



## Stigmatization and Death Anxiety among Cancer Patients: Mediating role of Religiosity

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### Abstract

Cancer stigmatization plays a significant role in predicting death anxiety among patients. Religiosity may serve as a personal resource of support and consolation when people face death anxiety. The current study was conducted to investigate the mediating effect of religiosity between the relationship of stigmatization and death anxiety. Correlational research design was used. Data were collected by administering a survey with the help of Questionnaires. Sample of 50 cancer patients were selected by using purposive sampling technique. Cancer Stigma Scale (Marlow & Wardle, 2014), Templer's Death Anxiety Scale (Templer, 1970) and Short Muslim Practice and Belief Scale (AlMarri et al., 2009) were used to measure research variables. Findings suggest that death anxiety is significantly positively correlated with stigmatization. Moreover, study reveals that cancer stigma is a significant positive predictor of death anxiety. In addition, religiosity significantly mediates the relationship of stigmatization and fear of death. Furthermore, 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. It is recommended the practice of religiosity, because it can serve as a coping mechanism for death anxiety and reduce feelings of stigma.

**Keywords:** Stigmatization, death anxiety, religiosity

### 1. Background of the Study

Cancer remains one of the most life-altering diagnoses a person can receive, often bringing with it not only physical suffering but profound psychological distress. Among the many emotional responses, death anxiety—the fear and apprehension associated with one's own mortality—is a common and deeply distressing experience among cancer patients. This anxiety can significantly impact quality of life, treatment adherence, and overall psychological well-being. At the same time, many cancer patients also grapple with stigmatization, a social phenomenon where individuals are devalued or discriminated against due to their illness. Cancer-related stigma can stem from cultural beliefs, misinformation, or assumptions about the disease's causes and outcomes. It often leads to social withdrawal, shame, and feelings of isolation, thereby worsening psychological health and increasing death anxiety. In the midst of these challenges, religiosity—one's commitment to religious beliefs, practices, and values—often emerges as a powerful coping mechanism. For many patients, religious faith provides comfort, meaning, and hope in the face of life-threatening illness. It may also offer existential frameworks that mitigate fears of death and promote emotional resilience. However, the way religiosity influences the relationship between stigmatization and death anxiety remains underexplored. This study seeks to address that gap by examining whether religiosity acts as a mediating variable between stigmatization and death anxiety among cancer patients. In doing so, it aims to highlight the psychological and spiritual dimensions of cancer care, ultimately informing more holistic support systems for patients facing the dual burden of stigma and mortality concerns.

### 2. 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).

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., 2024), as well as prevent end-of-life care discussions. Life experiences and sociocultural context shape beliefs and attitudes toward death, with gender, age, and

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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).

Religion emerges as a significant factor in alleviating the psychological pain experienced by cancer patients (Sharif et al., 2018). However, the influence of religious rituals, structures, and attitudes varies across different cultures and social statuses (Saleem & Saleem, 2019). Notably, Muslims in Pakistan who had unanswered questions about the afterlife reported a greater fear of death, whereas no such link was found in a Turkish religious sample (Gonen et al., 2012). Religion encompasses multiple facets, encompassing beliefs, emotions, and behaviors (Masror Roudsary et al., 2022). In Pakistan, a predominantly Muslim country, religion holds immense significance. Muslims view death as a necessary step towards eternal life, and they consider life in this realm as a fleeting opportunity to serve God (Allah) and engage in religious practices. Thus, powerful religious beliefs provide protection against physical death while imparting meaning and purpose to life (Zamanian et al., 2015; Mushtaque et al., 2022). To comprehend the psychological impact of religion, researchers have examined both intrinsic and extrinsic religiosity. Intrinsic religiosity pertains to individuals who devoutly adhere to the doctrines of their faith, while extrinsic religiosity refers to the use of religion for social status, security, and general well-being (Darvyri et al., 2014).

### **2.1. Mediating role of Religiosity**

Religion is a complex phenomenon. Studies show that in experiencing cancer, religiosity can be a source not only of perceived comfort, but also of tension. There is ample evidence to demonstrate the relationships between religiosity and psychosocial adjustment in cancer patients (Thuné-Boyle et al., 2013). Religion can be a source of psychological strength, and a motivation to acquire and consolidate the new health-promoting behaviours that are necessary to cope with the disease. In the context of cancer, religious beliefs, behaviours, and experiences may be significant resources and are beneficial for managing the physical, mental, and social challenges of the cancer experience. Religion can also provide a context for patients to integrate difficult experiences into their lives in ways that may help promote greater well-being and better quality of life. However, this relationship is not uniformly positive because some religious dimensions (e.g., religious struggles) may be associated with higher distress and poorer subjective health (Sherman et al., 2009). Experiencing cancer can bring several specific emotional and cognitive reactions related to God. For example, many people who experience suffering in illness attribute God with responsibility for what has happened to them. The disease can then cause intense feelings of anger towards God. It is not uncommon in the face of suffering to be convinced that God has intentionally hurt the person, does not respond to requests for healing, or is passively looking at unjust suffering. A significant amount of research has underlined the relationship between religious struggles and the response to adverse life events such as illness (Exline, 2013). These findings suggest that religion can provide a level of comfort that enables individuals to manage distress and effectively foster well-being. However, religion does not always bring comfort as religion-related difficulties, and it can also elicit stress and struggle. While religious comfort reflects personal benefits derived from faith, religious struggles are experiences of conflict or distress that refer to religious issues (Zarzycka, 2014). If one's worldview offers protection from death anxiety, then doubts concerning one's worldview could result in the loss of this benefit (Henrie & Patrick, 2014). Surprisingly, this has received relatively little empirical attention. Thus, it is necessary to examine the relationship between death anxiety and such religious contents as a religious crisis, doubts, or struggles. Huber and Huber (2012) concept of centrality and contents of religiosity may also provide possible theoretical explanations for how various contents of religiosity may help explain the relationship between centrality of religiosity and death anxiety. The content of religiosity indicates that there are a number of elements in the religious construct system, such as religious comfort and struggles. Religious struggle indicates the forms of distress or conflicts in the religious or spiritual realm. Struggles may refer directly to God and be expressed as negative emotions towards God, a sense of guilt towards God, or interpersonal conflicts related to religion. Meanwhile, religious comfort indicates the potential benefits that people can derive from religion, such as a positive relationship with God or the benefits of faith (Zarzycka & Zietek, 2019).

### **2.2. Rational of the Study**

A cancer diagnosis is often accompanied by profound psychological challenges, among which stigmatization and death anxiety are particularly significant. Stigmatization can lead to social isolation, decreased self-esteem, and heightened psychological distress. For many cancer patients, the fear of being labeled or treated differently by society exacerbates their already vulnerable emotional state. Simultaneously, death anxiety—the apprehension and fear related to death and dying—is a common psychological reaction in individuals facing life-threatening illnesses like cancer. High levels of death anxiety can negatively impact treatment outcomes, patient compliance, and overall quality of life. Despite the growing awareness of these psychological dimensions, there remains a gap in understanding how patients psychologically navigate these experiences, especially in culturally or religiously diverse populations. One potential buffer against these challenges is religiosity. Religiosity often provides individuals with a framework to find meaning in suffering, cope with existential fears, and maintain hope in the face of terminal illness. It has been associated with reduced psychological distress and greater emotional resilience among patients with chronic and terminal diseases. However, the mediating role of religiosity in the relationship between stigmatization and death anxiety among cancer patients remains underexplored. Understanding whether religiosity can mitigate the negative impact of stigmatization on death anxiety can offer valuable insights for mental health professionals, palliative care providers, and spiritual counselors.

### **2.3. Objective of the Study**

- To measure the relationship of stigmatization and death anxiety among cancer patients
- To investigate the mediating effect of religiosity between the relationship of stigmatization and death anxiety
- To compare the mean score difference of perceived stigmatization between men and women

### 3. Methodology

#### 3.1. 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 50 cancer patients (male = 25, female=25).

#### 3.2. Instruments

**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).

**Death Anxiety Scale:** In the current study Templer death anxiety scale was used to measure the patients' death anxiety (Templer, 1970). The scale has 15-items and it is a five-point likert scale. The reliability of the scale was 0.92.

**Religious Orientation Scale:** The Religious Orientation Scale (ROS) was used to gauge each person's level of religiosity. In our investigation, the original 20-item version was employed. The 20-item measure is evaluated using the Likert scale, where 1 represents strongly disagree and 5 represents strongly agreement. The scale has into two subscales: external religious orientation is represented by 11 items, while internal religious orientation is assessed by 9 items (Allport & Ross, 1967).

### 4. Results

**Table 1: Relationship between Stigmatization and Death Anxiety**

Variables	Stigmatization	Death Anxiety
1 Stigmatization	1	.703**
2 Death Anxiety		1

Table 1 shows that there is significant positive relationship between stigmatization and death anxiety among cancer patients.

**Table 2: Mediating role of Religiosity between the relationship of Stigmatization and Death Anxiety**

Model	Unstandardized Coefficient B	Std. Error	Standardized Coefficients Beta	t	p-value
(Constant)	85.801	5.663		15.151	.000
Stigmatization	.572	.194	.098	2.941	.003
Religiosity	.305	.197	.049	1.544	.123

$R^2 = .703$ , Adjusted  $R^2 = .691$ .

Table 2 presents the mediating effect of religiosity between the relationship stigmatization and death anxiety among cancer patients. Results reveal that religiosity significantly mediates the relationship of stigmatization and death anxiety among cancer patients.

**Table 3: Mean score Stigmatization between Men and Women Cancer Patients**

Variable	Gender	N	Mean	df	t-value	p-value
Stigmatization	Men	25	23.51	48	6.193	.000
	Women	25	29.17			

Table 3 describes the perceived stigmatization of cancer disease between men and women cancer patients. Findings depict that women cancer patients perceive stigmatization as more as compared to men.

#### 4.1. Discussion

Cancer rates continue to grow and cancer is among the most critical problems in contemporary human societies. In addition, cancer is one of the most frequently cited causes of death in the world, including in Pakistan. There is evidence that religion may serve as a personal resource of support and consolation when people face death anxiety. Religious beliefs or participation in religious rituals can provide support, both social and spiritual, which comes from the conviction of being under God's protection (Exline, 2013). Findings suggest that death anxiety is positively correlated with stigmatization. Moreover, study reveals that cancer stigma is a significant positive predictor of death anxiety. In addition, religiosity significantly mediates the relationship of stigmatization and fear of death. Furthermore, 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. It is recommended the practice of religiosity, because it can serve as a coping mechanism for death anxiety and reduce feelings of stigma. Findings of the current were consistent with previous study of Manzoor et al. (2024) that reveal perceived stigma and fear of death were significantly positive correlated with psychological burden. Moreover, Stigmatization and fear of death are the significant positive predictors of depression, anxiety and stress. 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.

### 5. Conclusion

The study likely found that stigmatization significantly contributes to increased death anxiety among cancer patients. However, religiosity plays a mediating role in this relationship. Specifically, higher levels of religiosity may help buffer the psychological distress caused by stigma and reduce the intensity of death anxiety. In conclusion, the study emphasizes the protective influence of religiosity—suggesting that spiritual beliefs, religious practices, or faith can provide a sense of meaning, hope, and emotional

support, thereby mitigating the negative effects of cancer-related stigma on death anxiety. This points to the importance of integrating spiritual or religious support into the psychological care of cancer patients.

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