

The relationship between existential anxiety and demoralization syndrome in predicting psychological well-being of people with cancer

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ABSTRACT: Background and Objective: This study aimed to investigate the relationship between existential anxiety and demoralization syndrome in predicting psychological mental wellbeing in people with cancer. Materials and methods: The study employed a correlation research design. 57 patients with cancer (skin, breast, and stomach), 20 to 40 years, referring to hospitals in Ardabil were selected by purposive sampling. The selected individuals completed existential anxiety, demoralization syndrome and psychological well-being Questionnaires. To analyze the data, stepwise regression analysis was used.

Results: The results showed that there is a significant negative correlation between the existential anxiety and predicting psychological well-being in people with cancer ($p < 0/01$) and also there is a significant negative correlation between demoralization syndrome and prediction of depression in people with cancer ($p < 0/01$). Conclusion: According to the results this study, people in the face of life-threatening illness such as cancer, experience existential concerns, such as death anxiety, uncertainty, absurdity and loneliness and the aim of psychotherapy and counseling interventions in these people is to create a supportive atmosphere that help these patients to accept the disease and consequently improve their mental health.

KEYWORDS -existential anxiety, cancer, demoralization

I. INTRODUCTION

Cancer as a chronic disease is considered as a stressful life event that its negative effects will have a great impact on the quality of life of patients and their families. According to the World Health Organization (2012), about 7.6 million people worldwide in 2008 have lost their lives due to cancer [1]. Chronic diseases such as cancer are associated with stress and how a person is more susceptible to stress caused by diseases, the negative psychological and physiological effects will be more in them which causes reduced immune system functions and they will have difficulty to cope effectively with their illness. [2,3]. Due to the complications of cancer and its treatment it seems that conventional treatment methods mainly focus on quantity of life for patients, but in recent years considering quality of life of these patients has found special importance. In fact, the quality of life has been versus quantity of life and the purpose of that is the number of the years of life that comes with satisfaction, happiness and pleasure [4, 5]. One important concept in the context of quality of life and positive psychology approach is the concept of psychological well-being; in fact, the concept of psychological well-being is one of the topics of Positive Psychology. This perspective emphasizes on the individual's abilities and believes psychology aims to improve the lives of the individual and to cause their potential latent talents to

be manifested [6]. In the past decade Ryff and colleagues proposed pattern of positive mental health or psychological well-being.

Based on Ryff's psychological well-being pattern composed of 6 factors, which include: 1. self-acceptance (means a positive attitude to oneself and accept oneself good and bad aspects, and having positive feelings about the past) 2- positive relationship with others (having a sense of intimacy in relationships with others and understand the importance of this connection) 3 autonomy (sense of independence and ability to withstand the social pressure) 4. Environmental mastery (having feeling of environmental mastery and controlling exterior activities and taking advantage of opportunities around). 5. Having a purpose in life (having a purpose in life and believe that there is meaning in the past and in their lives) 6. Personal growth (a feeling of continuous growth and achieve new experiences [7,8]. On the other hand existential concern that occur with awareness of death and the potential threatening danger, can be a significant source of Neuroticism, in people who are struggling with life-threatening diseases [9,10]. In the meantime people who suffer from a type of anxiety called "existential anxiety", which in the opinion of the Good it derives from disappointment, alienation, emptiness, meaninglessness [10]. Findings have shown that the pain and irritation in the face of a life-threatening disease is one of the debilitating and cumbersome conditions [11]. And research results Lychn and colleagues indicate that existential anxiety is higher in patients who are near to death [12]. On the other hand people with chronic disease such as cancer at the point in time of their life may be facing with the demoralization syndrome. The concept of demoralization syndrome was expressed by Frank and described it via indicators such as impotence, isolation and despair [13]. The concept of demoralization symptoms provided an essential and profound basis for evaluating the existential distress in cancer patients who are not covered by standard diagnostic approaches [14]. In further describing the concept of drop of mood, it is suggested that clinical characteristic demoralization is mental incompetence (si). It covers also symptoms of depression, such as sadness, anxiety, anger or combination of them [15]. It seems a situation that the person is faced with constant penetrating physical problems can be the starting point of the process of demoralization symptoms [16]. At confirmation of this the results of researches of Sophie and colleagues titled systematically review demoralization syndrome in patients with progressive disease and cancer show, demoralization syndrome is common in patients with progressive disease or cancer and clinically significant 13% to 18% [17]. In fact, given the prevalence of cancer in recent years, and the importance of psychological issues that can affect treatment of the disease of these people during and after it and also lack of considerable and sufficient studies in this context that can show the factors that can improve psychological well-being of their people and acceptance of the disease, therefore the aim of this study was to investigate the relationship between existential anxiety and demoralization syndrome in predicting psychological well-being of people with cancer.

II. MATERIALS AND METHODS

This study employed a descriptive-correlation design and was conducted cross-sectional. The study population consisted of patients with cancer who were under treatment and their cancer was malignant and their diagnosis was from the beginning of 2013 to the end of 2014 (skin, stomach and breast cancer) from 20 to 40 years referring to central hospitals of Ardabil. 3 hospitals were selected from this population and 62 subjects were selected based on purposive sampling (those who were willing to cooperate 57 cases). Finally, after explaining about the research work (voluntarily participate in the study, the confidentiality of the results of the questionnaire, being in the age range 20 to 40 and being diagnosed with a type of skin cancer, stomach and breast applicants), they were asked to respond to the questionnaires. To analyze the data collected in this study, descriptive statistics tools mean and standard deviation, and to evaluate hypotheses, Pearson correlation test and multiple regression analysis were used.

III. RESEARCH TOOLS

Demoralization syndrome scale:

In this study, the scale of 24 questions to assess demoralization symptoms demoralization syndrome scale (22 used). This tool boasts five subscales of lack of means (5), boredom (5 questions), disappointment (6 questions), helplessness (4 questions), feeling of failure (4 questions). And Kissane reliability coefficients and colleagues have reported it to 94 percent. Reliability coefficients of Persian version of this tool has been reported by Naghiaee by Cronbach's alpha test (0.86), [18]

IV. THE GENERAL WELL-BEING SCHEDULE

GWB included a concise indicator of a wide range of subjective feelings, well-being and psychological distress for use in population surveys. The questionnaire is consisted of positive and negative questions. The questionnaire includes positive and negative questions. Each item has the time frame (during the last month). Answers in the first 14 questions have been formed of a six-point scale representing the intensity or

frequency. Thus, this option is selected for the experimental qualities.4 remaining questions are 0-10 rating scale that encompasses the attributes at each end. In scoring responses polarity items 1, 3, 6, 7, 9, 11, 15, 4, reversed, so that the lower score indicating further distress.

Validity (a little): Test-retest coefficients (after 3 months), is 0.68 and 0.85% in the different group. Internal consistency coefficients have been reported for the three subscales in the range of 0.72 up to 0.88. Three studies reported the internal consistency coefficients over 0.9 (McDowell, 2006).

V. EXISTENTIAL ANXIETY QUESTIONNAIRE

Existential anxiety questionnaires are designed to measure existential anxiety and have 29 statements and four subscales: 1) the anxiety of death and decay; 2) responsibility anxiety; 3) anxiety of loneliness and 4) mean anxiety. Subjects will be asked to read each item and determine the amount of concern that caused him into a 4-point scale. Test score can vary between 29 and 116. Low score indicates ignoring the existential anxiety and high scores indicate experiencing high existential anxiety.

VI. FIGURES AND TABLES

Table 1: correlation of existential anxiety subscales with general wellbeing

Variable	Mean	Standard deviation	1	2	3	4	5
General wellbeing	34/93	5/97	1				
Meaning anxiety	12/96	1/72	**./21	1			
Responsibility anxiety	11/95	1/94	**-/30	**./34	1		
Loneliness anxiety	8/32	8/32	**-/39	**./20	**./21	1	
Death anxiety	11/58	2/29	**-/45	**./79	**./58	*./11	1

Results of Table 1 shows that there is a negative and significant relationship between components of existential anxiety, mean anxiety ($p < 0.001$, $r = -0.21$), anxiety of responsibility ($p < 0.001$, $r = -0.30$), anxiety of loneliness ($p < 0.001$, $r = -0.39$) and death anxiety ($p < 0.001$, $r = -0.45$) and general wellbeing of the sample.

Table 2: Correlation demoralization syndrome scale and psychological well-being

Variable	Mean	Standard deviation	1	2	3	4	5	6
General wellbeing	34/93	5/97	1					
Meaning loss	8/96	4/26	**-/56	1				
Boredom	6/05	3/15	**-/63	**./62	1			
Disappointment	11/02	2/27	*-/16	**./37	**./40	1		
helplessness	7/02	1/40	**-/20	**./42	**./34	**./19	1	
Feeling of failure	5/79	2/96	**./38	**./53	**./78	**./40	**./17	1

Results of Table 1 shows that there is a negative and significant relationship between components of demoralization syndrome, mean loss ($p < 0.001$, $r = -0.56$), boredom ($p < 0.001$, $r = -0.63$), disappointment ($p < 0.001$, $r = -0.16$) helplessness ($p < 0.001$, $r = -0.20$) and feeling of failure ($p < 0.001$, $r = -0.45$) and general wellbeing of the sample. Research continues to determine the assumptions in anticipation of factors that can affect psychological well-being of patients with cancer. Stepwise regression was used. Thus in the first step general wellbeing as dependent variable and variable existential anxiety is considered as significant predictors and in the second step variable demoralization syndrome as predictor variables and variable spirit of public welfare as the criterion variable was considered that 3 and 4 are shown in the table.

Table 3: The first step of predictor variables between existential anxiety in the equation, to predict general wellbeing

Predictor variables	R2	F	Sig of F	B	T	Significance level
Fixed value	.57	20/23	./.	71/83	10/62	./1
Meaning anxiety				./10	-./66	./1
Responsibility anxiety				-./64	-5/77	./1
Loneliness anxiety				-./24	-./67	./1
Death anxiety				-./12	-./73	./1

Table 3 shows that about 57% of the total variance general wellbeing in cancer patients in the sample can be explained by factors of existential anxiety. ANOVA test results showed that regression model is significant ($23 / 20F = , 001/0 > p$). Results from regression coefficient also shows the components of existential

anxiety, meaning anxiety, anxiety of responsibility, loneliness anxiety, and anxiety of death that predicts general wellbeing negatively.

Table 4: The second step predictor variables demoralization syndrome into the equation, in order to predict psychological well-being

Predictor variables	R2	F	Sig of F	B	T	Significance level
Fixed value	./39	19/23	../.1	71/83	10/62	../.1
Meaning loss				./10	-./66	../.1
Boredom				-./61	-5/73	../.1
Disappointment				-./14	-2/67	../.1
helplessness				-./12	-./70	../.1
Feeling of failure				-./16	-./52	../.1

Table 4 shows that approximately 39 percent of the variance of general wellbeing of cancer patients in the sample can be explained by the components of demoralization syndrome. ANOVA test results showed that regression model is statistically significant ($23/19 = r, 001/0 > p$). Results from regression coefficient also show the components of a demoralization; lack of meaning, boredom, disappointment, frustration and feelings of failure negatively predicts general.

VII. CONCLUSION

In fact, when a person diagnosed with cancer in the face of personal and family crises resulting from the disease, may be able to maintain sufficient self-efficacy to what is necessary to improve this condition. And it would be a loss of physical capacity, such that the same person can play a role in various roles and even in performing many routine tasks require the help of others. In fact, cancer patients, in addition to their chronic pain that can cause cancer with psychological problems faced in dealing with the disease, this requires that psychological interventions. For cancer patients, caregivers and families are responsible for the care and custody of these people are responsible, their acceptance of the disease and that by creating a kind of larger person and a welcoming environment for disease increase it in the patient's recovery process.

VIII. DISCUSSION

This study aimed to investigate the relationship between existential anxiety and demoralization syndrome in predicting psychological well-being of patients with cancer. For this purpose, research hypotheses were tested using appropriate statistical tests, the results in Table 3, 2, 1, 4 are indicated in detail. The first hypothesis that there is a significant negative correlation between existential anxiety and psychological well-being among people with cancer and, according to the findings of Table 1 has been approved. In confirmation of results of this research Henok and Denilson (2009), suggests that when people are faced with their own death, suffering and loss, existential concerns increased, this leads to anxiety [19]. resources psycho-existential stress in such circumstances, including Shuffle meaning and purpose of life, deem unjust life, a sense of uncertainty and unpredictable the future (Nadia, 1998; the role of the Kaiser and Scott, 2008), and is retained and the fear of death [20]. In fact, people who are suffering from chronic disease such as cancer, such experiences may be faced with death, losing their previous responsibilities and roles, as well as the loss of meaning in life experience. In total, these factors can, intensify variable that reduce their health and psychological wellbeing. In fact, when people are suffering from chronic diseases, may no longer be able to do the same responsibilities that were previously undertaken, take to action, and may even need others' help to do their regular and routine. And in general, all these factors can exacerbate anxiety and thus reduce the psychological well-being of patients with cancer. This result correspond with previous results of (Hnvk and Danielson, 2009), [19], (Strong, 1997), [21], (Mullen et al., 2009), [22], (Lee et al., 2012), [23] (Vhylyng et al. 2012) [24], (Leach tons scarves et al., 2009), [12], (Britt Barrett, 2004), [25], (Clark and Ksny, 2002) [26] and (ChvchyNof, 2006), [27], .

The second research hypothesis stating that there is negative relationship between the demoralization syndrome and psychological well-being of patients with cancer, according to findings in Table 2 is confirmed. This finding is consistent with results (Bahmani et al., 2014), [28], (Clark et al., 2005), [29], (Mullane) et al., 2009), [22]. Stating that demoralization syndrome in patients is associated with Human Immunodeficiency Virus ((HIV, diagnosis of advanced cancer and chronic diseases. According to research and Ksny Clark (2002), [26], the key point demoralization syndrome is, that if a person is in a position where he can do nothing, leading to disappointment and loss of self-efficacy, and inefficiency in the management and control problems. Furthermore, if assistance is impossible, a person may be called and socially withdrawn. And suffer from a sense of shame and defeat. In fact, those with the syndrome are a drop in mood, negative thoughts and pessimistic about everything, they see everything in black and white and are much exaggerated. They will always humiliate

themselves, Because of this they have low self-esteem. But the person is still able to react to his environment, though without enthusiasm, these people will lose motivation or ambition [30]. In confirmation of the results was carried out Kisan (2000), (quoting from Naghiaee et al., 2013), they use the term existential distress to describe the people who experience mental distress are faced with imminent death, and suggested that such a state of irritation often associated with feelings of regret, weakness, absurdity, and a sense of meaninglessness of life and they suggested that such a state of irritation often associated with feelings of regret, weakness, absurdity, and a sense of meaninglessness of life. He also considers existential themes such as concern about death, loss of meaning, sadness, loneliness, freedom and values as the key existential challenges faced by people with life-threatening diseases. As well states that patients may still experience the emotions associated with these themes, suffer from demoralization syndrome. In this regard, Faulkner and Mgayy (quoted Bahmani et al., 1389), a study population of patients with cancer: Stated: effective coping psychologically with cancer as a result cope with five factors: 1) deal with uncertainty about the future, 2) find meaning to what has happened 3) Faced with a sense of uncontrollability to the future 4) openness and openness to disease-related events and 5) acceptance of the need to More support social and medical [31]. And what could be very significant these people cannot easily accomplish these 5 factors and this highlighted the need of mental health interventions by experts more than before.

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REFERENCES

- [1]. Jafari, E., Sohrabi, F., Jomehri, F., Najafi, M., The Relation ship between type C personality, locus of control and hardiness in patients suffering from cancer and normal subjects, *Journal of Clinical Psychology*, 2009; 1(1): 57-66.
- [2]. Deshields T, Tibbs T, Fan MY, Taylor M, Differences in patterns of depression after treatment for breast cancer, *Psychooncology* 2006; 15: 398-406.
- [3]. Met Porter LS, Clayton MF, Belyea al ,Predicting negative mood state and personal growth in African American and White long-term breast cancer survivors, *Ann Behav Med* 2006; 31: 195-204.
- [4]. Zabora, J., Hofe, B., Szok, k., the Prevalence of Psychological distress by Cancer site *Psychosocial oncology* 2001; 10(0): 19-28.
- [5]. Carver CS, Sheier MF, Segerstrom SC, Optimism, *Clin Psychol Rev*. 2010; 30(7): 879-890.
- [6]. Souri, H., Hejaze, E., Ejei, J., The correlation of resiliency and optimism with psychological well-being, *Journal of Behavioral Sciences* 2013; 7(3): 271-277.
- [7]. Asgari, P., Roshani, K., Mahri Adreane, Maryam, The relationship between religious belief and optimism and spiritual health of Ahwaz University, *Journal of New findings in psychology* 2010; [persian].
- [8]. Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. [Review]. *Clinical Psychology Review*, 30, 879---889.
- [9]. Henoeh, I., & Danielson, E, Existential concerns among patients with cancer and interventions to meet them: An integrative literature review, *Psycho-Oncology* 2009; 18: 225-236.
- [10]. Prasertsri, N., Holden, J., Keefe, F. J., Wilkie, D. J., Repressive coping style: relationships with depression, pain, and pain coping strategies in lung cancer patients. *Lung Cancer* 2010.
- [11]. Odling, G., Norberg, A., Danielson, E., Care of women with breast cancer on a surgical ward: nurses' opinions of the need for support for women, relatives and themselves. *Journal of Advanced Nursing* 2002; 39 (1): 77-86.
- [12]. Sand, L., Strang, P., Existential loneliness in a palliative home care setting. *Journal of Palliative Medicine* 2006; 9(6): 1376-1387.
- [13]. Kernan, W. D., Lepore, S. J., Searching for and making meaning after breast cancer: Prevalence, patterns, and negative affect. *Social Science & Medicine* 2009; 68 : 1176-1182.
- [14]. LeMay, K., Wilson, K. G., Treatment of existential distress in life threatening illness: A review of manualized interventions. *Clinical Psychology Review* 2008; 28: 472-493.
- [15]. Vehling, S., Lehmann, C., Oechsle, K., Bokemeyer, C., Krull, A., Koch, U., Mehnert, A., Is advanced cancer associated with Demoralization and lower global meaning? The role of tumor stage and physical problems in explaining existential distress in cancer patients. *psycho-Oncology* 2012; 21: 54-63.
- [16]. Sharyati, M., Babapour Kheiroddin, J., Efficiency of the Core Self Evaluations Model in Predicting of Subjective Well-Being. *Journal of Research in Psychological Health* 2010. [persian]
- [17]. Judge, T. A., Locke, E. A., & Durham, C. C., The Dispositional Causes of Job Satisfaction: A core evaluations approach. *Research in Organizational Behavior* 1997; 19: 151-188.
- [18]. Lotfi kashani, F., Tahari, A., Merzayi, H., Masodi mogadam, Z., The relationship between social support and self-esteem, depression and anxiety in patients with cancer, *New findings in psychology* 2011; 25: 101-115. [persian].
- [19]. Nouwen SA, White D. Motivation and dietary selfcare in adults with diabetes: Are self-efficacy and autonomous self-regulation complementary or competing constructs? *J Health Psychol* 2000; 19: 452-7.
- [20]. Yoselani, G., Habibe, M., Solamani, E., The desirable behavior disciplinary relationship with the family, locus of control and self-esteem, *Journal of School Psychology* 2011; 1(2): 134-114. [persian].
- [21]. Slesnick, N., Erdem, G., Collins, J., Bantchevska, K., Katafiasz, H., Predictors of treatment attendance among adolescent substance abusing runaways: a comparison of family and individual therapy modalities, *Journal of family therapy* 2011; 33: 66-84.
- [22]. Light foot, M., Stein, J. A., tevendale, H. & preston, K., Protective factors Associated fewer Multiple problem Behaviors Among Homeless/ Runaway youth. *Journal of clinical child & Adolescent Psychology* 2011; 40: 878-889.
- [23]. Sheier MF, Carver CS, Optimism, coping, and health assessment and implications of generalized outcome expectancies, *Health Psychol* 1985; 4(3): 219-42.
- [24]. Smith TW, Pope MK, Rhodewalt F, Poulton JL, Optimism, neuroticism, coping, and symptom reports: An alternative interpretation of the Life Orientation Test. *J Pers Soc Psychol* 1989; 56(4): 640-8.

- [25]. Hassanshahi MM, The Relationship Between Optimism and Coping Strategies in University Students, *Quart J Fundament Ment Health* 2002; 4(15-16):86-98. [Persian]
- [26]. Judge, T. A., Erez, A., Bono, J. E., & Thoresen, C. J., The core self-evaluations scale: Development of a measure, *Personnel Psychology* 2003; 56:303-331.
- [27]. Nikolaou, I., & Judge, T.A., Fairness Reactions to Personnel Selection Techniques in Greece: The role of core self-evaluations, *International Journal of Selection and Assessment* 2007; 15(2): 206-219.
- [28]. Eskandari, M., Bahmani, B., Hasani, F., Shafi-Abadi, A., Hossain-poor, H., Cognitive-Existential Group Therapy for Parents of Children with Cancer, *Iranian Rehabilitation Journal* 2013; 11 No. (18):51-55.
- [29]. Koenig, H., Religion, spirituality, and medicine: Research Findings and Implications for Clinical Practice, *Southern Medical Journal* 2004; 12:1194-1200.
- [30]. Lee, V., Cohen, R., Edgar, L., Laizner, M., Gagnon, A., Meaning making intervention during breast or colorectal cancer treatment improves self-esteem, optimism and self-efficacy. *Social & Medicine* 2006; 62: 3133-3145.
- [31]. Kissane, D.W., Clark, D.M., Street, A.F. Demoralization syndrome. A relevant psychiatric diagnosis for palliative care, *Journal of Palliative Care* 2006; 17:12-21.
- [32]. Ioannis Tsaousis a, Ioannis Nikolaou b, Nikolaos Serdaris c, Timothy A, Judge, Do the core self-evaluations moderate the relationship between subjective well-being and physical and psychological health?, *Personality and Individual Differences* 2007; 42: 1441-1452.
- [33]. Cohen, J., Cohen, P., West, S. G., & Aiken, L. S., *Applied multiple regression/correlation analysis for the behavioral sciences*, London: Lawrence Erlbaum Associates 2003.
- [34]. Ostir, G., Markides, K. S., Black, S. A., & Goodwin, J. S., Emotional well-being predicts subsequent functional independence and survival. *Journal of the American Geriatrics Society* 2000; 48: 473-478.
- [35]. Pressman, S. D., & Cohen, S., Does positive affect influence health? *Psychological Bulletin* 2005; 131: 925-971.
- [36]. Bono, J. E., & Judge, T. A., Core self-evaluations: A review of the trait and its role in job satisfaction and job performance, *European Journal of Personality* 2003; 17: 5-18.
- [37]. Judge, T.A., Locke, E.A., Durham, C.C., & Kluger, A.N. (1998b). Dispositional effects on job and life satisfaction: The role of core evaluations. *Journal of Applied Psychology* 1998; 83: 17-34.