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**TIME PERSPECTIVE AND RELIGIOSITY AS FACTORS OF
OVERCOMING DEATH FEAR IN CANCER PATIENTS**

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Abstract

The paper covers the relationship between time perspective and religiosity in the context of coping with death fear in cancer patients. The study of time perspective is actually significant for understanding the mechanisms aimed at successful processing of stressful circumstances in an oncological patient; it suggests the ability to “go beyond the immediate time boundaries, consciously consider own experience in the light of the distant past and future, act and respond to these parameters, gain experience from thousands of years ago and form a long-term future”; it testifies to prognostic competence and ensure harmonious functioning of personality in the world. The study revealed that the experience of death fear in cancer patients affects the level of religiosity and time perspective. The specificity of religiosity and features of time perspective performs an adaptive function and constructive forecasting of the future; religiosity helps improve the quality of life. It is found that the level of religiosity impacts death attitude.

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1. Introduction

According to the World Health Organization (1998), palliative care is an approach that enhances the quality of patients' life (children and adults) and their families facing problems associated with a life-threatening disease by preventing and alleviating sufferings through early detection, careful assessment and treatment of pain and other physical symptoms, as well as the provision of psychosocial and spiritual support. Oncological diseases occupy a special place in palliative support. The psychological aspect of palliative support for cancer patients is to prevent patients from social isolation, to mitigate the reaction of patients in response to the oncological diagnosis, and to adopt the prescribed treatment regimen.

2. Problem Statement

Presently, it is generally recognized that the patient's personality is not a passive environment, but it represents an active and performing subject, whose reaction affects the course and prognosis of the disease. Evaluation of self-regulation mechanisms and adaptive potential in the cancer patient allows us to determine more accurately the direction of palliative care based on the patient's capabilities, stimulating and directing the development of constructive forms of compensation, helping to improve the patient's quality of life, and building effective individual rehabilitation programs. The task of palliative care for a cancer patient is, firstly, assistance in overcoming experiences associated with the diagnosis, and secondly, assistance in activating personal resources and returning a violated identity. It is known that oncological diseases are accompanied with feelings of hopelessness, loss of control over one's life, a sense of confusion, loss of life prospects, and existential loneliness. The uncertainty associated with the oncological diagnosis and death expectation is some of the most severe existential frustrations. These circumstances, according to Yalom (2008), constitute a "confrontation with death" or "awakening experience", and can transfer a person's life from an everyday to ontological mode. In compliance with Heidegger's (2015) ideas, staying in the ontological mode means "readiness to build a life filled with meaning and activity, based on the sense of connectivity with people and leading to self-realization". Thus, the situation of "meeting with death", according to Frankl (2004), allows one to come close to what is considered as the essence of human existence - self-transcendence. The absence of self-transcendence can lead to a passive fatalistic position, maladaptation, and may determine destructive forms of behavior. Death attitude is an existential concept that can be regarded as a factor determining a constructive or destructive type of attitude towards an oncological diagnosis and one's own life. Acute trauma, distress caused by the disease for coping with which there are often no resources, is "mitigated" by turning to God. Religion, as Hogg, Adelman, and Blagg (2010) note, is of great importance to overcome the experience of helplessness and hopelessness, it brings order to everyday life, gives a person the sense of understanding of what is happening. In this regard, the study of the concept of death attitude in the aspect of individual religiosity structure and time perspective of the personality in cancer patients is of particular relevance.

3. Research Questions

The main research question is devoted to comprehension of time perspective and religiosity as factors of overcoming death fear in cancer patients.

4. Purpose of the Study

The purpose of the work is to study death attitude in people with an oncological diagnosis in terms of time perspective and religiosity on the basis of a comparative analysis of the relationships.

5. Research Methods

The investigation was conducted on the basis of the Clinical Oncology Center of the Ministry of Health of the Republic of Tatarstan. 100 male and female patients of the thoracic department with oncological pathology of lungs and mediastinum after surgery, at the stage of discharge from hospital and having no indications for treatment in the chemotherapy department, aged 45.8 ± 0.62 , were recruited for the study. Religiously oriented respondents professing Christianity and Islam participated in the study.

6. Findings

The following was used as diagnostic tools: the Zimbardo Time Perspective Inventory was applied to assess a prognostic competence. The authors apply Time Perspective Theory of Kurt Lewin as a theoretical basis. Interaction with the time continuum is the basic component of human experience specifying the relationship of a person with reality and all areas of their life. Huber's (2012) methodology "Centrality of Religiosity Scale" was used to diagnose the degree of religiosity (Folieva, 2015). This methodology suggests that religiosity is a multidimensional construct that determines the specificity of cognitive, emotional and behavioral spheres. Therefore, the questionnaire is designed in such a way as to take into account and record all possible manifestations of religiosity and modes of its activation. "Death Attitude Profile" of Wong (2000) was employed to study death attitude specificity. It is a multidimensional scale for studying death attitude; it includes five measurement plans: "fear of death", "death avoidance", "neutral acceptance", "approach acceptance" and "escape acceptance". All of them interact with a person's death attitude, and do not exclude each other. The scale of neutral acceptance measures the level of person's belief that death is an integral and inevitable part of being in the world, and that it cannot be evaluated as something good or bad; the scale reflects death acceptance as "an inevitable fact of life" and "the necessity to make the best use of the ultimate life".

Mathematical and statistical methods of data analysis and processing were used to process empirical data: frequency analysis and correlation analysis. Excel software package was applied for statistical data processing.

According to the assessment results of time perspective, the structure content on the five scales (negative past, hedonistic present, future, positive past and fatalistic present) was distributed as follows: 26.32% of respondents had low scores on the negative past scale, 69.73% did not evaluate their past as negative, 3.95% had high scores on the "negative past" scale and characterized it as painful, filled with

traumatic experiences: “there is nothing to remember”; 21.05% of respondents showed low scores on the hedonic present scale that corresponds to the real life context of the subjects - being in a stressful situation; 68.42% of respondents had average scores on the hedonic present scale; however, 10.52% of respondents who showed high scores on this scale described their life situation as an opportunity to “enjoy life”, as a chance to live for themselves; 47.36% of respondents received an average and 51.31% had a high score on the scale of the future - it testifies to the hope of recovery and availability of life prospects; pessimism, critical assessment of oneself and others and depreciation are features of respondents (13.16%) who showed low scores on a scale of the positive past; 36.84% had low scores, 60.53% had average scores, and 2.63% had high scores on the scale of the fatalistic present. So, despite the fact that some respondents showed an active life position (“God helps those who help themselves”), they were of the opinion that “do what you must, but still everything is in God's hands”, “God will, so be it”. Thus, it was found that indicators on the hedonic present scale were slightly reduced in the sample; this corresponds to the results of Zimbardo and Boyd's (1999) studies according to which high scores negatively correlate with the level of religiosity. As for the transcendental future scale, 3.94% of respondents had a low score, 10.52% had a medium level and 85.52% had a high level; these results indicate a widespread belief in the immortality of the soul, existence of some other level of being and higher justice after death; this scale reflects not so much the orientation towards transcendental future as the time that a person lives (unlike other scales), but the person's belief in the possibility of transcendental being as such. In our opinion, the following is important: it is high values of the “negative” types of the time perspective that lead to general “disharmonization” and the inconsistency of life organization; they are a certain indicator of personality resources as well.

Let us comment on the nature of religiosity structure identified with the help of qualitative and quantitative data processing. The most common aspect of religiosity in the sample was religious self-awareness. We suppose it testifies to the following phenomena: self-awareness and self-determination are the starting points for the phenomenon of religiosity, and reflects the personality subjectivity, ability to actively form values and priorities. The key point in fundamental issues related to worldview is the person's ability of self-determination. Thus, on the one hand, in this group of respondents we see the desire to feel as the initiator of their own actions, to independently control own behavior, and, on the other hand, a high level of religiosity indicates the need to feel divine support, the belief that “God will not leave in a difficult situation, and will strengthen me in my actions”. Therefore, the intensity of positive future scales in connection with high rates of religious self-awareness is an important positive marker in the formation of a coping strategy, where religion acts as a constructive element of coping behavior to overcome an oncological diagnosis. According to the “Death Attitude Profile” of Wong (2000), a neutral death attitude and approach acceptance gained greater prominence in the group of respondents - the scale of the “positive” perception of death.

The following results were obtained after the analysis of a prognostic competence (time perspective inventory) in relation to death attitude. It should be noted that the semantic content of death attitude in relation to time perspective features allows us to describe the way a person sees his/her life in its time span: the way he/she relates to his/her past, understands the regularity of life events, sees the purpose of life and whether he/she plans future. The results of the correlation analysis between time

perspective and death attitude are presented in the correlation pleiad given below. It was revealed that fear of death has a direct correlation with time perspective of the fatalistic present ($r = 0.29$; $p = 0.01$) and inverse relationship with time perspective of the transcendental future ($r = -0.31$; $p = 0.05$). In the course of the work, it was found that the topic of death avoidance is directly related to the time perspective of the hedonistic present ($r = 0.35$; $p = 0.01$), the prospect of the positive past ($r = 0.29$; $p = 0.01$), fatalistic present ($r = 0.26$; $p = 0.05$), and inverse relationship with the transcendental future ($r = -0.38$; $p = 0.001$). In this case, the respondents' time perspective is characterized by a positive and rather sentimental attitude to the personal past which is associated with such qualities as a positive outlook on the life lived, activity and desire to plunge into the world of pleasant memories, appeal to the past as a resource, on the one hand; on the other hand, this tendency can be considered as a defensive reaction of compensation when, along with a general carefree attitude to life, an orientation toward receiving pleasure in the present ("we live one day, and God alone knows what tomorrow will bring"), the awareness of possible life finiteness is superseded, and can be defined by the position of depreciation, underestimation of the severity of one's own illness, sabotage of medical recommendations. The worldview position that the disease is a kind of punishment, a nasty experience ("not for nothing," "not by chance") is represented by the correlation between the scale of the negative past and "death as escape". It was found that the scale "approach acceptance" has a direct connection with the negative past ($r = 0.27$; $p = 0.021$) and a direct connection with the transcendental future ($r = 0.367$; $p = 0.001$). In case of escape acceptance, there is a direct connection with the negative past ($r = 0.33$; $p = 0.003$) and fatalistic present ($r = 0.29$; $p = 0.01$). With the severity of the "escape acceptance" scale, the profile of the time perspective is accentuated towards a negative attitude to the past and the severity of the fatalistic present. That is, the respondents negatively reconstruct events of their personal past and negatively evaluate the present. These combinations of time perspectives and death attitudes may indicate such traits as pessimism and depression aggravated by the adverse situation and can transform into escaping reactions and obsessive fears. The fatalistic attitude is manifested in a certain position of a helpless attitude towards the future and life in general and is concentrated on negative experiences: dissatisfaction with life in the present, lack of life prospects. When experiencing the fear of death, the focus on the future and orientation on the present, as a source of life opportunities and positive emotions in life, is less expressed. In this regard, a significant unfavourable marker testifying to the lack of vital resources is expressed scores on the scale of negative present and future. In the situation of distress caused by the diagnosis, respondents obviously assessed the current situation as preparation for the next, more difficult and terrifying reality, full of sufferings and torments ("these are still flowers, berries are ahead"). The foregoing is illustrated by May's (1977) concept according to which the past is a sphere of circumstances from which a person chooses events in order to realize his/her potential and gain security in the foreseeable future: "What an individual seeks to become determines what he/she remembers from his/her past. In this regard, the future defines the past". Thus, the time perspective of the transcendental future is connected with the help of inverse relationships with the scales of negative perception of death (fear and avoidance) and one strong direct relation with the scale of positive perception - approach acceptance. The time perspective of the fatalistic present has three direct relations with the scales of death acceptance. Thus, the scales of the transcendental future and the fatalistic present have more relations with the scales of death attitudes than

other time perspectives, therefore, it can be concluded that they can have a decisive influence on death attitudes. The scale of the negative past has two direct relations with the scales related to death; this suggests that the given time perspective also plays an important role in the respondents' perception of death attitude. A comparative analysis of death attitudes and their relationship with religiosity in the aspect of time perspective revealed the following features. It is found that death acceptance is associated with the scales of belief in a personal God, religious self-consciousness and the scale of religiosity (Huber (2012) questionnaire). The scale of approach acceptance is related to the belief that death is simply a "transition" and reflects the respondent's belief that death can take to a better world, where he/she will meet his/her deceased loved ones, and that the only thing that comforts him/her when he/she thinks about death is belief in the immortality of the soul. This scale also reflects the belief in Paradise and reflects religious self-awareness. Let us note that the "approach acceptance" of death has a direct correlation with the time perspective of the transcendental future (Figure 1). The average score on the scales of "escape acceptance" and "fatalistic future" was significantly lower than that of respondents with a neutral acceptance of death and a positive assessment of the future and the present ($p < 0.05$).

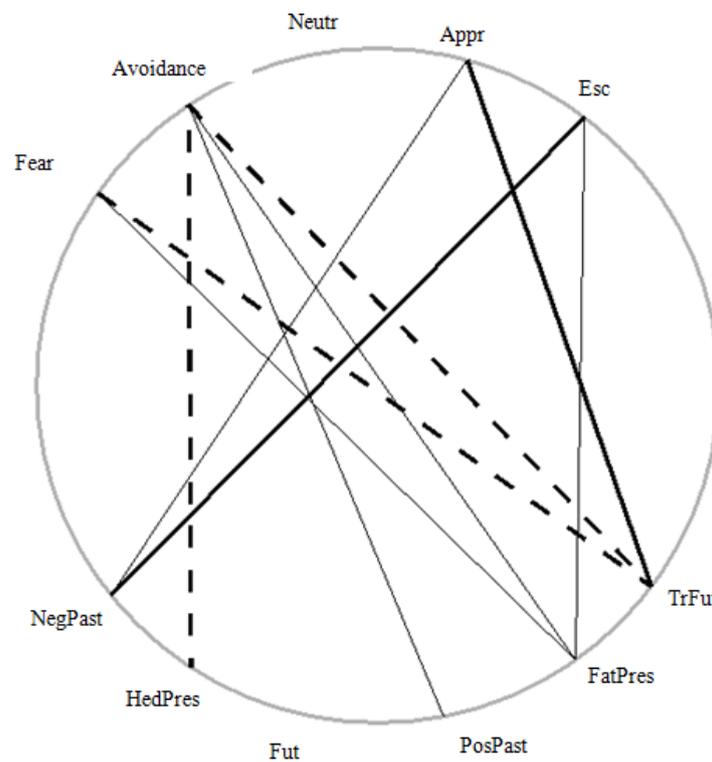


Figure 01. The relationship of death attitudes and time perspective

- direct relationship, $r > 30$ ————
- direct relationship, $r < 30$ —————
- inverse relationship, $r > 30$ - - - - -
- inverse relationship, $r < 30$ ········

Note: NegPast - negative past, HedPres - hedonistic present, Fut - future, PosPast - positive past, FatPres - fatalistic present, TrFut - transcendental future, Fear - Fear of death, Avoidance – Death avoidance, Neutr - Neutral acceptance, Appr - Approach acceptance, Esc - Escape acceptance, Hub - Huber.

7. Conclusion

It has been found that escape acceptance characterized by the setting that death is an escape from sufferings, is also associated with belief in a personal God, religious self-awareness and the scale of religiosity of Huber (2012). For respondents with a worldview of the negative present and fatalistic future, death is presented as an escape from earthly torments; they described their real life as full of pain and injustice; such interpretations of events can be explained by the presence of an oncological diagnosis and, as a result, by the prevalence of hyposthenic traits in the personality structure. Besides, transcendental being is considered as the hope of reward for the sufferings that cleaned the souls; the conviction that "the disease is not given in vain" is entrusted to transcendental being. This explains how respondents' "escape acceptance" is associated with a transcendental future and is supported by the presence of a reliable connection with a negative perception of the past. Neutral acceptance of death is associated with the general scale of religiosity of Huber (2012). The study revealed that religion acts as important elements of coping that reduce death anxiety and can even give it a positive meaning, though this scale most likely reflects the harmonious acceptance of the world and death as an integral part of being.

A mathematical analysis showed that the fear of death is not associated with any component of the religiosity structure. However, the fear of death is connected with the time perspective of the transcendental future by the inverse relationship. Therefore, belief in the immortality of the soul and possibility of after death being reduces the fear of death. Thus, we can conclude that neither religiosity as a whole, nor its individual components increase the fear of death; the religious picture of the world can implicitly affect the fear of death towards its reduction ("reconciliation"), but cannot completely stop it; hence, independently from a high level of religiosity in the sample, a wide range of scores on the fear of death scale was obtained.

One of the important results of this study is the following: various parameters of the time perspective reflecting the ability of predictive competence, performing an adaptive function and programming constructive future behavior and being a marker of psychological health, can serve as indicators of an adequate experience of death fear.

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References

- Folieva, T. A. (2015). Adaptation of the "Religious Emphasis Scale" methodology. Scale of Religious Accentuation. *Bulletin of Kostroma State University named after ON. Nekrasov. Series: Pedagogy. Psychology. Social work. Juvenology. Sociokinetics*, 21(4), 101–104.
- Frankl, V. E. (2004). *Man's Search for Ultimate Meaning*. N.Y.: Taylor and Francis.
- Heidegger, M. (2015). *Being and Time*. Moscow: Eksmo.
- Hogg, M. A., Adelman, J. R., & Blagg, R. D. (2010). Religion in the face of uncertainty: An uncertainty-identity theory account of religiousness. *Personality and Social Psychology Review*, 14(1), 72–83.
- Huber, S. (2012). The Centrality of Religiosity Scale (CRS). *Religions*, 3(3), 710–724.

May, R. (1977). *The Meaning of Anxiety*. N.Y.: Pocket Books.

Wong, P. T. P. (2000). *Meaning of life and meaning of death in successful aging*. In: *Death attitudes and the older adult: Theories, concepts and applications*. Washington, DC: Taylor-Francis.

World Health Organization. (1998). *Symptom relief in terminal illness*. WHO: Geneva.

Yalom, I. D. (2008). *Peering into the sun. Life without fear of death*. Moscow: Eksmo.

Zimbardo, P. G., & Boyd, J. N. (1999). Putting time in perspective: A valid, reliable individual-differences metric. *Journal of Personality and Social Psychology*, 77, 1271–1288.