

The Relationship between Death Anxiety, Level of Optimism and Religiosity among Adult Cancer Patients: A Predictive Study

Dr. Ahmad Attyea Ahmad¹ & Dr. Osama Hasan Gaber²

¹ Assistant Professor, Department of Education and Psychology, Faculty of Education, Najran University, Saudi Arabia, P.O. Box: 1988, Najran, Saudi Arabia.

² Associate Professor, Department of Education and Psychology, Faculty of Education, Najran University, Saudi Arabia.

Correspondence: Dr. Ahmad Attyea Ahmad, Assistant Professor, Department of Education and Psychology, Faculty of Education, Najran University, Saudi Arabia, P.O. Box: 1988, Najran, Saudi Arabia. E-mail: ahmadattyea@yahoo.com

Received: December 6, 2018

Accepted: January 2, 2019

Online Published: February 19, 2019

doi:10.5539/ijps.v11n1p26

URL: <https://doi.org/10.5539/ijps.v11n1p26>

Abstract

The present study aimed to examine the relationship between death anxiety, optimism and religiosity among cancer patients. The sample consisted of (42) adults who were all suffering from cancer. Three main scales namely, death anxiety scale, optimism scale and religiosity scale were developed by the researcher and then used in the present study to collect data. Pearson Correlation Coefficient (-0.38) showed that the relationship between death anxiety and optimism was statistically significant. On the other hand, the relationship between death anxiety and religiosity was also statistically significant as Pearson Correlation Coefficient was (-0.34). Furthermore, regression and prediction coefficients (stepwise) showed that death anxiety could be predicted by optimism and religiosity. therefore the need for the preparation of programs for the counseling for cancer patients to reduce the death anxiety falls and increase their level of optimism.

Keywords: death anxiety, optimism, cancer patient, religiosity

1. Introduction

It is something usual that man suffers from many obsessions, including death. Nevertheless, he usually does his best to escape from such a feeling and stop thinking about it because of the disrespectfulness feelings he holds towards the weakness of his tricks. Therefore, death anxiety is one of the topics that occupies an important place in the minds of philosophers and thinkers. However, many people manage their concerns about death effectively, although it is difficult to define precisely what is meant by “effective coping with death”. There is no single best way to manage feelings and anxiety about death and dying. Individuals who cope well with death-related issues may share some common behaviors, attitudes, and experiences. They are often keen to engage in death themes-related behaviors, i.e. going to funerals, visiting sick friends, or writing a will. They regularly engage themselves in verbal interchange about death and dying. They, for instance hold conversations with their spouses about death and its implications for their families for the sake of life continuity to the fullest. However, death anxiety, for some individuals, may become a distressing problem involving avoidance of situations related to illness and death, significant and disabling worry, and decreased enjoyment of life(Furer & Walker, 2008).

There is no doubt that for some people, death has some mysterious aspects that generates a vague or great secret to cope with. Within human beings, there is a strong tendency to fear the unknown and the unexpected. In addition, feeling that one's opportunity to go on life is about to end is another cause for death anxiety, which in turn causes his distress and boredom. On the other hand, history of human life proves that certain events, which are not under his control or ownership, take place and lead him to his inevitable destiny. Death itself, which is the greatest of these events, is differently viewed by people. Some people believe that it is just another phase of human life. Others think that death represents the end of all forms of life. Whatever both parties think about death, they are both concerned with and think of death(Mowlaei, Dousti, Asafjir, & Pashky, 2015).Death anxiety, on the opposite is defined as the fear of death. It symbolizes the basic and definitive sentiment of loneliness. It is the definitive sentiment of division and tension. It is feeling pity about the inevitable loss of self and boundaries of displeasure. Moreover, it is feeling miserable about a circumstance over which one has no control. Thus, death

anxiety, apart from being a set of emotions, has a cognitive vision as implies an arrangement of negative passionate responses with variable seriousness because of contemplations demonstrating the loss of one's presence (Dadfar & Lester, 2017).

Researchers in the fields of medicine, psychology and sociology have been interested in studying the psychological impact of disease on patients' mental and physical health. They all agree that some diseases pose strong or severe threats on the person and his psychology in a way that affects his mental health. Therefore, such kind of research has become a cornerstone in clinical and abnormal psychology studies. Their main aim is to study the psychological variables associated with the nature of physical diseases. This interest is reflected in the encouragement of researchers to conduct research and then apply its results in the field of cancer to achieve important goals. First, they can discover the psychological variables associated with cancer patients, in order to prevent, control or be compatible with the disease. Second, they can train specialists to provide patient with services of appropriate psychological treatment. Brown (2011) and Naderi & Shokouhi (2009) are of the previous studies that found negative correlation between death anxiety and optimism. More specifically, both studies concluded that understanding the nature of the relationship between death anxiety and optimism within the limits of the personal construction theory needs understanding that people usually expect future experiences by a set of ways among which are optimism and death anxiety.

Religiosity, on the other part differs from patient to patient according to the nature of the psychological and mental construction of each one. For cancer patients, the level of religiosity not only affects their perceptions of their illness but also the response quality to such disease. Most studies, such as Wulff (1991); Dezutter et al. (2008); Garcia (2015) and Salehi, Zahabi, Zahabi, & Mahmoudi (2017) concluded that people with strong integral religious views usually suffer from lower death anxiety whereas, people with more expedient religious beliefs have greater sufferings from death anxiety. Moreover, Chan & Yap (2009); Chi (2004) and Wen (2010) pointed out that people with inherent religious inspiration have fundamentally brought down levels of different kinds of death anxiety more than individuals with extraneous religious beliefs. Other studies like Abdel-Khalek & Lester (2009) revealed no statistically significant relationship between religiosity and death anxiety. While negative relationship between religiosity and death anxiety was negative in Mehri, Saatchi, & Paydar (2017) and Roshani (2012).

In brief, it is believed that cancer is one of the physical diseases that has significant effects on the patient's psyche. Most patients, for instance feel depressed because of the ideas they have about this disease and its treatment predicting which lead them to think that their death is very near. Therefore, the present study aims to investigate the nature of the relationship between death anxiety, optimism and religiosity among cancer patients.

2. Study Questions

The main aim of the present study is to explore the predicted relationship between the optimism level, religiosity and death anxiety. Mainly, it aims to answer the following questions:

- 1- Is there any statistically significant relationship between death anxiety and the level of religiosity?
- 2- Is there any statistically significant relationship between death anxiety and the level of optimism?
- 3- Can the levels of religiosity and optimism predict death anxiety?

3. Review of Related Literature

3.1 Death Anxiety

Death anxiety is considered one of the stimuli that threaten the tranquility and reassurance of man. Perhaps, it is an important reason for death hatred and even the hatred of talking about how fearful it is. Its hatred is not like for instance, the hatred of diseases or failure, where a person has hope to, someday settle these problems. In short, every one lacks the hope to be cured from death. It is an event that generally generates anxiety amongst people and generally nobody has control over it. Death anxiety, therefore is an attitude that an individual holds towards death. It is a negative and apprehensive feeling that everyone has when thinking about death and dying. It is a term that is often used interchangeably with fear of death (Chan & Yap, 2009). Dying is not just a physical process. Dying includes one's whole physical, psychological, and spiritual being. Only human beings are burdened with the cognitive capacity to be aware of their own inevitable mortality and be frightened of what may happen afterwards. The human being's capacity to reflect on the meaning of life and death creates additional existential anxiety. The fear of death, the fear of stop existing, are the hardest existential kinds of anxiety to conquer (Wong, 2002). In short, death anxiety is a term used to conceptualize the dread created by death mindfulness because human beings should figure out how to live and adjust to the cognizance of their own limit.

Many studies have asserted the importance of understanding the effect of death anxiety on people's lives. Lehto & Stein (2009), for example looks at death anxiety as a critical idea to consider in an extensive variety of training settings including cancer disease screenings healthy individuals, mental consideration, intense and injury care, perpetual consideration, and pediatrics and in people confronting determination of a perilous sickness. At a deeper psychological level, death anxiety can be determined by the overall mental health as evidenced by anxiety and depression measures as well as life experiences associated with the subject of death (Abdel-Khalek & Tomas-Sabado, 2005). Self-Discrepancy theory or the degree of self-splitting and idealism lies behind death anxiety while Self-Inconsistency theory believes that death closes our endeavoring toward turning into our optimal self and achieving goals. Thus, death anxiety is the dread that demises the capacity to coordinate the genuine and perfect selves, or acclimatize those two perspectives of self into something more coherent (Brown, 2011).

Modern theories are more commonly based on Becker's existential view where death is the main fear behind many forms of anxiety and phobia. Much of people's energy is focused on denial of death as a strategy to make death anxiety under control (Furer & Walker, 2008). While the cognitive-behavioral point of view about death anxiety is to some extent dependent on the possibility that death anxiety is completely incorporated with beliefs about self. The cognitive viewpoint would then shed light on powerful adapting with death; dealing with the feelings of dread about death and dying (Hoeltherhoff, 2015). However, the humanistic theory clarifies death anxiety differently. It assumes that individuals are propelled by a craving to accomplish their most abnormal amount of inborn potential, i.e. self-actualization or finding of direction for one's life that can reduce the fear of death (Filippo, 2006).

3.2 Optimism

All our success is dependent on our sense of continuous optimism because of the positive emotions we reveal and possess. Continuous optimism fosters self-esteem and self-confidence, which in addition to the psychological characteristics can increase our psychological rigidity towards trauma and psychological crises that can befall us. Optimism can be achieved through the individual's constant readiness to what he expects and holds for future when violating the past requirements and the present fundamentals and in the direction of exaggeration in positive returns. Optimism is the belief that things will turn out well. To be optimistic means that you believe that good things will come your way. Your ability to have control over your life makes you a good optimist. Essence of optimism is always captured once we "*see the glass half full not half empty*", and when we believe that "*every cloud has a silver lining*". So, by such beliefs optimism can transform the negative situation into something positive, and meanwhile guide us to look for meaning in times of hardships (Reivich, 2010).

Hope and optimism are forward-looking forces, both of which point to future positive prospects (Hutz, Midgett, Pacico, Bastianello, & Zanon, 2014). Dispositional optimism, on the other parties referred to as the generalized expectancy for positive outcomes. Both terms, optimism and pessimism reflect confidence versus doubt (Panchal, Mukherjee, & Kumar, 2016). The mechanism responsible for generating pessimism or optimism is part of our way of thinking when disturbing situations facing us. Positive thinking refers to how individuals translate themselves in instances of victories and disappointments. Disappointment, for optimistic people, happens because of some alterable thing in order to have the capacity to prevail in whenever. However, people's negative interpretations of past events affect their expectations of controlling future events and thus affect their feelings and behavior (Mahasneh, Al-Zoubi, & Batayeneh, 2013).

Optimism is partially based on illusion. Traditionally, it was believed that deep cognition of the self, the world and the future are all components of mental health. Each person lives according to a certain level of illusion and self-deception. Optimism, hope and positive thinking taken from real illusions are the characteristics of people with mental health. Surprising negative results, claim of people of hopeful standpoint, may result in lessened adapting capacity whereas, confident people may rebuild circumstances in case of disappointment by denying power over the circumstance (Stubblefield, 1995). Moreover, people are one-sided toward the positive and the good example, consider for instance people who are anxious or depressed as an example on this view. Individuals' unavoidable propensity to see themselves in the most ideal light is an indication of prosperity. Good faith is regarded as a deception from confidence, illusions are responsive, but reluctantly, to the real world, though delusions are not (Peterson, 2000).

In conclusion, it can be strongly argued that by optimism people can achieve positive results by advancing great hopes. This center rule clarifies why other individual contrasts that associate just unobtrusively with hopefulness. For example, a protected connection style or low dread of negative assessment] seem to prompt a large number of similar results. This rule additionally recommends roads for remedial mediation or personal development. The

advantages delighted in by positive thinkers might be open to people who chip away at changing their convictions. Therefore, by distinguishing and amending silly or critical convictions about an accomplice, through treatment or contemplation, it might be conceivable to develop an outlook that will prompt more fulfilling, productive and longer-enduring collaborations and relations with an accomplice (Srivastava & Angelo, 2009). That is, people tend to be optimistic and the only exception to this rule is people who are anxious and depressed (Peterson, 2000).

3.3 Religiosity

It is believed that there is a relationship between religiosity and the psychological satisfaction of each human being. It has been found that people who have strong religious beliefs were easier to be psychologically treated. Therefore, the psychological treatment method that is known as a spiritual theory appeared. In such a theory, the religious side of the individual's personality was considered because of the positive impact of religion on the person's psychological satisfaction. Religion is a fundamental piece of human culture that can shape one's mentalities and beliefs (Chan & Yap, 2009). The cognitive, cultic, creedal and devotional dimensions are the most important dimensions that determine one's religiosity (Holdcroft, 2006).

Religious viewpoint or otherworldly viewpoints can be taken inside the idea of "continuation of soul". That is, all religious convictions have some kind of life after death, presence folklore and dismiss faith in conclusion. Their future concerns are additionally about and after grave. Religions likewise assist the individual to protect himself from damaging piece of death and to acclimate to death. Religions also encourage the individual's ameliorating and loosening up eternity (Koçanoğlu, 2005). Religion plays an important role in identity and that is why individuals experiencing psychological sickness, emotional issues, or situational challenges look for asylum in religion. Some of them find the solace, expectation, and importance. Others think that they can be totally soothed of their psychological pain or dangerous conduct propensities. (Khan, Vijayshri, & Farooqi, 2014).

Individuals with external religious orientation act as per religious convictions, seek to figure out how to accomplish their material purposes. They, for example seek to accomplish their social distinction, prosperity, support, and affirmation. Nevertheless, internal religious orientation is better than accomplishment of these purposes. In internal religious orientation, conviction is viewed as significant and helpful in essence instead of a way to acknowledge purposes (Salehi et al., 2017). There is another important function for religion. It is helpful when dealing with the appalling awareness of the possibility that one day we will die. Interestingly, this view is still perplexing despite the fact that religion has a great impact on death dispositions because of the wide range of ways to deal with utilizing religion (Lee, Piotrowski, Rózycka, & Žemojtel-Piotrowska, 2013).

Religion has many benefits for individuals. First, it unifies people through common beliefs and values. Second, it helps people deal with life and death issues by providing a framework for the kind of life that people experience. Third, it provides psychological and emotional support in crisis and instability times (Chan & Yap, 2009). Any society needs religion and religious experience a is, in turn real. Health problems of people are due to the lack of religiosity in life. Diseases disseminate among people because they have lost the regulations of all religions to have a pure healthy spirit. Once the individual regain his view of religion in life, he will achieve his psychological recovery (Argyle, 2005). True religiosity is regarded as a guiding framework for human behavior. Religion helps persons to know the essence of their lives. Religiosity regulates the relationship between humans. Religious people are psychologically compatible. (Fromm, 1962). In short, religion satisfies the higher needs such as the need for comfort and social welfare. True religiosity helps the person to actualize his self (Maslow & Lewis, 1987).

4. Methodology

4.1 Participants

Participants in the present study were (38) patients. They were all diagnosed with cancer. Among them, there were (22) males and (16) females. Their ages ranged between ages 44 and 56 years. All of them were Egyptians and were informed about the main aim of the study before being contacted with the help of some friends and relatives.

4.2 Study Instruments

The following three scales were used as the study main instruments to collect the desired data:

4.2.1 Death Anxiety Scale

Death anxiety scale was developed by the researcher of the present study. It was a 4-point-Likert scale and consisted of (22) items distributed to three main fields namely, "*fear of thinking about death*", "*ignoring talk about death*" and "*feeling anxious about seeing the scene of funerals and graves*". Responses of respondents ranged from (4) indicating high level of death anxiety symptoms to (1) indicating low level of death anxiety symptoms. The internal consistency of scale items ranged from (0.43 - 0.77). Split half reliability of the scale was (R=0.69)

4.2.2 Optimism Scale

Optimism scale was developed by the researcher of the present study. It was a 4-point-Likert scale and consisted of (20) items distributed to two main fields namely, "*expect positive events*" and "*positive view for the future*". Responses of respondents ranged from (4) indicating high level of optimism symptoms to (1) indicating low level of optimism symptoms. The internal consistency of scale items ranged from (0.43 - 0.77). Split half reliability of the scale was (R=0.69).

4.2.3 Religiosity Scale

Religiosity scale was developed by the researcher of the present study. It was a 3-point-Likert scale and consisted of (18) items distributed to three main fields namely, "*Taking care of prayer*", "*respecting others*", "*helping others*" and "*satisfaction and conviction*". Responses of respondents ranged from (3) indicating high level of religiosity symptoms to (1) indicating low level of religiosity symptoms. The internal consistency of scale items ranged from (0.43 - 0.77). Split half reliability of the scale was (R=0.69).

To check the three scales' validity and appropriateness to the study aim, they were presented to three specialized professors in the fields of clinical psychology and abnormal psychology.

5. Results and Discussion

5.1 Results Related to the First Question

To answer the first question "*Is there any statistically significant relationship between death anxiety and religiosity among cancer patients?*" Correlation coefficient was calculated. Results are shown in table 1.

Table 1. Correlation coefficient and statistical significance between death anxiety and religiosity

Variables	Correlation Coefficient	Significance
	Religiosity	
Death Anxiety	-.386	0.05

Table (1) shows that there is a statistically significant negative relationship (R= -.386) between death anxiety and religiosity at ($\alpha= 0.05$). In other words, the level of death anxiety among cancer patients' goes higher whenever their level of religiosity declines. This result can be due to a set of factors among which the fact that high levels of religiosity enable people to feel satisfied. When any one feels satisfied, he will understand and reach a conviction that "God has estimated everything". His religiosity, in turn will relieve him psychologically and make him comfortable. To understand that your fate is controlled by God means that you have a high level of religiosity in the first place, and that your sense of death anxiety is of low level in the second place. In addition, religious people have a set of beliefs and ideas that are implanted within them and that could convince them that life after death extends. More importantly, religion makes an individual a good believer that if his life is virtuous, his afterlife will be blessed in heaven not in hell. Moreover, religious people have better expectations for afterlife and so they have less death anxiety feelings or worries. Their commitment because they are religious endows them certainty of being forgiven for all their past wrongdoings and so they have low levels of death anxiety (Amjad, 2014). Furthermore, persons who are characterized of internal religiousness have positive expectations of what comes after death because they used to observe and keep all religious standards for fear of God and fear of punishment in the afterlife. Thus, they are psychologically relieved and comfortable which generates little negative sensation of death.

Another factor that might explain the result shown in table (1) is the fact that religious people have an inevitable sense of the reality of death. They realize that death is unavoidable for all because it is the judgment of God on earth. So why to worry if they are going to die as well as others like their ancestors. (Harding, Flannelly, Weaver, & Costa, 2005). They are less anxious because they are more confident of their religious beliefs and practices over time, prayer, religious commitment, and other similar religious activities that might contribute to greater adaptation and well-being (Biegler et al., 2012). Thus, fundamental religiosity, characterized by strong internal

religious motives, could be associated with positive co-existence with cancer, anxiety and symptom management and decreases death anxiety (Peteet & Balboni, 2013).

A third factor to explain the concluded result of the present study is the belief that people who hold fundamental religious beliefs are more powerful in coping with their mental and personal stress. That is, they can overcome feelings of anxiety and depression better than non-religious people (Ziapour, Dusti, & AbbasiAsfajir, 2014). Religious beliefs are one of the preventive factors to reduce the problems related to death issues. True religiosity makes persons feel reassured, psychologically satisfied and report more less death anxiety (Ellis & Wahab, 2013).

One more reason for the negative relation between death anxiety and religiosity could be due to the spiritual relation religious person have that enable them to withstand the calamities and sorrows more easily and have less anxiety sufferings. Religion affects the individual's thought processes and evaluations of their daily life and so negative incidents may be interpreted as positive ones. Religious teachings and services play an important role in doing so to affect the person's satisfaction with life (Roshani, 2012) and (Soleimani, Lehto, Negarandeh, Bahrami, & Nia, 2016).

In conclusion, it can be claimed that it is important for those health professionals who provide care for patients with life-threatening illnesses such as cancer to maintain a comprehensive and holistic appraisal of the person as a bio-psycho-social-spiritual being. They should understand that alleviation of existential concerns may palliate part of the mental health distress associated with facing cancer and its challenging treatments.

5.2 Results related to the second question

To answer the second question "*Is there any statistically significant relationship between death anxiety and optimism among cancer patients?*" Correlation coefficient was calculated. Results are shown in table 2.

Table 2. Correlation coefficient and statistical significance between death anxiety and level of optimism

Variables	Correlation Coefficient	Significance
	Optimism	
Death Anxiety	-.347	0.05

Table (2) shows that there is a statistically significant negative relationship ($R = -.347$) between death anxiety and optimism at ($\alpha = 0.05$). That is, the level of death anxiety among cancer patients' increases whenever their level of optimism declines. One probable explanation of such a result is the fact that optimistic people usually have a sense of mental health and have the ability to adapt. They are also psychologically compatible with events and stressful situations in their lives. In addition, they are less pessimistic even with unpleasant events. This concluded result could be referred to a set of causes or factors. First, the viewpoint that optimistic cancer patient holds regarding his future that will be fine and the ability he has to cope with such disease without losing his will to continue better life might be the main reasons. Optimism motivates people, not only cancer patients to form positive feelings towards life in general and more specifically future so they can easily recover from their physical illnesses. Optimism or feeling optimistic also enhances the individual's ability not only to cope with positive attitudes but also negative ones (Pérez, Salamanca, Castañeda, Soto, & Vanegas, 2014).

Another interesting reason might be the fact that optimistic individuals are hopeful about life, i.e. their expectations are always positive. Such hope and expectations urge them to change, challenge and do not succumb to feelings of depression, frustration and psychological stress that diseases might generate. Thus, optimistic cancer patients, as well as any optimistic person, have the desire to defeat disease and achieve victory over it. That is, they insist to continue their life and to have better (Conversano et al., 2010).

The fact that optimistic persons show cognitive, emotional and motivational state towards future, have thought about future, expect favorable outcomes and belief and feel confidence that things will go well can express clearly why optimistic people are less death anxiety. With suitable efforts, they will enjoy happiness and joyfulness and all their activities would be purposeful (Azarian, Aghakhani, & Ashuri, 2016). Thus, being hopeful and optimistic affects positively the restoration of one's physical health in cancer patients (Scioli, Scioli-Salter, Sykes, Anderson, & Fedele, 2016).

Another important source that asserts the result of the present study is the issue that optimism of cancer patients is one of the factors affecting overcoming the anxiety of death. Their optimism makes them feel the expectation of good things. Their desire to have a good life helps them overcome this disease patiently and not succumb to it. Moreover, optimism is a mental attitude that heavily influences physical and mental health, as well as coping with everyday social and working life. Therefore, through an adaptive management of personal goals and by

using active coping tactics, optimists can be significantly more successful than pessimists in aversive events when important life-goals are impaired (Conversano et al., 2010). In addition, cancer patients' optimism can promote better emotional and psychological adjustment and greater satisfaction with life. It can lead to alleviation of anxiety and depression caused by cancer (Shelby et al., 2008). That is exactly what McGregor et al. concluded regarding the fact that cancer patients with higher levels of optimism show lower levels of anxiety and distress (McGregor et al., 2004).

The evidence that optimistic people present a higher quality of life compared to those with low levels of optimism or even pessimists could be another interesting source of patients' less death anxiety. Optimism may significantly influence mental and physical well-being by the promotion of a healthy lifestyle as well as by adaptive behaviors and cognitive responses, associated with greater flexibility, problem-solving capacity and a more efficient elaboration of negative information (Conversano et al., 2010).

5.3 Results Related to the Third Question

To answer the third question "Can the levels of religiosity and optimism predict death anxiety?" Regression and prediction coefficients were calculated. Results are shown in table 3.

Table 3. Regression and prediction coefficients (stepwise) for the predictive relation between optimism and religiosity with death anxiety.

Modell	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	18.205	3.145	---	5.788	.000
Optimistic	-.282	.138	-.291	-2.047	.047
Religiosity	-.485	.205	-.338	-2.375	.023

Table (3) shows that there is a predictive relation ($\alpha = 0.05$) between death anxiety and optimism, on one hand, and between death anxiety and religiosity, on the other hand. In other words, levels of religiosity and optimism can predict death anxiety with people, more specifically cancer patients. One main explanation for this finding is the fact that a cancer patient who is optimistic and has a fundamental religion will suffer from little or no death anxiety. Optimism makes the cancer patient hopeful that his future will be better, so he rejects and ignores all negative feelings specially those feelings related to frustration. His desire to live and resist disease becomes stronger and more positive. Religiosity, on the other part, is one main dimension of religiosity in which all religious people should believe, i.e the satisfaction with fate. Thus, religiosity allows the patient to understand that death is inevitable and can take place any time. It is just one of the coming stages of the person's existence on this earth.

Another interesting explanation for this finding is the fact that optimism and true religiosity empower the patient in general, and cancer patient in particular with the sense that his life is meaningful. Therefore, he goes through a lot of situations that are full of stress and tension to make his life so. But only optimistic and religious persons can have less frustration and depression. Therefore, the mixture of optimism feelings and religious feelings that the cancer patient has makes him less sensitive to death anxiety. One more explanation might be due to the belief of the cancer patient that any disease, not just cancer can impose exert psychological stress on his life. So, he refers to religiosity and optimism to decrease this stress and finally conquer disease. His feeling that he is in a battle against cancer, for instance allows him to realize that he has no tools to win this battle except his feelings of optimism and full awareness that disease is a test by God.

This finding corroborates what Yeung & Chan (2007) regarding the ability of optimism and religiosity to enable cancer patients to cope with the psychological, physical and social effects of these negative experiences. It is also in congruence with Nadi & Ghahremani (2014) with regard to the ability of optimism and religiosity to guide individuals toward personality development, perfection and mental health guarantee as faith in God could make an individual secure against stereotypes that can threaten his mental health. Furthermore, this result supports the conclusion of Vahedi & Ghanizadeh (2009), Weaver & Flannelly (2004) and Harding et al. (2005) that optimism and religiosity as internal sources play significant roles in the individual's life. Optimism doubles the individual's self-confidence and empowers him to control the hardships facing him while religiosity nurtures and makes the individual's spiritual life meaningful through knowing God. Thus, the individual's ability to have a different life style, solve problems, manage hardships, and take decision can be developed. Moreover, once being religious, a patient realizes that the cessation of his physical life does not imply the end of his existence and thus he shows less concern of death.

6. Conclusion

The present study aimed to investigate the relationship between death anxiety, optimism and religiosity. In other words it aimed to check whether optimism and religiosity affect the patient's death anxiety and can predict to what level they can increase or decrease such anxiety. Findings showed that being optimism and religious decreases death anxiety within the patient. Both empower him to face challenges and manage life hardships. Therefore, health professionals who provide care for patients with life-threatening illnesses such as cancer should maintain a comprehensive and holistic appraisal of the person as a bio-psycho-social-spiritual being. They should understand that alleviation of existential concerns may palliate part of the mental health distress associated with facing cancer and its challenging treatments. In addition, cancer clinics should develop counseling programs and psychotherapy programs to include the dimensions of religiosity and optimism to achieve preventive function to reduce symptoms of anxiety associated with cancer patients. In brief, cancer patients as well as other patients should be relieved by encouraging them to be optimistic and good believers in God who had imposed death on all creatures not only human beings.

Acknowledgments

The authors give thanks and appreciation to the Deanship of Scientific Research at Najran University. The authors also give thanks and appreciation to all members of the research sample for their patience in applying the tools of the study.

Compliance with Ethical Standards: The authors complied with the ethical standards of psychology practitioners

Funding: This study was funded by Deanship of Scientific Research at Najran University, Saudi Arabia, Funding Number is : NU/SHED/15/021

Conflict of Interest: The authors declare that they have no conflict of interest.

Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the Deanship of Scientific Research at Najran University, Saudi Arabia

Informed consent: Informed consent was obtained from all individual participants included in the current study.

References

- Abdel-Khalek, A., & Lester, D. (2009). Religiosity and Death Anxiety: No Association in Kuwait. *Psychological reports, 104*(3), 770-772. <https://doi.org/10.2466/PRO.104.3.770-772>
- Abdel-Khalek, A. M., & Tomas-Sabado, J. (2005). Anxiety and Death Anxiety in Egyptian and Spanish Nursing Students. *Death studies, 29*(2), 157-169. <https://doi.org/10.1080/07481180590906174>
- Amjad, A. (2014). Death Anxiety as a Function of Age and Religiosity. *Journal of Applied Environmental and Biological Sciences, 4*(9), 333-341.
- Argyle, M. (2005). *Psychology and Religion: An Introduction*. New York: Routledge: Routledge. <https://doi.org/10.4324/9780203980453>
- Azarian, A., Aghakhani, S., & Ashuri, A. (2016). Investigating the Relationship between Death Anxiety and Attitude towards Life among University Students. *International Journal of Medical Research & Health Sciences, 5*(5), 233-238.
- Biegler, K., Cohen, L., Scott, S., Hitzhusen, K., Parker, P., Gilts, C. D., & Pisters, L. (2012). The Role of Religion and Spirituality in Psychological Distress Prior to Surgery for Urologic Cancer. *Integrative cancer therapies, 11*(3), 212-220. <https://doi.org/10.1177/1534735411416456>
- Brown, A. G. (2011). *An Examination of the Relationship between Death Anxiety, Optimism, Depression, and Anxiety*.
- Carroll, J. R. (2015). *The Experience of Death Anxiety in Individuals with Schizophrenia from an Existential-Phenomenological Perspective*. Rutgers University-Graduate School of Applied and Professional Psychology,
- Chan, L. C., & Yap, C. C. (2009). Age, Gender, and Religiosity as Related to Death anxiety. *Sunway Academic Journal, 6*, 1-16.
- Chi, K. (2004). Influence of Spiritual Health, Mental Health and Death Orientation on the Nurse's Attitude toward Hospice.(Master's Thesis). *Daejeon: Daejeon Univ-Korean*.

- Conversano, C., Rotondo, A., Lensi, E., Della Vista, O., Arpone, F., & Reda, M. A. (2010). Optimism and its Impact on Mental and Physical Well-being. *Clinical practice and epidemiology in mental health: CP & EMH*, 6, 25.
- Dadfar, M., & Lester, D. (2017). Religiously, Spirituality and Death Anxiety. *Austin J Psychiatry Behav*, 4(1), 1061.
- Dezutter, J., Soenens, B., Luyckx, K., Bruyneel, S., Vansteenkiste, M., Duriez, B., & Hutsebaut, D. (2008). The Role of Religion in Death Attitudes: Distinguishing between Religious Belief and Style of Processing Religious Contents. *Death studies*, 33(1), 73-92. <https://doi.org/10.1080/07481180802494289>
- Ellis, L., & Wahab, E. A. (2013). Religiosity and Fear of Death: A Theory-Oriented Review of the Empirical Literature. *Review of Religious Research*, 55(1), 149-189. <https://doi.org/10.1007/s13644-012-0064-3>
- Filippo, S. (2006). Philosophical, Psychological & Spiritual Perspectives on Death & Dying. *Faculty Publications-National Louis University-Kimball Publishing*, 1(1).
- Fromm, E. (1962). Man is not a Thing : Religion. <https://www.youtube.com/watch?v=lc8oo8Musk0>.
- Furer, P., & Walker, J. R. (2008). Death Anxiety: A Cognitive-Behavioral Approach. *Journal of Cognitive Psychotherapy*, 22(2), 167. <https://doi.org/10.1891/0889-8391.22.2.167>
- Garcia, L. (2015). *The Relationship between Death Anxiety and Religiosity in Hispanic and Non-Hispanic College Students*. (Master's Thesis) California State University, Stanislaus.
- Harding, S. R., Flannelly, K. J., Weaver, A. J., & Costa, K. G. (2005). The Influence of Religion on Death Anxiety and Death Acceptance. *Mental Health, Religion & Culture*, 8(4), 253-261. <https://doi.org/10.1080/13674670412331304311>
- Hoelterhoff, M. (2015). A Theoretical Exploration of Death Anxiety. *Journal of Applied Psychology and Social Science*, 1(2), 1-17.
- Holdcroft, B. B. (2006). What is Religiosity. *Catholic Education: A Journal of inquiry and practice*, 10(1).
- Hutz, C. S., Midgett, A., Pacico, J. C., Bastianello, M. R., & Zanon, C. (2014). The Relationship of Hope, Optimism, Self-Esteem, Subjective Well-Being, and Personality in Brazilians and Americans. *Psychology*, 5(06), 514. <https://doi.org/10.4236/psych.2014.56061>
- Khan, S., Vijayshri, & Farooqi, F. (2014). A Study of Religiosity in Relation to Spirituality and Anxiety. *International Journal of Advancements in Research & Technology*, 3(4), 269-284.
- Koçanoğlu, A. (2005). Personal Meanings of Death and Religiosity as Predictors of Death Anxiety and Death Fear of University Students. *Yayımlanmamış doktora tezi, Orta Doğu*.
- Lee, S. A., Piotrowski, J. P., Różycka, J., & Žemojtel-Piotrowska, M. A. (2013). Associations between Death Fascination, Death Anxiety and Religion among Polish College Students. *Polish Psychological Bulletin*, 44(4), 439-448. <https://doi.org/10.2478/ppb-2013-0047>
- Lehto, R., & Stein, K. (2009). Death Anxiety: An Analysis of an Evolving Concept. *Res Theory Nurs Pract*, 23(1), 23-41. <https://doi.org/10.1891/1541-6577.23.1.23>
- Mahasneh, A. M., Al-Zoubi, Z. H., & Batayeneh, O. T. (2013). The Relationship between Optimism-Pessimism and Personality Traits among Students in the Hashemite University. *International Education Studies*, 6(8), 71. <https://doi.org/10.5539/ies.v6n8p71>
- Maslow, A., & Lewis, K. J. (1987). Maslow's Hierarchy of Needs. *Salenger Incorporated*, 14, 987.
- McGregor, B. A., Bowen, D. J., Ankerst, D. P., Andersen, M. R., Yasui, Y., & McTiernan, A. (2004). Optimism, Perceived Risk of Breast Cancer, and Cancer Worry among a Community-Based Sample of Women. *Health Psychology*, 23(4), 339. <https://doi.org/10.1037/0278-6133.23.4.339>
- Mehri Nejad, S. A., Ramezan Saatchi, L., & Paydar, S. (2017). Death Anxiety and its Relationship with Social Support and Adherence to Religion in the Elderly. *Iranian Journal of Ageing*, 11(4), 494-503. <https://doi.org/10.21859/sija-1104494>
- Mowlaei, A. M., Dousti, Y., Asaffjir, A. A. A., & Pashky, M. M. (2015). Investigate the Relationship between Personality Types and Resilience with Death Anxiety. *Stud*, 5(1), 15-21.
- Naderi, F., & Shokouhi, M. (2009). The Relationships of the Optimistic, Humor, Social Maturity and Death Anxiety among Ahvaz Golestan Hospital Nurses, *New Finding in Psychology*, 4(10), 85-94.

- Nadi, M. A., & Ghahremani, N. (2014). The Relationship between Dimensions of Religiosity/Spirituality with Mental Health and Hope for Future between Staff of Public Hospitals in Shiraz. *Journal of education and health promotion, 25*(79), 1-11. <https://doi.org/10.4103/2277-9531.127600>
- Panchal, S., Mukherjee, S., & Kumar, U. (2016). Optimism in Relation to Well-being, Resilience, and Perceived Stress. *International journal of education and psychological research, 5*(2).
- Pérez, C. L., Salamanca, M. V., Castañeda, I. A., Soto, P. B., & Vanegas, I. J. (2014). What makes us optimistic?: Psychosocial Factors as Predictors of Dispositional Optimism in Young People. *terapia psicológica, 32*(2), 153-164. <https://doi.org/10.4067/S0718-48082014000200008>
- Peteet, J. R., & Balboni, M. J. (2013). Spirituality and eligion in Oncology. *CA: A Cancer Journal for Clinicians, 63*(4), 280-289. <https://doi.org/10.3322/caac.21187>
- Peterson, C. (2000). The Outure of optimism. *American psychologist, 55*(1), 44. <https://doi.org/10.1037/0003-066X.55.1.44>
- REIVICH, K. J. (2010). Optimism: A Key Ingredient to Happiness. *Communique, the newspaper of the National Association of School Psychologists, 2010* ٢-١٠: (٧) ٣٨.
- Roshani, K. (2012). Relationship between Religious Beliefs and Life Satisfaction with Death Anxiety in the Elderly. *Annals of Biological Research, 3*(9), 4400-4405.
- Salehi, F., Zahabi, S. S., Zahabi, S. S., & Mahmoudi, S. (2017). The Relationship between Religious Orientation and Death Anxiety in Patients with Breast Cancer. *HSME, 4*(1), 22-27.
- Scioli, A., Scioli-Salter, E. R., Sykes, K., Anderson, C., & Fedele, M. (2016). The Positive Contributions of Hope to Maintaining and Restoring Health: An Integrative, Mixed-Method Approach. *The Journal of Positive Psychology, 11*(2), 135-148. <https://doi.org/10.1080/17439760.2015.1037858>
- Shelby, R. A., Crespin, T. R., Wells-Di Gregorio, S. M., Lamdan, R. M., Siegel, J. E., & Taylor, K. L. (2008). Optimism, Social Support, and Adjustment in African American Women with Breast Cancer. *Journal of Behavioral Medicine, 31*(5), 433-444. <https://doi.org/10.1007/s10865-008-9167-2>
- Soleimani, M. A., Lehto, R. H., Negarandeh, R., Bahrami, N., & Nia, H. S. (2016). Relationships between Death Anxiety and Quality of Life in Iranian Patients with Cancer. *Asia-Pacific journal of oncology nursing, 3*(2), 183.
- Srivastava, S., & Angelo, K. M. (2009). Optimism, Effects on Relationships, *Encyclopedia of human relationships. Thousand Oaks, CA: Sage.*
- Stubblefield, C. (1995). *Optimism: A Determinant of Health Behavior*. Paper presented at the Nursing forum. <https://doi.org/10.1111/j.1744-6198.1995.tb01279.x>
- Vahedi, S., & Ghanizadeh, S. (2009). Path Analysis Model of the Relationship between Intrinsic Religious Motivation, Prayers, Spiritual Well-Being and Quality of Life and Psychological Well-Being of Students. *J Res Psychol Health, 9*(2), 25-42.
- Weaver, A. J., & Flannelly, K. J. (2004). The Role of Religion/Spirituality for Cancer Patients and their Caregivers. *Southern Medical Journal, 97*(12), 1210-1214. <https://doi.org/10.1097/01.SMJ.0000146492.27650.1C>
- Wen, Y.-H. (2010). Religiosity and Death Anxiety. *The Journal of Human Resource and Adult Learning, 6*(2), 31.
- Wong, P. (2002). *From Death Anxiety to Death Acceptance*. Paper presented at the Keynote address delivered at the conference on life and death education, National Changhua University of Education, Changhua, Taiwan.
- Wulff, D. M. (1991). *Psychology of Religion: Classic and Contemporary Views*: John Wiley & Sons.
- Yeung, W., & Chan, Y. (2007). The Positive Effects of Religiousness on Mental Health in Physically Vulnerable Populations: A Review on Recent Empirical Studies and Related Theories. *International Journal of Psychosocial Rehabilitation, 11*(2), 37-52.
- Ziapour, S. S., Dusti, Y., & AbbasiAsfajir, A. (2014). Correlation between Religious Orientation and Death Anxiety. *Journal of Psychology & Behavioral Studies, 2*(1), 20-29.

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).