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Editorial

Mental health adaptation to cancer: The role of death anxiety

Although early diagnostic and treatment advances for many cancers have resulted in both cures and longer survivorship, cancer remains the second leading cause of death globally.[1] The often adverse impact of cancer on mental health from diagnosis, treatment, survivorship, palliative care, and end of life is well documented in the clinical and research literature. Given its' potentially life-threatening nature, such a diagnosis can be deeply disturbing and set in motion concerns about death and dying, questions about life's meaning and purpose, and spiritual anguish. Death anxiety, the experience of fear associated with thoughts and concerns about personal mortality is a symptom associated with such angst.

It has been 8 years since we published our study that described inverse relationships between death anxiety and overall quality of life in Iranian patients with cancer.[2] The study included a broad range of patients, including those with both early and late stages of cancer, different cancer types and treatments, varying socio-economic and educational background.[2] Importantly, religiosity was an important factor in this study conducted in a country where religious practices are part of the daily lifestyle.[2] Despite the study's focus on Iranian patients, anxieties and existential fears associated with confronting mortality may underpin adverse mental health for patients across cultures in a global context. However, capturing the true impact of death anxiety on mental health in cancer is complex. For example, experimental research examining death anxiety has shown that it is often implicitly experienced, whereas clinical research generally relies on self-report of the phenomenon.[3] Other conditions, such as substance use disorder, may mask issues related to death anxiety alleviation. Further, mental health issues such as worry, anxiety, distress, and depressive symptoms may be treated clinically without addressment of underlying death-related concerns.

Health providers in busy oncology settings are generally focused on treatment related issues. Providers may avoid discussing patients' anxieties about death and existential concerns for other reasons that include limited therapeutic rapport, lack of time, personal discomfort, and fears that it would be distressing. However, there are presumed benefits associated with confronting mortality in oncology settings. Normalizing the death anxiety experience in the context of patients' perceptions of an uncertain future, fears about treatment effectiveness, and disease relapse, and concerns about the possibilities of disability may promote opportunities for needs assessment.[4] Further, family members, including partners and informal caregivers, may also be experiencing similar concerns enhancing the potential for better alignment of therapeutic objectives. It is therefore important that health providers evaluate their personal perspectives and comfort levels relative to discussing death-related concerns with patients in order to provide support in this regard.

Human-centered care entails the essential recognition of the individualized complexities associated with each patient. For example, patients who are also parents may worry about how their children will adjust to their deaths. If they are the sole economic provider for the family, there may be fears relative to how the family will survive post-patient death. Religiously alienated individuals raised in fundamentalist contexts may have death anxiety and existential concerns about the afterlife. Individuals who are lonely and isolated without opportunities for social engagement, may fear dying alone. The list goes on… and in the varied individualized scenarios, addressment of death-related concerns could yield a heightened capacity for personal growth, resilience, and adaptation.

Formal interventions that have been developed to support patients with cancer to manage existential distress have been evaluated in randomized control trials (RCTs) are growing globally in numbers.[5] These interventions have been conducted among cancer patients across stages of disease with wide variation in type of intervention, length, and number of sessions required, the therapist background, and testing setting.[5] Overall, existential interventions are shown to provide short-term benefit in improving mental health outcomes, spiritual wellbeing, and quality of life.[5] While there are distinct differences across existentially oriented interventions, many include a combination of didactic teaching, experiential exercises, sharing and dialog, and homework assignments. Many of these interventions lack theoretical grounding, and the varying types and formats include dignity therapy, supportive-expressive group therapy, meaning-making, hope, cognitive-existential, meaning-centered, narrative, and life review.[5] Importantly, existential interventions are not uniformly available in practice settings. Thus, it becomes important that needs assessments are made in this regard so that appropriate resources can be gleaned. Table 1 describes some of the existential therapies that have been evaluated in RCTs.[4,5]

Viewing the specter of death with acceptance and self-compassion may augment the capacity to value the present and to concentrate on what gives life meaning. Cost-effective self-care practices that foster experiential awareness and wellbeing may support management of death anxiety, existential worries, and death concerns.[4] Such approaches, tailored to the individual, could include personal interactions with nature, life review, gratitude practices, journaling, artwork, music engagement, meditation and prayer, yoga, and building meaningful connections with supportive others.

The burden of death anxiety combined with associated existential distress remains an ongoing challenge for patients facing cancer across the

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Table 1
Types of therapies aimed at managing existential concerns.

Name of therapy	Description
Supportive-expressive therapy	Therapist led group that utilizes parts of existential psychotherapy to help patients manage illness-related and death-related issues. Includes strategies such as breathing focus, self-hypnosis, and cognitive-experiential exercises that are aimed at enhancing coping skills, prioritizing life goals, improving emotional expression, and supportive relationships.
Cognitive existential therapy	Therapist led group. Uses principles of existential psychotherapy, such as personal responsibility in the face of death, freedom, life meaning, and isolation.
Meaning-centered group psychotherapy	Manualized group therapy for patients with terminal advanced cancer. Aimed to increase and/or restore meaning and quality of life when facing serious illness.
Dignity therapy	Individualized guided therapy aimed at enhancing meaning and purpose and restoring sense of self for terminally ill patients. Includes personalized interviews and legacy document development.
Life review	Individualized structured evaluation of one's personal life aimed at integration of both positive and negative events across the life continuum. Aimed at improving the quality of life and achievement of integrity.
Hope	Goal oriented therapy to promote positive self-view; strengthen personal resolve, and strategies to reach goals.
Meaning making	A flexible integrative approach aimed at enhancing capacity to manage existential spiritual concerns.
Narrative	Focused on the deconstruction of scripts that are less helpful toward managing challenges. Aimed at externalizing problematic situations and creation of healthy narratives that instill purpose and create meaning.

survivorship spectrum.[5] Patients are living longer with cancer,[1] emphasizing the need for ongoing assessment of death anxiety over time. Nurses remain in a leading role to address this pervasive human concern.

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