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The Role of the Meaning of Life in the Death Anxiety and Suicidal Thoughts of Women with Cancer

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ABSTRACT

Background & Objective: This research aimed to study the role of the meaning of life in death anxiety and suicidal thoughts in women with cancer.

Materials & Methods: The method of this research is correlation. The statistical population of the study included all women with cancer referred to Tawheed Hospital in Sanandaj City in 1400-1401. The sample size consists of one hundred people selected by purposive sampling. To collect data, Steger's Meaning in Life (MLQ), Templer's Death (DAS), and Beck's Suicidal Thoughts (BSSI) questionnaires were used. SPSS software was used in this research.

Results: The information was analyzed using correlation tests and regression analysis. The regression conclusions showed that the meaning of life has an inverse relationship with suicidal thoughts, and death anxiety has a direct relationship with suicidal thoughts. The Pearson correlation results showed that the meaning of life predicts death anxiety and suicidal thoughts.

Conclusion: In general, it can be concluded that the meaning of life plays an instrumental role in the death anxiety and suicidal thoughts of women with cancer.

Keywords: Cancer, Women with Cancer, Death Anxiety, Meaning in Life, Women

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Introduction

Cancer hallmarks were suggested as a collection of functional abilities obtained by human cells as they transit from average to neoplastic growth states, particularly those critical to their ability to form malignant tumors. Cancer is the main reason for casualties universally, with a prevalence of 565.7 cases per 100,000 in 2020 **(1)**. Cancer is the main cause of death worldwide, with 19.3 million new cancer cases and almost 10.0 million cancer deaths in 2020, and it will keep growing **(2)**.

Franklin and his colleagues found 16 groups of prognostic factors for suicide, including physical illness and cancer **(3)**. A higher risk of suicide is frequently related to the male gender **(4, 5)**, but women are more likely to attempt and think about suicide **(6, 7)**. Inherently, a cancer diagnosis creates severe psychosocial distress for the patient, which may result in suicidal thoughts and attempts under certain adverse circumstances. Suicidal thoughts and behaviors may also be triggered by other factors such as anxiety, pain, fatigue, loss of perspective, treatment-related side effects, and a lack of coping strategies **(8)**. The act of suicide is a voluntary and psychological act carried out by a mentally healthy person. It is one of the saddest manifestations of social behavior and the result of a person's response to a mental crisis or loss of meaning in life. All forms of internal (intention, planned action) and external (action to kill) suicide, i.e., ending its vital activity, are called suicidal behavior **(9)**. The word "suicide" in the English language was coined for the first time in 1642 AD from the Latin words "cader" and "sui" which mean "self" and "kill", respectively **(10)**. Suicide is a devastating public health issue. Approximately one suicide occurs every 40 seconds, according to the World Health Organization **(11, 12)**. There are 3 to 4 times more attempts at self-slaughter among cancer patients toward others **(13)**. Women perpetrate self-slaughter at an amount three times higher than men, but men perpetrate self-slaughter at an amount four times higher than women. Perpetrate

self-slaughter at an amount of 3.4 per 100,000, which represents 0.5% of all female deaths (14).

Death anxiety is a sort of permanent character feature characterized by negative theories, emotions, and recognitions about yourself or another's death and decease (9). It comprises the dread of the end of being, the fear of dying, the fear of the unknown after death, and the fear of missing significant others (15). Death anxiety in these ill people is a form of heightened awareness because they must balance two contrary streams of thought: stay occupied and enjoy the remainder of their lives while being conscious of their physical decay and decrease. A cancer diagnosis is a traumatic experience for sick people. They fear the word cancer, since cancer means dying and untreated illness (16). Human behavior and thoughts are shaped by death, one of life's most significant issues. Having a close-to-death experience, an encounter with an incurable disease, or witnessing the deaths of household members or friends may scare us and guide us to revise our lifestyles and give meaning to our lives again (17). It takes courage to create a meaningful life when we are feeling empty and meaningless. Tillich (18) indicated that a lack of meaning and emptiness evokes existential anxiety or threat of “non-being.” To create a meaningful life requires an act of courage (18). Frankl suggested that life is naturally full of meaning. Every person must discover the hidden meaning designed for him/her, but after facing and accepting mortality. Thus, meaning-making can be an antidote for the pain of immortality (19). The three main parts of meaning in life are coherency (understanding), goal, and importance/existential significance (20, 21). Meaning plays an instrumental role in protecting mental health (22). Martela and Steger argue that perceiving life as meaningful depends on the availability of cues to coherence (i.e., comprehensibility and predictability), purpose (i.e., aims and aspirations), and significance (i.e., value beyond the elusive and momentary) (21). Cues to meaning understood in this way can be found in different domains of life, and one of its key sources is close relationships with others (23). Cancer can cause discomfort and difficulty adapting to life due to the loss of meaning and the struggle with acceptance. A cancer diagnosis can threaten one's sense of purpose, priorities in life and sense of meaning. A degree of admission of dying leaves us free from anxiety and gives us more enjoyment, goals, and meaning in life (24).

Methods

Research design

According to the nature of the subject, the method of this research is descriptive of the correlation approach. The present research is of an applied type because it was done on a real, objective, and dynamic issue, and its results can be used practically.

Participant

The statistical population of this research contained every woman with cancer who was recoursed to Tawheed Hospital, Sanandaj City in 2021-2022. We use the purposeful sampling method to select the study sample. Here, 100 people are randomly selected, and considering that in correlational research, according to Delavar (25), a minimum sample size of 50 people is suggested by the correlational method, to increase the external validity, 100 subjects are chosen by purposeful sampling (25).

Tools

The "Meaning in Life" Questionnaire of Steger et al. (MLQ)

The Meaning of Life Questionnaire was presented by Steger, Frazier (26) to assess the existence of meaning and the effort to find it, and its validity, reliability, and factor structure have been investigated in different research studies with different samples. To build this tool, these researchers first prepared 44 items. By using exploratory factor analysis, they identified two operatives: the existence of meaning in life and finding meaning in life, totaling 17 items Afterward, in confirmatory operative disintegration, removing 7 items, a suitable two-factor structure with 10 items was obtained. Conforming to Steger, Frazier (26) research, the reliability of the existence of the meaning subscale is estimated at 0.86 and the subscale of the quest for meaning is estimated at 0.87. The reliability of the existence of meaning and quest for meaning scales are 0.70 and 0.73, respectively (26). Also, the reliability coefficient of the meaning of life questionnaire in Peymanfar, Aliakbari Dehkordi and Mohtashmi (27) research using Cronbach's alpha formula was 0.89 (27). Maserabadi, Jafarian and Stvar (28) research, the construct validity and diagnostic validity of this questionnaire were examined and reported as satisfactory (28). This questionnaire contains 10 questions. Questions 2, 3, 7, 8, and 10 measure the degree of finding meaning (searching for meaning), and questions 1, 4, 5, 6, and 9 measure the degree of meaningfulness of an individual's life (existence of meaning). In this test, question 9 is graded in reverse.

Templer's Death Anxiety Questionnaire (DAS)

Templer's Death Anxiety Questionnaire was designed by Templer in 1970. This questionnaire is for measuring anxiety related to death, which has been used the most. This questionnaire is a self-administered questionnaire consisting of 15 questions (29). Rajabi and Bohrani (24) re-examined this questionnaire in Iran. They identified the fifteenth question of this questionnaire as lacking psychometric features and removed it (24). Based on this research, researchers who intend to use this questionnaire in Iran can use the 14-question version by removing the fifteenth question from this questionnaire. Studies carried out on the validity of the death anxiety criterion show that this criterion has admissible validity. Templer (30)

obtained the test-retest factor of this criterion at 0.83 and reported its credibility at the desired level **(30)**. In Rajabi and Bohrani **(24)** research the credibility coefficient of the death anxiety criterion was calculated as 0.62 after applying the corrected Sperman-Bravan formula. Also, the internal homogeneity of the questionnaire was checked with the help of Cronbach's alpha coefficient, and the value of these coefficients for the entire questionnaire was equal to 0.73. In addition, the correlation of the questionnaire questions with each other and with the total score was also calculated. Except for question 15, the rest of the questions had a significant correlation with the total score. The range of this correlation varied between 0.27 and 0.61 **(24)**.

Beck Suicidal Ideation Inventory (BSSI)

The suicidal ideation scale was created in 1991 1961 by Beck and Steer **(31)**. This scale has 19 items. The questions on this scale measure thing such as death wish, desire to commit suicide actively and passively, duration and frequency of suicidal thoughts, sense of control over the situation, factors preventing suicide, and the level of readiness of a person to commit suicide. There are five questions in Beck's suicidal ideation test, which are called screening questions. If the responses indicate active or passive suicidal tendencies, next, the topic should carry on with the subsequent 14 questions. The duration of completing this questionnaire is ten minutes on average, and based on factor analysis with psychiatric patients, it has been revealed that Beck's suicidal ideation scale is a combination of three invoices: desire to die (including the first 5 questions), readiness to commit suicide (including the 6th to 12) and true suicidal desire (including questions 13 to 17). Two questions are also related to the deterrents for suicide or concealment of suicide, which are not calculated in any of the above three factors. A person's overall score is calculated based on the sum of their scores, which range from 0 to 38. On the Beck scale, no special form has been prepared to identify the level of suicidal thoughts, but in terms of the content of the questions, the risk of suicide can be determined as follows:

Low Risk\Having suicidal thoughts=0_5

High Risk\Preparation for suicide=6_19

Very High Risk\Intent to commit suicide=20_38

This scale is based on three points, from 0 to 2. This scale has shown a high correlation with standardized tests of depression and suicidal tendencies. So the range of correlation coefficients was from 0.90 to 0.94. Also, a correlation was observed with the suicide question in the Beck depression scale from 0.58 to 0.69 and with the Beck hopelessness scale and the Beck depression questionnaire from 0.64 to 0.75. The validity of the criterion was determined using Cronbach's alpha method, with coefficients of 0.87 to 0.97, and using the retest method, 0.54 **(31)**. In Iran, Beck's questionnaire was validated by Anisi **(32)** on soldiers. The obtained results showed that the concurrent validity of the scale is equal to 0.76 and its credibility using Cronbach's alpha procedure is equivalent to 0.95 **(32)**. To start the research and distribute the questionnaires, the necessary coordination was done with the staff and officials of Tawheed Hospital. Before distributing the questionnaires, the patients were avouched that their data would remain arcane to the researcher and only this information would be used to conduct the research. Then the questionnaires were completed and the data was collected.

Ethical Consideration

This article was exploited from a research project passaged by the Ethics Committee of the university receiving the code: (IR. USB. REC .1400.122).

Statistical Analysis

In addition to descriptive methods, Pearson's solidarity coefficient and regression decomposition were used to analyze the information. This research analyzed the data with SPSS. The descriptive statistics of the investigation variables included the average and standard deviation.

Results

Demographic description (Table 1).

Description of statistical indicators

Descriptive statistics of investigation variables, containing average and standard deviation, are shown in the relevant table (Table 2).

Testing research hypotheses

The findings related to the demographic variables of women with cancer in Sanandaj showed that 75 people were married (75%), and 25 people were single (25%). In addition, 10 of them were in the age range of 20-30 years (10%), 49 were in the age range of 31-40 years (49%), 30 were in the age span of 41-50 years (30%), and 11 people were over 50 years old (11%). In addition, 23 respondents have a diploma, and 14 have an associate's or higher. The employment status of these people was also such that 63 people were working in government jobs and 30 people were working in freelance jobs. The rest were unemployed.

In this section, based on the information provided, we will examine the proposed hypotheses. In this research, one main hypothesis and two sub-hypotheses have been proposed, which have been investigated with the help of regression and correlation tests.

Main Hypothesis: There is a connection between the meaning of life, death anxiety, and suicidal thoughts.

$$\begin{cases} H_0: \text{There is no connection among the meaning of life, death anxiety, and suicidal thoughts.} \\ H_1: \text{There is a connection among the meaning of life, death anxiety, and suicidal thoughts.} \end{cases}$$

The value of the Durbin-Watson statistic to check the independence of errors is equal to the reported value in the range (1.5 to 2.5) and therefore it can be said that the supposition of freedom from errors is established. Considering the rule of regression assumptions, a regression test can be used to check the effect of the meaning of life on death anxiety and suicidal thoughts. The results of the regression are reported in the relevant table (Table 3).

According to the relevant table, the value of Fisher's significance value is equal to (0.000), which is less than 0.05 and indicates the existence of a linear communication between the meaning of life and death anxiety and suicidal thoughts. In addition, according to the table of the significance level of the regression model, which is less than (0.05), the meaning of life and death has an effect on suicidal thoughts. The value of the adjusted coefficient is equal to (0.31) and it shows that the meaning of life and death anxiety (31%) explains the changes in suicidal thoughts. Using the standard path coefficient (β), the effect of the meaning of life on suicidal thoughts is tantamount to (-0 .64), which shows that for one-unit augment in the meaning of life, suicidal thoughts are in the opposite direction and will be reduced by (0.64) units. Also, the effect of death anxiety on suicidal thoughts according to the standard path coefficient is equal to (0.93), which indicates the existence of a direct relevance among the two variables of death anxiety and suicidal thoughts, so the first hypothesis of the research is confirmed and can be stated. People's understanding of the concept of life has an impact on a person's desire to live in difficult conditions and his effort to survive. In addition, it affects a person's level of concern about the pain of death. The first sub-hypothesis is that the meaning of life predicts death anxiety (Table 4).

Table 1. Demographic description of the research participants

Variable	Abundance	
Marital Status	Married	75
	Single	25
Age	20 to 30 years	10
	31 to 40 years	49
	41 to 50 years	30
	More than 50 years	11
Education	Diploma	23
	Associate degree	14
	Masters	50
	Bachelor and higher	13
Job	Governmental	63
	Self-employment	30
	Unemployed	7

Table 2. Mean and standard deviation of research variables

Statistical Indicators Variable	Average	standard deviation
The meaning of life	1.07	0.11
death anxiety	1.04	0.06
Suicidal thoughts	1.03	0.04

Table 3. **Regression model between the meaning of life, death anxiety, and suicidal thoughts**

Variable	Non-standard coefficients	standard error	Standard coefficients	t-test	Level of Significance	Result in the model
Constant	0.98	0.09	--	10.46	0.000	--
The meaning of life	-0.59	0.406	-0.64	-0.64	0.000	It is effective
death anxiety	0.689	0.75	0.93	0.91	0.000	It is effective
Durbin-Watson statistic	1.91	The errors in the model are not correlated.				
Adjusted coefficient of determination	31	31% of changes in suicidal thoughts are explained by the meaning of life and death anxiety.				
Fisher's F significance level	0.000	The linear relationship of the model is accepted.				
Result	The meaning of life has a negative effect on suicidal thoughts, and death anxiety has a direct relationship with suicidal thoughts.					

Table 4. **The conclusion of the Pearson solidarity factor test between the meaning of life and death anxiety Correlations**

		ty	Tz
Ty	Pearson Correlation	1	-0.932
	Sig. (2-tailed)		0.000
	N	100	100
tz	Pearson Correlation	-0.932	1
	Sig. (2-tailed)	0.000	
	N	100	100

According to the results of the above table, because the surface value of meaningful is less than 0.05, the conclusion is that the research hypothesis based on the existence of an inverse relationship between the meaning of life and death anxiety is accepted. As can be seen, there is a significant relationship between the meaning of life and death anxiety at the 99% level, and its correlation coefficient is equal to -0.93, and it can be said that having a goal and plan in people's lives is more meaningful than their anxiety about being incomplete. Their actions will have the opposite effect throughout their lives. The second sub-hypothesis is that the meaning of life predicts suicidal thoughts (Table 5).

According to the above outcomes, because the level of significance is less than 0.05, and therefore, the research hypothesis based on the existence of communication among the meaning of life and suicidal thoughts among women with cancer in Sanandaj city, is accepted with a correlation coefficient of -0.735. And it can be said that if a person is always looking for something that gives meaning to his life, his courage and ability to commit suicide will decrease.

Table 5. **The conclusion of the Pearson solidarity factor test between the meaning of life and suicidal thoughts Correlations**

		tz	Tx
Ty	Pearson Correlation	1	-0.735
	Sig. (2-tailed)		0.000
	N	100	100
tz	Pearson Correlation	-0.735	1
	Sig. (2-tailed)	0.000	
	N	100	100

Discussion

This research was conducted to investigate the effect of the meaning of life on death anxiety and suicidal thoughts in women with cancer. The meaning of life has a negative effect on suicidal thoughts, and death anxiety has a direct relationship with suicidal thoughts. And it demonstrates that there is a direct connection between the two variables of death anxiety and suicidal thoughts. These findings are consistent with the findings of some research conducted in this field. Past investigations into death anxiety have deduced that death anxiety is a credible notion **(18, 29, 30, 33, 34)**. Previous research results show that women and younger people have higher death anxiety scores **(8, 27, 35)**. However, a meaningful life does not help much to describe death anxiety, having a meaningful life protects a person from the knowledge of death **(36)**. Many studies have proven the negative correlation between death anxiety and a life with meaning. According to Tang et al. Tang, Pan and Zhang **(37)** life with meaning was positively correlated with the admission of death and reduced death anxiety scores among Chinese university students **(37)**. In a similar study, Routledge and Juhl **(38)** revealed that death reminders selectively increased death anxiety in individuals with lower meaning in life, whereas individuals with higher meaning did not report aggravated death anxiety **(38)**. Death is an unavoidable event in the lives of all human beings, but those with fatal illnesses such as cancer experience more death anxiety than those with other persistent illnesses **(16)**. There has been a perusal assessing the role of meaning in life dimensions, death anxiety, and endurance in persons with GAD. The attendance of meaning was the only important component in the prognostication of death anxiety, suggesting an unparalleled connection between the attendance of meaning and death anxiety **(22)**. A principled revision of death anxiety in Iranian cancer patients was conducted. In this research, the percentage of death anxiety in Iranian cancer patients was reported. Death anxiety in cancer patients can cause and exacerbate mental disorders and result in a lack of improvement and durability **(39)**. Cancer affects the quality of life of women with cancer **(40)**. Bolton, Walld **(41)** conducted a study that shows that the only physical disease that has a large contribution to the risk of suicide is an oncological disease **(41)**. Luo, Lai **(42)** study showed that 25.98 % of cancer patients develop suicidal thoughts, and the risk factors for SI are low mood, depression, progressive stage of cancer, treatment expenses, not marrying, living in village regions, and living without anyone **(42)**. And several studies have corroborated the conjugal situation as a momentous operative for SI in cancer patients **(43)**. Cancer patients have almost twice the risk of dying by suicide compared with the general population **(44)**. Studying the meaning of life among women with cancer revealed a positive relationship between the meaning of life and acceptance of cancer **(24)**. According to other studies, meaninglessness is closely related to the desire to accelerate death among people with progressive cancer **(45)**. There are several adverse outcomes associated with the loss of meaning. Almost 17% of cancer patients reported wanting to end their lives not because of the number of aches but because of meaninglessness, loss of expectancy, and depression **(46)**.

Conclusion

Based on our conclusions, it can be stated that the level of death anxiety and suicidal thoughts in cancer patients participating in the study is high, and as a result, cancer patients have experienced a vast surface of death anxiety and suicidal thoughts. There is an inverse relationship between the meaning of life, death anxiety, and suicidal thoughts. And it can be said that having a goal and a plan in people's lives will ease their worries about not completing their work throughout their lives. And it can be said that if a person is always looking for something that makes his life meaningful, his courage and ability to commit suicide will decrease. Family support for women with cancer is a strong protective factor. Positive interaction with the surrounding people in the form of social relations offers the possibility of a deeper understanding of oneself and the surrounding world and the meaning of one's life. And it can be said that the emotional atmosphere of the family of cancer patients plays an important role in their suicidal thoughts.

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Conflict of Interest

The authors declare no conflict of interest.

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