Anxiety among Cancer Patients: Role of Gender

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### Abstract

The purpose of the study was to investigate relationship of perceived stigma and death anxiety among newly diagnosed cancer patients. Correlational research design was used to conduct this quantitative study. Survey was used as a method of data collection. Purposive sampling technique was used to select the sample of 150 cancer patients. Data were analyzed on SPSS. Findings reveal that there is positive relationship between perceived cancer stigma and death anxiety. Moreover, perceived cancer related stigma is a significant positive predictor of death anxiety. The results reveal that men and women are both experiencing cancer-related stigmatization in Pakistan. However, women face a higher level of stigmatization and higher fear of death than men. Furthermore, results confirm that the cancer-related stigma faced by the diagnosed patients induces the fear of death. It is recommended that clinical psychologists and psychotherapists should provide their role in counterturning stigmatization, death anxiety and psychological disturbance.

**Keywords:** Stigmatization, death anxiety

### 1. Introduction

Cancer is a major public health concern in Pakistan, with 148,000 new cases diagnosed annually and over 100,000 deaths (Badar & Mahmood, 2022). According to the 2010-2019 survey, 5900 cancer cases were reported in Pakistan, with 58% being women, 93% being adults, 3% being adolescents, and 4% being children. Cancer can be caused by hormones, genes, metabolism, and autoimmune factors. Things like smoking can cause cancer, drinking alcohol, a bad diet (being undernourished or overweight), radiation, and infections like HPV, HBV, HIV, H Pylori, and others (Ruiz-Rodriguez et al., 2022). Stigmatization occurs when a person's sickness is associated with unfavorable features. The stigmatized individual is consequently socially ostracized and devalued by others. A healthy person's stigmatizing attitudes and actions toward a stigmatized person, or how a stigmatized person sees and reacts to being stigmatized (Nawaz et al., 2021).

Stigmatization can result in severe psychosomatic problems. Many cultures have bad perceptions of cancer patients and treat them harshly. More than 40% of cancer survivors have negative attitudes about their cancer and how they view themselves. Similarly, 15 to 80% of cancer patients experienced stigma at some point in their lives (Ernst et al., 2017). In many cases, the cancer stigma is more unpleasant than the sickness. When stigmatization is combined with social isolation, psychological worries, and compliance issues, it decreases the quality of life. Internalized guilt from prior tobacco use correlates to greater stigma in lung cancer patients (Weiss et al., 2016), albeit to a lesser extent than among head-and-neck cancer patients. The loss of feminine or masculine identity or sexual functioning impacts the stigmatization of breast and prostate cancer patients. These abnormalities, unlike colon cancer, are not always evident and may not warrant immediate concern. Long-term impacts include withdrawing from social commitments (such as employment) and fostering stigmatization tendencies (Wijeratne et al., 2020; James, 2022).

The medical process or therapy impacts the patient's projected physical, social, functional, and emotional well-being. It presents patients' perspectives on cancer-related issues such as diagnosis and treatment. Cancer as a disease and the limitations that patients confront reduce patients' quality of life. According to Mc Caughan and colleagues, all types of cancer and all stages of medical therapy are related to a decline in quality of life. Patients in the follow-up period are concerned about recurrence, which may increase their psychological, social, and physical obligations and lower their quality of life (Neris et al., 2020). Many cancer survivors struggle to adjust to a new way of life, lowering their quality of life. The given treatment, the location or kind of cancer, and the treatment's side effects are all medical and socio-demographic factors influencing cancer patients' quality of life (Marzorati et al., 2020). Men place higher importance on their life than women. This could be because of gender variations in diagnosis or therapy. Physical changes in women, for example, may lower their self-esteem and quality of life (Ayalon & Bachner, 2019). Fear of death is characterized as an overpowering fear of death, together with the accompanying emotions and symptoms. Moderate mortality anxiety is essential to promote healthy behavior and increase the significance of life. In contrast, excessive fear of death can result in maladaptation, anxiety, and other psychological illnesses (Mushtaque et al., 2022, 2024; Khan & Farooq, 2021), as well as prevent end-of-life care discussions. Life experiences and sociocultural context shape beliefs and attitudes toward death, with gender, age, and developmental stage influencing individual expressions. It is impacted by emotions of powerlessness, lack of control, and meaninglessness. Coping positively with mortality has been linked to increased life meaning and living following one's personal goals and values.

Death is inevitable for everyone, yet its uncertainty can cause worry. Patients with fatal conditions will perish, and deadly diseases, such as cancer, can cause fear of death and psychological distress (Abdollahi et al., 2019). Terror Management Theory is the most widely used strategy for dealing with fear of death. Worldviews and self-esteem operate as anxiety reducers, allowing death fear to be "tamed". When a person's worldview and self-awareness are questioned, it jeopardizes their psychological structure, self-esteem, and faith. Cultural worldviews influence fear of death. In China, it is unlawful to die. The Confucian notion of "highlighting birth and avoiding death" exemplifies this avoidance of death discussion. The fear of dying has grown. While in Asian countries like Pakistan, the Muslim faith has been connected to optimism and has been demonstrated to help people cope with a fear of death (Abbas et al., 2021). Terror management theory has been demonstrated to boost self-esteem and defensiveness in people who have experienced severe electric shocks or intense death visions, but others disagree. Certain researchers believe deep interpersonal ties can reduce death. A social relationship that gives social support is considered healthy. It may interact with stressful events or

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conditions to reduce stress by enhancing people’s sense of social connection, self-confidence, and belief in their ability to overcome issues (Eggen et al., 2020). The two main psychological disorders seen in patients with cancer are anxiety and depression. Psychological disorders such as anxiety, anger, and depression are more severe in these patients than physical complications. There have been cases where patients have deserted chemotherapy due to their psychological disorders. The quality of life and daily functioning of cancer patients are strongly affected by mental disorders (Pedram et al., 2010). Gender was an effective factor in the level of anxiety in cancer patients because women showed higher levels of anxiety than men. Women are emotionally more sensitive than men, and experiencing stressful events and a young age was found to be associated with increased psychological disorders (Burgess et al., 2005).

### 1.1. Objectives of Study

- To measure the relationship of stigmatization and death anxiety among cancer patients
- To compare the level of stigmatization and death anxiety between male and female cancer patients

## 2. Research Methodology

### 2.1. Research Design

Correlation research design was used to complete this quantitative study. Data were collected through administering a survey with the help of questionnaires. Purposive sampling was employed to select the sample of 99 cancer patients (male =48 , female=51).

### 2.2. Instruments

#### 2.2.1. Stigma and Discrimination

The discrimination and stigma scale consists of 32 questions about marriage, employment, housing, parenting, religion, and recreational activities. A four-point Likert scale is assigned to each response. The Urdu translated scale was used in this study. The scale’s internal consistency was 0.77, which is considered reliable (Khan et al., 2015).

#### 2.2.2. Internalized Stigma Inventory

Internalize stigma inventory includes 29 items and has five subscales: Stereotype Affirmation, Perceived Discrimination, Social Withdrawal, and Stigma Resistance. An Urdu language tool was used in the current inquiry. The retest reliability of ISMI is 0.90. The scale’s Alpha Cronbach’s alpha is 0.72. Alienation is an ISMI subscale with Internal Consistency. Stereotype Endorsement has a value of 0.84, whereas Social Withdrawal values is 0.79 (Khan et al., 2015).

## 3. Results

**Table 1: Shows the relationship between Stigmatization and Death Anxiety**

	Mean	Std.Deviation	Stigmatization	Death Anxiety
Stigmatization	13.12012	21.56423	1	.798**
Death Anxiety	11.23928	34.9876		1

**Table 2: Shows the mean score difference of Stigmatization and Death Anxiety between Male and Female Cancer Patients**

Variable	Gender	N	M	Std.Deviation	df	t-test	p-value
Stigmatization	Male	75	36.6380	30.62388	148	9.261	.001
	Female	75	54.2778	36.07807			
Death Anxiety	Male	75	15.9848	11.30672	148	8.392	.001
	Female	75	23.5192	21 .58506			

## 4. Discussion

Cancer is a major public health concern in Pakistan, with 148,000 new cases diagnosed annually and over 100,000 deaths (Badar & Mahmood, 2022). Moderate mortality anxiety is essential to promote healthy behavior and increase the significance of life. In contrast, excessive fear of death can result in maladaptation, anxiety, and other psychological illnesses (Mushtaque et al., 2022, 2024), as well as prevent end-of-life care discussions. Finding of the study reveal that there is significant positive correlation among stigmatization, fear of death. Moreover, stigmatization and fear of death are the significant predictors of psychological burden among cancer patient. Results suggest that female cancer patients perceived can stigma at greater level as compared to male. There is statistically significant mean score difference with respect to fear of death between male and female. Female have the greater level of fear of death as compared to male. The  $p < 0.05$ . There is statistically significant mean score difference with respect to psychological burden between male and female. Female have the greater level of depression, anxiety and stress as compared to male. The  $p < 0.05$ . The two main psychological disorders seen in patients with cancer are anxiety and depression. Psychological disorders such as anxiety, anger, and depression are more severe in these patients than physical complications. There have been cases where patients have deserted chemotherapy due to their psychological disorders. The quality of life and daily functioning of cancer patients are strongly affected by mental disorders (Pedram et al., 2010). Gender was an effective factor in the level of anxiety in cancer patients because women showed higher levels of anxiety than men. Women are emotionally more sensitive than men, and experiencing stressful events and a young age was found to be associated with increased psychological disorders (Burgess et al., 2005).

## 5. Conclusion

The study concluded that perceived stigma and fear of death were significantly positive correlated. Stigmatization is significant positive predictor of death anxiety. Furthermore, results depict that female patients have the greater level of perceived cancer stigma and fear of death as compared to male. In addition, psychological burden was found among female at

greater level than male cancer patients. It is recommended that clinical psychologists and psychotherapists should provide their role in counterturning stigmatization, death anxiety and psychological disturbance.

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