CHAPTER - III

Method and Plan
CHAPTER III

THE RATIONALE OF THE EXTENDED PROPOSED INVESTIGATION.

A host of factors including the cultural background influence people’s attitudes towards death. Mourning is an example of how differently persons belonging to different cultural backgrounds express their feelings of grief towards the departed. As regards one’s death we have already stated in chapter one that there is a marked difference in the reactions of an average and a sophisticated mind.

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 the investigator had good reasons to suppose that interview with patients 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 happen-
ings 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.

Such interesting differentials seem to be of a highly subjec-
tive order and only a probing interview can possibly ensure us to
arrive at their understanding. Hence the interview schedule was
introduced as a tool in the present inquiry.
METHODOLOGICAL CONSIDERATIONS ARISING OUT OF THE EXTENSION OF THE PILOT STUDY:

Prior to going into the present inquiry the investigator, as has been mentioned above, had conducted a pilot study which included patients of early and advanced malignancy. Their responses on the Death Anxiety scale were evaluated in the light of the case histories which had brought to fore of some development aspects of their personalities including their emotional background.

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. Religiousity.

2. Succumbing to fear of death.

3. Emotional disturbances due to family.

4. Reconciliation with death.

5. Transcendence over fear of death.

In fact this finding of the pilot study helped to great deal in methodological considerations pertaining to changes in the atti-
tudes from the period of early to late malignancy, because the sample included both, namely those who were in the early stage of disease, and of those in the advance stages. In fact, the very idea of change in attitude was reinforced by these findings of the pilot study.

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.

Fig. 1
Break-up of the sample
N = 100

<table>
<thead>
<tr>
<th>Early Malignancy (50)</th>
<th>Advanced Malignancy (50)</th>
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<tbody>
<tr>
<td>Younger (25)</td>
<td>Older (25)</td>
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Death Anxiety Scale:

To measure death anxiety among cancer patients, Templer's (1970) Death Anxiety Scale (DAS) was used (Cf. Appendix A). The DAS consisted of 15 items with the two alternative response category being 'true' or 'false'. Of the 15 items, 9 items were keyed false.

The DAS items reflect a wider range of life experiences than mere dying, finality of death etc, as we came across in Fear of Death Scale.

Interview Schedule:

The interview schedule used in this study included six major areas namely, Family history, personality history, sex history, major experiences, aims and aspirations and estimate of self and world (Cf. Appendix B).

In fact, studies of death anxiety on patients of terminal illness have revealed beyond any doubt that certain changes take place
in their attitudes as regards death. For example, the detailed case study of a patient after the first stock of exposure to the reality of death is over the patient begins to think and feel differently about death. This is borne out in the statements of the patient.

In order to understand the changes in attitudes of the patients of early and advanced malignancy towards death, as well as life, the investigator therefore prepared another interview schedule which consisted of items that were classified in terms of certain value-attitude meaning system pertaining to life. The items were put under the following categories.

1. Meaningfulness Vs. meaninglessness.

2. Hope Vs. despondency.

3. Immediate apprehensions Vs. remote apprehensions.

4. Reactions towards family.

5. Loss of interests in one's life; hobbies; any persisted life goal.

6. Frustrated aspirations.

7. Attitude towards significant others such as immediate loss
of any benefactor, ideal personality, (family head).

8. Attitude towards God.

In fact these categories go interchangeably with patient's reactions towards death.

While collecting data for the extended investigation, the schedule was given to those who were in the stage of late malignancy. With patients of advanced malignancy the investigator asks how they felt about the things presented in the items of the time when they encountered the first exposure to terminal illness. The manner of taking down such responses was determined through the following response categories.

1. Very much the same.
2. Somewhat the same.
3. Very different (positive) (negative).
4. Somewhat different.

DATA COLLECTION:

As mentioned earlier in this chapter, the data were collected
TATA MEMORIAL HOSPITAL BOMBAY. The investigator had to seek formal permission from the Director of the Institute. Due to reasons not known to the investigator, the application for permission was not granted and only through personal relations with one of the Senior Doctors of the Institute could investigator get access to the outdoor patients. A number of difficulties were encountered by the investigator during the period of data collection which continued for over five weeks. One of the most serious problem was the language. The patient the inhabitant of Maharashtra did not understand Urdu or Hindi and were also ignorant of the English language. However, the senior Doctors who had helped much to get the case handled through an interpreter who was well versed in Hindi and the language of Maharashtra this interpreter was a junior Doctor who also got much interested in the study and happily co-operated with the investigator throughout the period of data collection.

About two or three patients per day were taken into interviews and were given D&S. The D&S was translated into Hindi and Urdu.
Most of the Christian patients could understand the language.

After the administration of DSM the patients were interviewed through the inventory prepared by the investigator. The simple instructions of DSM were explained to each patient who was told to answer any number of questions if he felt any difficulty in understanding. Only three or four patients sought clarification as regarded certain items of DSM. The rest of them responded to the same without any difficulty.

During the course of interviews the investigator noted that patients were worried largely about their family members. They were religiously oriented and bulk of them felt a kind of reluctance in divulging the facts about their sex life. At the outset the investigator had intended to take two hundred patients in the sample but due to limitations which invariably accompany any research programme the number had to be cut down to half. These patients were taken randomly and eventually 20 cases of early stage of cancer and 20 cases of advanced malignancy constituted the
entire sample. The total time involved in collecting the data extended over six weeks.

**STATISTICAL ANALYSIS:**

The data were analysed by means of Analysis of Variance (ANOVA), Critical-Ratio and Chi-Square technique, 2x2 factorial designs was applied to study the effect of two independent variables, malignancy and age, each varied in two ways, on death anxiety. Critical Ratio was used to determine the significance of difference between the death anxiety scores of early and advanced malignancy cancer patients and between the death anxiety scores of younger and older cancer patients. Chi-square technique was applied to determine the significance of difference between the comparison groups—early vs advanced and younger vs old—on the five factors arrived at through content analysis of the case history of the cancer patients.