

## Understanding Death Anxiety in Patients with Terminal Diseases: Exploring the Impact of Resilience and Optimism

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### Abstract

Death anxiety is a distressing fear caused by thoughts of one's own death, impacting mental well-being and disrupting daily life while resilience is the competence to cope with hostile circumstances and optimism is a cognitive construct and it positively influences approach and response to future outcomes. This research aimed to examine resilience and optimism as determinants of death anxiety. The sample size of the study was 120 patients, which included 64 female and 56 male patients of different diseases, and the age range was between 18 - 78 years. Significant negative correlation of resilience and optimism with death anxiety was observed. Multiple regression analyses endorsed resilience and optimism as significant negative predictors of death anxiety. These findings underscore the protective effects of resilience and optimism in the experience of death anxiety among individuals diagnosed with terminal disease. The findings are discussed in light of the findings reported in the existing literature on death anxiety and its correlates.

**Key words:** Baluchistan, Death Anxiety, Optimism, Resilience, Terminal Diseases

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### Introduction

Anxiety about dying is a universal phenomenon (Tomer et al., 2007) and the fear of death can be experienced consciously (Greenberg et al., 1994). Death anxiety is an obvious and conventional experience in our lives across customs and beliefs (Pandya & Kathuria, 2021). Death Anxiety encompasses cognitive, emotional and motivational factors, influenced by a person's growing stage and sociocultural events (Lehto & Sten, 2009). Death anxiety is linked with essential brain structures that adjust fight-or-flight response and note enthusiastically charged explicit retentions (Panksepp, 2004). Death anxiety is different from, but linked to, worry,

sadness, and sensible and psychological grief in cancer survivors (Cella & Tross, 1987).

Mortality triggers distress as well as fear and worry among people (Mayer & Vanderheiden, 2022). Fear of mortality is caused by the worry of pain, the unfamiliar separation from respected ones, and the enduring end of presence after fatality (Langs, 2004). Literature has documented multiple fundamentals of death anxiety such as fear of dying process and fear of premature death besides other dimensions (Hoelter & Hoelter, 1978). The fear of death can lead to distress, impaired functioning, and emotional discomfort (Kavalieratos et al., 2016; Tomás- Sábado et al., 2005).

Resilience is the ability of individual to cope with distress and bounce back from harmful incidents, trauma, or stressors in life (Fletcher & Sarkar, 2013; Macía, et al., 2021). It involves the ability to continue functioning and maintaining psychological well-being in the face of adversity (Connor & Davidson, 2003; Luthar et al., 2000; Masten, 2001). Resilience is defined by characteristics that allow people to

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effectively overcome and manage stressors, including optimism, problem-solving abilities, self-efficacy, social support, and coping mechanisms (Bonanno et al., 2004; Rayatpisheh et al., 2023). To help individuals thrive in challenging circumstances, resilience is a protective mechanism. Improving resilience may be a goal of mental health treatment and prevention (Davydov et al., 2010).

Studies have explored relationship between resilience and death anxiety to better understand how individuals manage and cope with their fear of death (Bitarafan et al., 2018; Eren et al., 2022; Hong et al., 2022; Ruiz- Fernández et al., 2020; Wong & Tomer, 2011). The study reveals a significant correlation between resilience and death anxiety in older adults during the COVID-19 pandemic, with factors like sex and employment status significantly influencing resilience (Ryff & Singer, 2003). A study conducted in Qazvin City study resilience was found to be significantly negatively associated with death anxiety (Kisomi et al., 2024). Study by Waqar et al., (2022) revealed significant negative correlation between death anxiety and resilience in patients with chronic kidney disease.

Another type of positive thinking is optimism, which involves the conviction that happiness and wonderful things will occur in the future. The degree to which people anticipate that desired outcomes will occur in the future and that undesirable consequences won't is known as their level of optimism. It can calm people's anxieties and uncertainties during trying times and motivate them to keep working toward their objectives (Maheshwari & Jutta, 2020; Scott, 2025). Higher levels of optimism are associated with improved subjective well-being throughout adversity. It is people's overall positive expectations for their future (Carver et al., 2010; Hutz et al., 2014; Segerstrom et al., 2017).

Optimism is a psychological trait that fosters positive emotions and self-esteem, enabling individuals to believe in the

possibility of positive outcomes. It is a belief that everything will turn out well, and that every cloud has a silver lining. This belief can transform negative situations into positive ones, guiding individuals to seek meaning in times of hardship (Reivich, 2010).

When a person has an optimistic outlook on life, they will be more resilient and will recover from setbacks with at least as much strength as before when they are optimistic. Resilience is influenced by social interactions and one's living environment (Dember et al., 1989). According to a study, dispositional optimism in the early phases of cancer therapy is a strong predictor of long-term favorable results for cancer patients (Mazanec et al., 2010).

A study carried out in Lebanon after the 2023 earthquake has reported that that optimism completely facilitated influenced level of death anxiety. More optimism was significantly linked with a smaller amount of death anxiety (Boukhary et al., 2024).

## **Method**

### **Research Design**

The present research was derived from the pilot testing of the MPhil research work. The study followed a cross-sectional and correlational survey research design. It aimed to examine relationship of resilience and optimism with death anxiety and explore mean score differences on these variables' cross demographic characteristics.

### **Objectives**

- To examine resilience and optimism as determinants of death anxiety.

### **Hypotheses**

- H1. Higher level of resilience would lead to lower level of death anxiety.
- H2. Higher level of optimism would be linked with lower level of death anxiety.

### **Sampling and Instruments**

Convenient-purposive sampling technique was used to include 120 patients in the study with diagnosis of cancer, cardiac disease and kidneys dialysis. The patients were included from hospitals of Quetta city namely Bolan Medical Complex (BMC),

Center for Nuclear Medicine and Radiotherapy (CENER), Balochistan Institute of Nephrology-Urology Quetta (BINUQ) and Sandmen Civil Hospital.

### Measures

#### The Death Anxiety Scale

The Death Anxiety Scale was developed by Templer (1970). It has 15 items. All items measure death anxiety. It is a Likert scale with the options *never=1, infrequently=2, sometimes=3, frequently=4, and always=5*.

#### Brief Resilience Scale

Brief Resilience Scale (Smith et al., 2008) has six items to measure the resilience. It is a 5-point rating scale with *1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, and 5 = strongly disagree*.

#### Revised Life Orientation Test (LOT-R)

Revised Life Orientation Test (LOT-R) was developed by Scheier et al. (1994). It has ten (10) items that measure the optimism and pessimism of people about their future. It is

a 5-point rating scale; each item is scored on *0 = strongly disagree, 1 = disagree, 2 = neutral, 3 = agree, and 4 = strongly agree*.

### Procedure

The study was approved by the ethical board of advance studies and research of the university. Permission from the hospitals' authorities was secured before the patients approached for data collection. Consent of the patients was also obtained and their data were recorded from them on the questionnaires in the presence of their attendants. They were informed of the purpose of the study and assurance about the confidentiality and transparent use of the data were communicated in clear words to each patient and the attendant along with the hospital authorities. The data were analyzed through the statistical package for social science SPSS 25 version.

## Results

**Table 1**

*Mean, Standard deviation, score range, alpha reliability and correlation coefficient on Resilience, Optimism and Death Anxiety (N=120)*

Scale	Items	M	SD	$\alpha$	Range	Skew (SE)	DA	RE	OP
DA	15	44.48	10.01	.72	18 – 65	-.57 (.22)	-	-.38**	-.42**
RE	06	17.03	4.02	.70	07 – 25	-.09(.22)		-	.23**
OP	10	29.19	5.16	.70	17 – 39	-.22 (.22)			-

$p < .01$

Note. DA=Death Anxiety; RS= Resilience; OP= Optimism

Table 1 indicates results of acceptable alpha reliability values for all the variables which range from  $\alpha = .68 - .72$ . Results also show significant negative correlation coefficients

for resilience and optimism with death anxiety. This reveals that higher levels of resilience and optimism were associated with lower death anxiety.

**Table 2**

*t-test table of Death Anxiety, Resilience and Optimism (N=120)*

Variables	Male (n=56)		Female (n=64)		t(df)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
Death Anxiety	37.93	4.95	38.36	4.17	.47 (119)	.68	-1.25	2.04	.15
Resilience	17.86	4.15	16.70	4.48	-1.45 (119)	.54	-2.72	.41	.26
Optimism	18.26	3.57	17.87	3.48	-.60 (119)	.63	-1.67	.88	.11

Table 2 shows some differences on mean scores in death anxiety, resilience and optimism but these differences are

statistically non-significant between male patients and female patients.

**Table 3**

*Regression coefficient analysis of Resilience and Optimism as predictors of Death Anxiety (N=120)*

Variables	Death Anxiety			<i>t</i>	<i>p</i>	CI95%	
	<i>B</i>	<i>SE</i>	$\beta$				
<i>Constant</i>	45.75	10.63		4.30	.000	[24.68	66.82]
<i>RE</i>	-.45	.15	-.24	-2.90	.004	[-.76	.14]
<i>OP</i>	-.52	.16	-.29	-3.21	.002	[-.85	.20]
<i>R</i> <sup>2</sup>	.30						
<i>F</i>	10.00						

Note: RE= Resilience, OP= Optimism

Table 3 reveals resilience and optimism are significant negative predictors of death anxiety. Both resilience and optimism together created 30 % variance in the outcome variable ( $R^2 = .30$ ,  $p < .05$ ). Standardized beta shows both Resilience ( $\beta$

= -.24) and optimism ( $\beta = -.29$ ) have inverse link with the outcome variable of death anxiety. The overall model appears statistically significant at  $f(df) = 10.00$ ,  $p < .05$ .

## Discussion

The purpose of this study was to study resilience, and optimism as determinants of death anxiety. It was hypothesized that higher level of resilience would be significantly related to lower level of death anxiety. The findings of the data revealed that higher resilience was linked with lower death anxiety hence this finding yielded evidence in support of the first hypothesis. The literature on these variables also supports the results of the present study. A study conducted by Laurie and Neimeyer (2008) which has reported the results that superior levels of resilience relate to lower levels of death anxiety. People with higher resilience tend to possess greater emotional regulation skills, adaptability, and coping mechanisms that help them confront existential concerns, such as death anxiety. Studies have also mentioned that resilience can operate as a defensive factor against death anxiety by fostering adaptive coping mechanisms and promoting psychological

strength (Almedom, 2005).

According to a study by Qutishat (2024) among critical care nurses in Oman, nurses who were more resilient reported considerably lower levels of death dread. (Rayatpisheh et al., 2023), found in a study with older adults during the COVID-19 pandemic that resilience and death fear were strongly linked inversely. A cross-sectional investigation with nurses in emergencies observed that death dread tended to grow in the context of emergency nursing when resistance weakened. Resilience and death fear were revealed to be highly inversely associated among nursing students who were caring for COVID-19 patients. The negative link between resilience and death anxiety is not unique to healthcare workers; it also extends to other groups (Mohammadi et al., 2023).

observed that parents of children and adolescents reaching the end of their life reported weak resilience and high death

fear, with resilience explaining a considerable percentage of the variation in death anxiety.

According to Yiğitalp and Bürçün, (2025) cardiology patients who were more resilient also showed less dread of death. It has also been investigated how attachment patterns influence the link between death anxiety and resilience. According to Bergman (2024), older Israeli individuals who suffered death anxiety avoidance had weakened resilience. (Wang et al., 2024) observed that resilience mediated the link between attitudes toward death and a sense of purpose in life among ICU nurses, demonstrating that creating meaning can enhance resilience and lessen death dread. Second hypothesis of the present study held that higher optimism would be significantly associated with lower death anxiety. The results showed that the hypothesis was true as high level of optimism significantly predicted lower level of death anxiety. Past research has multiple empirical evidences support of the findings of the results of the study.

Study by Bonanno et al. (2004) with older individuals has reported that death dread was strongly correlated with optimism. Death anxiety was observed be linked to decreased optimism in study of Davis et al. (1992).

The study revealed that women have higher death anxiety ratings than men, indicating a higher fear of dying. Study explored the connection between death anxiety and optimism in a number of groups. the results indicated a strong inverse connection between optimism and death fear, this suggests that persons who are more optimistic also tend to be less scared of dying (Ahmed & Gaber., 2019). Barnett et al. (2018) reported that pessimism—rather than optimism—was strongly associated to higher death dread. This demonstrates that lowering negative expectations rather than just enhancing positive ones may be a more effective strategy to decrease death anxiety.

## Conclusion

Based on the findings from the data in the present study, it is concluded that fear of dying is largely determined by positive psychological strengths such as resilience and optimism. These psychological resources may be equally effective across clinical and demographic groups. In therapeutic settings with patients of terminal diseases, interventions need to incorporate strategies for enhancing and cultivating resilience and optimism for maximizing the chances of a more a holistic recovery path.

## Limitations & Recommendations

The current study demonstrates the protective function of optimism and resilience in lowering patients' anxiety about dying, and it recommends that in order to improve mental health outcomes, healthcare providers integrate optimism-boosting techniques, resilience training, and counseling centered on healthy coping into patient care. A cross-sectional design and self-report measures may have introduced bias and prohibited causal inferences, and the study was restricted to hospitalized patients in Quetta, which may limit the findings' generalizability. To further understand the lived experiences of mortality fear and the role that optimism and resilience play in coping with it, future research should involve studies with a variety of groups, especially cancer patients and those receiving cardiac dialysis.

## Ethics Statement

All the ethical standards of APA were met. Informed consent was taken in written form from all the respondents to participate in this study.

## Contribution of Authors

Muhammad Naeem: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft  
Syed Aziz ud Din Agha: Methodology, Writing - Reviewing & Editing, Supervision

Saqiba Ahmedzai: Methodology, Writing - Reviewing & Editing

### Conflict of Interest

There is no conflict of interest declared by the authors.

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The authors declared no source of funding.

### Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [M.N.] upon the reasonable request.

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