

The Relationship between Frequency of Prayer and Death Anxiety in Cancer Patients

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Abstract

Introduction: Cancer is a chronic and fatal disease. In advanced stages of cancer when patients notice their impending death, they become increasingly afraid of death. Meanwhile, having faith and resorting to prayer act as non-medical treatment and palliative care. This study aimed to investigate the relationship between praying and anxiety of death in cancer patients.

Method: This descriptive- correlation study was conducted on 96 cancer patients who had been referred to the Food and Drug Administration of Golestan province in Iran to receive agonist drugs. Templar and Marioliga's standard questionnaire was used as data collection tool. Data were analyzed by logistic regression test.

Results: Pearson's correlation test showed a significant but reverse relationship between prayer and death anxiety ($P < 0.2$, $r = -0.24$), so that with increase in prayer, death anxiety reduced.

Conclusion: According to chronic nature of cancer and prolong treatment that it acquires, non-pharmacological methods such as religion can be effective in improving mental health and reducing anxiety of dying patients.

Key words: Prayer frequency, Death anxiety, Cancer.

Introduction

Cancer is one of the major health problems in the world with high mortality^[1, 2]. Cancer is the second leading cause of death in developed countries and the fourth one in developing countries^[3, 4]. Research and observations indicate that cancer diagnosis creates many psychosocial problems, And also requires the types of vascular access^[5, 6]. In the advanced stages of cancer, when the cancer patients are informed about their imminent death, they will become overwhelmed by the fear of death^[7]. Thinking about death is scary, and most

people prefer not to think about it, because anxiety and fear of death are unpleasant and common in humans^[8]. The closer a cancer patient gets to death, the greater level of fear, anxiety and suffering she/he will experience^[9]. Therefore, it can be stated that one of the problems of cancer patients is the fear and anxiety of death^[10].

Death anxiety is a multidimensional concept and difficult to define. It is often defined as the fear of dying^[8], because patient is concerned about pain, treatment and what happens after death ^[10]. In other words, anxiety of death involves predicting own death and fear of dying^[8]. Death anxiety is more common in patients with advanced cancer or conditions, which often cause psychosocial problems in them^[11].

Religious is one of the most important and effective factors in health^[12]. Spirituality plays an important role in the acceptance of illness along with religious

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practices such as prayer^[5, 13]. Many psychologists and psychiatrists have found that remembering, praying to, and paying close attention to God wholeheartedly assist people in dealing with life's problems and negative thoughts, reduce anxiety and fear, and create calmness and relaxed state of mind^[14]. It is also believed that in religion, calling divine names and religious words can reduce anxiety and increase mental health^[15], because prayer is human's communication with God, who is capable of all things and is closer to man than his neck vein. God delivers if being asked, so the best way to reduce anxiety and concern is to pray to God almighty^[16]. On the other hand, some other studies have shown that religious people have more emotional distress than non-religious people, and this causes high level of death anxiety in them^[17]. Religious therapies can have both negative and positive effects on patients^[18,24]. For instance, prayer and spiritual attitude can have positive effects on heart diseases^[19]. Accordingly, this study was conducted to investigate the relationship between prayer frequency and death anxiety in cancer patients, with the assumption that prayer frequency has a link with death anxiety.

Method

To collect data, after approval of project by the Research Council of Aliabad Katoo branch of Azad University and obtaining necessary permission from the Food and Drug Administration of Golestan University of Medical Sciences, the researchers attended the desired cancer center on the days when cancer patients were coming to collect their agonist drugs. The research team explained the objectives of study to the potential participants and assured them about confidentiality of their information. The participants were also informed that, participation in the study is voluntarily and they can withdraw from the study at any time with any reason without any consequences. Then, oral informed consent was obtained from them. It took 15 to 20 minutes to complete the questionnaire during which, the researchers were present and answered potential questions in case of ambiguity.

Templer Death Anxiety Scale (TDAS) designed by Professor Donald Templer in 1970 has been used for about 40 years as a valid questionnaire to measure death anxiety, and its validity and reliability have been confirmed in many countries and articles. TDAS has been analyzed and validated in Iran, and translated in Farsi. It consists of 15 questions with the correct and

incorrect answers. In this questionnaire, 9 items out of 15 items with the correct answer are given the score of 1, and 6 items with the wrong answers are given the score of one. Total score of the questionnaire ranges from 0 to 15, with higher scores indicating higher level of death anxiety.

Validity and reliability of the tool:

Reliability assessment: The TDAS is a standard questionnaire and has been used repeatedly in various studies around the world to measure death anxiety. Aghajani and Valiei (2010) used the internal reliability method to measure the reliability of TADS and calculated its correlation coefficient to be 0.86 using Richardson's code formula^[8]. Masoudzadeh, Sattar Mohammadpour and Kurdi (2008) also reported a correlation coefficient of 0.95 for this questionnaire^[17]. The scoring system of TDAS is as follow: It consists of 15 items from which, 9 items with the correct answer are given the score of 1, and 6 items with the wrong answer are given the score of one. In other words, patient gives the score of 0 or 1 to each item, depending on the answer being correct or wrong (score of 1 if the patient's response indicates death anxiety and score of 0 if the patient's response indicates lack of death anxiety).

After collecting data and removing incomplete questionnaires, data were entered into SPSS-16 statistical software to be analyzed using descriptive statistics (table, mean, standard deviation) and inferential statistics (independent t-test, analysis of variance, Schiffer's post-hoc test) at the significant level of 0.05. The data normality was determined by Kolmogorov-Smirnov test.

Findings

Results of this study showed that, the mean age of subjects was 54.6 ± 14 years and they had been diagnosed with cancer for an average of 5 years. Most of the participants 59% (n=57) were male and 41% of them (n=39) were female. Also, 80% of the samples (n=77) were married and 20% of them (n=19) were single. In terms of occupation, 31.2% of the participants (n=30) were housewives, and 6.4% of them (n=6) were shopkeepers. Also, 65.6% of the participants (n=66) had a history of chemotherapy and 34.4% of them (n=34) were currently receiving chemotherapy.

In this study, the frequency of prayer with the

mean and standard deviation of 171.0 ± 32.0 was above average. Also, level of death anxiety with the mean and standard deviation of 8.3 ± 2.4 was above average. Pearson's correlation test showed a significant but reverse relationship between prayer and death anxiety ($P < 0.2$, $r = -0.24$), so that with increase in prayer, the death anxiety was reduced. No relationship was found between the frequency of prayer and demographic characteristics such as sex ($p < 0.09$), age ($p < 0.17$),

education ($p < 0.68$), marital status ($p < 0.15$), occupation ($p < 0.06$) and diagnosis time ($p < 0.82$).

There was also no relationship between the frequency of prayer and demographic characteristics such as sex ($p < 0.49$), age ($p < 0.67$), education ($p < 0.16$), marital status ($p < 0.13$), occupation ($p < 0.66$) and diagnosis time ($p < 0.69$).

Table 1: The relationship between death anxiety and demographic characteristics of cancer patients treated with antagonists

Demography Frequency of prayer		Number	Mean + SD	P-Value
Gender	Women	39	164.3±3.3	0.09
	Man	56	175.4±32.2	
Age	30-39	15	176.3±24.7	0.17
	40-49	24	178.5±22.7	
	50-59	20	174.3±29.6	
	Over 60	36	161.6±39.7	
Education	Illiterate	30	167.1±37	0.68
	Primary	24	168.8±33.1	
	Secondary	20	178.9±19.1	
	Diploma	16	168.2±37.7	
	University	5	180±15.8	
Marital status	Single	15	159±33.2	0.15
	Married	76	171.9±3.7	
Occupation	Farmer	7	184.2±27.6	0.06
	Housewife	21	162.3±3	
	Office worker	9	177±24.8	
	Self-employed	14	188.5±22.5	
	Shopkeeper	6	182±17	
	Unemployed	18	156.3±44	
	Other	12	176±24.3	
Time since diagnosis	Under 5 years	67	169.7±35	0.82
	5-10 years	17	175.1±20.3	
	Over 10 years	22	171.4±29.3	

Discussion

Results of present study showed that frequency of prayer reduced death anxiety. Religious belief becomes more important at the time of illness than at any other time, and helps people to understand the life events, especially those that are painful and create anxiety. It also brings about heartwarming joy and happiness in people's life^[20]. Various studies have shown that patients who suffer physical injuries tend to turn to religious beliefs, because religion helps them to endure the suffering and pain caused by their illness^[21]. Positive thoughts and tolerance are both components of prayer therapy and are related to health and stress resistance. Religious psychology refers to the remembrance of God as the main therapy for underlying psychiatric disorders, including anxiety and stress. It brings peace and reassurance to people throughout their ups and downs and during the time of pain and suffering^[22].

Many people, even those who are not familiar with the Arabic language and do not understand the meaning of Quran, find comfort in hearing it. This is due to the physiological effect of prayer on the nervous system^[23].

In the religious book it is said that, when a human being is harmed, he calls upon his Lord and returns to him. At the same time, performing religious practices such as prayer as a defense mechanism can lead to better adaptation, self-worth and hopefulness^[20].

Conclusion

Considering the attitude of Iranian people who believe in the effectiveness of prayer, prayer therapy should be used as a complimentary therapy along with other therapies. However, in Iran, this treatment is still unknown to some. Also, to implement any new approach, it should be tested first and its effectiveness should be institutionalized in the health care delivery system. Thus, further studies on the effectiveness of prayer are recommended, especially in chronic patients such as cancer, hemodialysis, thalassemic and cardiac patients. Considering the high costs, side effects, and stress of treatments such as surgery, chemotherapy, and injections, prayer therapy can be used as a low-cost, natural, and stress-free approach or a complementary treatment. One of the limitations of present study was that, the researcher had no control over recent events in the patient's life. It is hoped that these limitations will be mitigated in future studies.

Conflict of Interest: There is no conflict of interest between authors.

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