ABSTRACT

Thoughts of death arise in the mind of a normal and healthy person only momentarily on occasions when some one dies or when one accompanies a funeral or performs funerary rites himself.

The average person reacts to death through a given set of beliefs and convictions. One may believe in the after-life or may consider such ideas as assured and irrelevant to life. Consequently, one's reactions toward death are doubtlessly linked up with one's system of beliefs.

However, dozens and scores of examples can be cited where a sophisticated mind reacts to death in the most balanced manner which reflects his fundamental philosophy.

What then constitutes confrontations with death? The clearest instance of this takes place in serious illness, accident, or in case of physical attack where the fear of physical pain is quite overwhelming. The view has been propounded by Kubler Rose (1970).

In the case of cancer patients when the disease becomes identified it simultaneously signals death in bulk of the cases.
That one cannot escape death, that one must wind up all hopes for survival, and that the time available and left over for life activities can be readily counted - all such thoughts contribute to the higher degree of accentuation of death anxiety. In early malignancy the factor of hope considerably outweighs all other factors but with advancing malignancy it becomes increasingly clear to the individual that his days can be safely numbered. Hence the differentials in the effects of death the anxiety in advanced and early malignancy seem to be quite provable in the light of these accepted pathological descriptions of cancer.

It has been established through reliable studies that there are certain ailments including cancer whose onset brings about changes in the personality characteristics, and the etiology of many such ailments involves psychological factors.

One of the most significant aspect of cancer research as regards the etiology of cancer includes findings which give indications of psychological factors in the development of cancer. Nand N. Sah and E. Hasnain (1981) have brought out a summary of the reports that have some largely from the Science Reporter issue of February 1983. They have
even ventured to suggest that yogic practices may help curing cancer and much attention has been paid by the Government of India in this regard.

It has been suggested that Liaison between psychiatry and ecology is necessary for the sake of better care of cancer patients. In facts, indecisive studies of occurrence, nature, and severity of psychiatric disorders in various categories of cancer patients are needed.

Cancer, being the surest signal for death, a variety of reactions have been observed in the pilot study which the patient expresses when he visualizes the signal of fast approaching death. In the light of discussion made earlier made e the investigator had good reasons to suppose that interview with patient was necessary in order to understand the actual meaning of the differences in the observed reactions. Besides, it was assumed in the light of some relevant information that the prolonged course of this disease tends to bring about changes in the reactions of the patients with the passage of time. What happens to an individual's inner self as the disease makes progress,
signalling the end of one's life? In fact, it is an important question. Changes in the reactions at the time of first exposure to disease and the subsequent inner happenings must have their consequences for death anxiety. Hence death anxiety in cancer patient is a relative term depending upon the stage of the progress of disease. The investigator therefore, constructed an interview schedule on the basis of the experiences of the pilot study and the categories of items mentioned in the schedule tend to highlight the most sensitive aspects of reactions which come from the very inner world of the patient.

In the pilot study the investigator had arrived at some interesting factors which emerged from the content analysis of the responses to case study schedule. These factors included.

1. Religiosity.

2. Succumbing to fear of death.

3. Emotional disturbances due to family.

4. Reconciliation with death.

5. Transcendence over fear of death.
SAMPLE: The sample of the extended inquiry consisted of 100 cancer patients. Of these, 50 patients were of advanced malignancy and 50 patients were of early malignancy. The patients were further split on the basis of age i.e. above 50 years (older) and below 50 years (younger) age. These patients were randomly drawn from the population of cancer patients in the TATA Memorial Hospital, Bombay. The affects of malignancy and age are quite evident from the findings. Death anxiety is found to have minimized in the advanced states of malignancy. Besides, some other important findings have been observed.

1. The factor of age tends to interact with which is more pronounced in the younger subjects. We may safely assume that there is probably a factor of "death expectancy" in relation to age, where death expectancy is a low in younger people and high in the older.

   Hence it may be assumed that death anxiety bears a relationship with death expectancy, and age and health may stand as significant variables in this regard.

2. Subjects in the stage of early malignancy express higher DA which may be assigned to the stock arising out of the first exposure to cancer.
3. The conclusions arising out of the qualitative analysis are no less important than the ones drawn from the quantitative analysis.

4. Death anxiety does accompany meaninglessness in the majority of cases. In those rare cases where the patient clings to meaning death itself turns to be meaningful. And this happens in the case of sophisticated minds.

An inquiry into the meaningfulness and meaninglessness of death is relation to DA may therefore be of tremendous significance for the purpose of deeper understanding.

5. Similarly, the complicated subjective picture which exists in relation to the factor of hope and despondency in early and advanced stages is noticeably interesting. What accentuates hope and despondency must be seen in relation to the total personality background and the particular stage of malignancy.

6. As regards patient's attitude toward illness there is sufficient evidence to believe that intangible factors such as belief system acts a determinant of such attitudes. Worrying more or less about the
disease has also lot to do with such material factors as financial condition, the question of survivors etc.

7. Concerning patients' reactions towards family, the subjective factors have a two fold channeling which is of an interacting nature. This channeling comes from in feelings arising in the mind of patient and those existing in minds of family members. The situation comprises of the interaction of these two feelings. It is worthwhile to investigate these feelings in relation to the satisfaction and happiness one derives from them during the stages of early and late malignancy.

8. Lastly, of course, the factors of early and advanced malignancy are significant in relation to all those subjective aspects which can be brought under the perview of investigations. Perhaps the most significant thing is the attitude of reconciliation towards death. As one gets used to having a cancer the attitude towards death gets a marked change. But the question is - who reconciles with death. This question requires a full-fledged inquiry in its own right. Hence, while reiterating the concluding words of the last Chapter in the following. The investigator suggests that a full-fledged qualitative research is required for improving our understanding of the reactions
of cancer patients towards life and the external reality because present investigator has already observed that "there is reconciliation with death, great despondency and an accentuated feeling of meaninglessness in life. It may be that as we have realization about life, as we live through it, we also have realization concerning death when it really approaches - may be, we take to despondency, meaninglessness and frustration more realistically - perhaps more assiduously".