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Death anxiety and mental health among asthmatic patients

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Abstract :

The current study aimed to search for the relationship between death anxiety and mental health among asthmatic patients, as well as to identify the differences in death anxiety due to gender. The opportunistic sample of this descriptive study consisted of (40) patients. The study tools were: Death anxiety and Mental health Questionnaires. The results are:

- There is a statistically significant negative correlation between death anxiety and mental health among asthmatics.
- There are no statistically significant differences in death anxiety among asthmatics due to gender.

Keywords: Death anxiety ; Mental health ; Asthma.

1- Introduction:

The era in which we live is the era of contradictions and complexities in all fields, and this is what accelerated the emergence of many psychological and organic diseases, especially chronic diseases and inherent to the patient throughout his life, such as asthma, in which the blockage of the tubes occurs, which makes the lungs swollen unable to perform their function, and also gradually increases the difficulty of breathing, and this is what leads to wheezing while trying to push air through clogged pipes, his face turns blue and his neck muscles appear significantly, asthma is directly related to suffocation, difficulty breathing and loss of physical and psychological integrity, especially during an attack, and this is what it may cause permanent stress that affects his lifestyle, such as anxiety in general and death anxiety in particular ‹The latter is considered one of the most interesting topics by psychological researchers as a mysterious secret that haunts individuals, it is a reaction to a dangerous situation that an individual cannot repel or protect himself from, especially in this category of patients, whose main focus and attention is on the need to inhale enough air, especially during the crisis to which they are exposed almost daily.

Death anxiety can have many repercussions on his safety and mental health, which in its general sense is the ability of an individual to overcome the difficulties and pressures of life, as well as to produce and adapt to himself and his surroundings, and from this point of view, the importance of our study came, which centered on the following questions: Is there a statistically significant correlation between death anxiety and mental health? Are there significant differences in death anxiety in asthma patients attributable to sex?

2-Study hypotheses:

* there is a statistically significant correlation between death anxiety and mental health in asthma patients.

* There are significant differences in death anxiety in asthmatics attributable to sex.

3- The importance of the study:

the importance of our study was:

- the lack of attention of health care providers to the topic of mental health in asthma patients.

- The importance of the target group of asthma patients, as well as the nature of the disease, which is widely known with the changes we are witnessing in our daily lives.

- An attempt to highlight a variable that has an effective role in affecting chronic disease patients in general and asthma patients in particular.

- The lack of local studies that have addressed the relationship between death anxiety and mental health in asthma patients

4- Defining the concepts of the study:

4.1-death anxiety:

"fifel" believes that death can be viewed as a relief from pain or a death in peace, while "Caprio" believes that death may be seen as punishment, separation(uncle of those loved by man on Earth) or reunion (with those who are in heaven), "and it may be seen as something unreal, as in the thoughts of children"[1]

  ➢ The basis of the manifestations of death anxiety: some processes are described to the effect that the manifestations of death anxiety in an individual are:

• fear of the unknown.

* Fear of loneliness.

* Fear of weakness.

* Fear of losing a family.

* Fear of losing friends.

* Fear of losing the body.

* Fear of self-control.

* Fear of losing oneself.[2]

  ➢ The components of death anxiety:

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[1] - Abdel-khalek Ahmed Mohamed, Death anxiety, Word of Knowledge, Kuwait, 1987.

[2] Abdel Moneim Ahmed Yehia, Cancer death anxiety, the arab bureau of knowledge, Egypt, 2013

each scientist sees a set of components, and therefore Abdul Khaliq addressed a set of them as follows:

* the division of the philosopher "Jacques Choron", where he identified 3 components:

1. Fear of dying

2. Fear of what will happen

3. The fear of life stopping.

* As Kavanaugh mentioned in his book "facing death" and clearly the components of his personal fears in relation to death, these fears have included the following:

1. The dying process

2. Personal death

3. The idea of another life

4. The abyssal or flat breeze that flutters about the dying.

* As for "Lifton" he saw that the anxiety of death is based on fears consisting of:

1 decomposition and Decay

2 stagnation or cessation

3 separation

From a psychological point of view, Lester also distinguished between four aspects of the fear of death, represented by two dimensions, each of which has two poles as follows:

1 fear of self-Death

2 Fear of self-dying

3 fear of the death of others

4 fear of the death of others.

 this multidimensionality of the components of death anxiety has several advantages, as the assumption of multiple components of death anxiety is better than the one-dimensional component, as it has psychological advantages.[3]

4-2 - mental health:

the first to be used by" Adolf Miller" to refer to the growth of personal and social behavior towards both, as well as the Prevention of mental disorders, mental health means a person's adaptation to his external world in a way that ensures him a sense of satisfaction and makes him able to face various problems[4], as for "horelman" defines it as a state of subjective and objective sense for someone, and this state exists when the areas of physical, psychological and social objectivity of life.[5]

➤ **Mental health levels**: mental health is distributed in different degrees and levels, and the following are five levels:

* the highest level: they are the owners of a strong ego, good behaviors and good adaptation, they are individuals who understand themselves and achieve them.

* Above average level: they are below the previous level, and their behavior is good and normal.

* Normal level: they are in an intermediate position between high and low health, they have aspects of ability and weaknesses, one of which sometimes appears and sometimes leaves its place for the other.

* The level is below average: it is a level lower than the previous two levels in terms of their mental health, they are more prone to disorder and whether to adapt, they fail to understand and realize their selves, deviations and non-acute behavioral disorders appear at this level.

* Low level: their degree of mental health is very low, and they are characterized by a high degree of disorder and psychological abnormalities, they represent a danger to themselves and others and require isolation in special institutions.[6]

4-3- Definition of asthma:

the word asthma is derived from the Greek and means difficulty breathing, it is a disease that attacks the respiratory system and is one of the allergic diseases that lead to severe dangers, it is characterized by blockage of the small bronchial tubes or a decrease in the diameter of the airways from which air passes to the lungs, and this is due to contraction of the bronchial muscles holding or swelling of the bronchial walls and the lungs become swollen, this leads to difficulty breathing, and the patient makes a sound like wheezing in an attempt to push air through these semi-blocked tubes and the chest swells and the neck muscles exert their effort, and an asthma attack can last for hours or for days and weeks, the attack may be sudden in connection with dyspnea and Especially in the exhalation

phase, this dyspnea may extend to the inhalation phase as well and can often lead to death in people with heart and lung diseases.[7]

* in asthma there are recurrent attacks that worsen over time. This aggravation is explained by the formation of wounds in the cells, then they become inflamed and rot, and the role of allergy enters at this level as a stimulant of the attack, so we can classify asthma factors into three: allergic factor, putrefaction and psychological factor, the latter of which shares all the factors.[8]

> ➢ **Stages of an asthma attack:**

an asthma attack goes through the following stages :

The first stage: it is the stage of dyspnea with a short inhalation and a long tired exhalation with wheezing and there is no cyanosis of the face or chest pain.

The second stage: it is called the catarrhal stage, where (after a period of the first stage) inflammation of the respiratory tract and excessive phlegmatic discharge with a dry and suffocating cough are observed, and at this stage it is difficult to exit sputum by spitting, and the sputum is viscous with a grayish-white color containing crystalline granules, and some call these symptoms pearly spit

The third stage: is the development of asthma in the paroxysmal state into asthma characterized by permanent dyspnea with multiple bottlenecks and seizures caused by effort, emotion and anxiety, and the condition may develop into the so-called asthmatic ordeal, where the patient is affected by hypersensitivity, medications and respiratory diseases, and is also affected by emotional psychological trauma with body-wide sweating, increased heartbeat, cyanosis, enlarged neck muscles and general fatigue, and may be accompanied by some tremors, contractions or loss of consciousness.[9]

✚ **Applied aspect:**

1-the study method:

   in our current study, we have relied on the descriptive method that focuses on what is an object in human life and society, it is an investigation focused on a phenomenon as it exists at present in order to diagnose it, reveal its aspects, and determine the relationship between its elements or between them and other phenomena.[10]

2_ Limits of the study:

our current study was conducted at "Ibn Zuhr" hospital in Guelma state, as it is considered one of the institutions affiliated to the Directorate of Health and population, precisely in the Department of Chest Diseases, which is an extremely important interest due to the active role it plays. Our study lasted for a month an average of three days during the week, in the period from March 15 to April 15, 2023.

3- Study sample:

our study sample consisted of 40 patients with bronchial asthma (Bronchiat Asthma), who visited the hospital to take treatment through respiratory intervention, and was divided between 22 women and 18 adult men.

4- Study tools: represented in two scales, namely:

4-1 - the death anxiety scale for a missionary architect:

The test in its final version consists of 34 items, formulated in a self-report style, and answered within four basic alternatives: no, rarely, sometimes, often, and the scale has a high degree of honesty and consistency, after calculating and confirming them by the author. Intelligence is mainly applied in a group way, that is, several individuals must answer it at the same session, and it can also be applied in an individual way. The questionnaire is answered according to the explanation given in the instructions, by putting a mark (X)in front of one of the following four options : no, rarely, sometimes, often. When correcting, the Examiner is given a score of Zero (0) if he answers B : No, and a score(1) if he answers B : rarely and two scores (2), if he answers B : sometimes, and three scores (3), if he answers B : often and the correction is in one direction. The theoretical score that an individual receives for intelligence ranges from zero (0)to (102) degrees, and a high score indicates a high feeling of death anxiety.[11]

4- 2-mental health scale:

The scale was developed by Leonard, R. Derojets, S. Lino coffee under the title SCL-90-R, which means SYMPTOMS CHECK LIST, and then Abu Hein localized the scale the scale consists of 90 phrases that fall under nine dimensions and are distributed as follows:

* physical symptoms: includes the item: 1 ،4 ،11 ،29 ،40 ،42 ،48 ،49 ،52 ،58 ،71.

* Obsessive compulsive disorder: includes the following items: 3 ،9 ،10 ،28 ،38 ، 45 ،46 ،51 ،55 ،65.

* Reactive allergy: its items 6 ‹21 ‹34 ‹36 ‹37 ‹41 ‹61 ‹69 ‹73.

* Depression: it includes 2 ‹5 ‹‹14 ‹15 ‹20 ‹22 ‹26 ‹27 ‹28 ‹31 ‹32 ‹54.

* Concern: its items are represented in: 12 ‹17 ‹23 ‹30 ‹33 ‹57 ‹72 ‹79 ‹80 ‹86.

* Enmity: includes the following items: 13 ‹24 ‹63 ‹67 ‹74 ‹81.

* Phobic anxiety (phobia): it includes the following items: 25 ‹47 ‹50 ‹70 ‹75 ‹ 78 ‹82.

* Paranoia: includes the following items: 8 ‹18 ‹43 ‹68 ‹76 ‹83.

* Psychosis: includes the following items:7 ‹16 ‹35 ‹62 ‹77 ‹84 ‹85 ‹87 ‹88 ‹90.

* Other terms: includes the following items: 19 ‹44 ‹53 ‹59 ‹64 ‹66 ‹89. The truthfulness and constancy of the scale may be represented as follows:

- **The validity of the scale:**

table N: (01) shows the Pearson correlation coefficient for the mental health scale and its dimensions .

Dimension	somatic symptoms	OCD	eactive sensitivity	depression	anxiety
scale correlation coefficient	0.879**	0.869**	0.826**	0.930**	0.873**
morale level	0.000	0.000	0.000	0.000	0.000
dimension	hostility	phobia	paranoia	psychosis	other phrases
scale correlation coefficient	0.765**	0.736**	0.826**	0.926**	0.717**
level Morale	0.000	0.000	0.000	0.000	0.000

It is clear from the table that the correlation coefficient between the scale and its dimensions D is at the level of 0.01, that is, the set of dimensions of the function is 10/10 of the total sum of the dimensions representative of the scale, and this indicates the existence of complete internal consistency of this scale and therefore it is valid for this study.

- ## Constancy alpha de cronbach :

Dimension	Physical symptoms	OCD	reactive sensitivity	depression	anxiety	hostility	phobia	paranoia	psychosis	other phrases	total
stability coefficient	0.829	0.840	0.864	0.796	0.872	0.705	0.537	0.742	0.839	0.538	0.970

We note from the table that the stability coefficient of cronbach's Alpha for the total degree of the scale was (0.970), which is a high rate, indicating that the scale is constant in what it measures.

5-statistical processing of data:

To verify the validity of the hypotheses, the results were statistically processed by the statistical package (spss) through the correlation coefficient "Pearson" to detect the relationship, as well as the "T" test to find out the significance of gender differences in the death anxiety variable.

6 - results of the study: the study revealed the following results:

6.1. presentation and discussion of the results of the first hypothesis:

The first hypothesis states that there is a statistically significant relationship between death anxiety and mental health in asthma patients, and to verify this hypothesis, the correlation coefficient "Pearson" was used between these two variables, and the result was as shown in the following table:

Table N: (2) shows the value and coefficient of correlation "Pearson" between death anxiety and mental health

variables	as the number of individual	of the T-value calculated	The level of significance
death anxiety / mental health	40	**0.476-	0,01

It can be seen from the table that the value of the Pearson correlation coefficient between death anxiety and mental health reached(0,476 -), which indicates a negative correlation between death anxiety and mental health in the sample, meaning that the higher the percentage of death anxiety, the lower the

level of mental health, and the lower the level of death anxiety, the higher the level of mental health shortness of breath, suffocation, lack of independence and permanent dependence on medication, especially the atomizer and the respirator, which He feels as if he is uttering his last breath, making him constantly worried about the duration of his life, and this is what "Al-zarad" confirms and expresses that an asthma patient is of the anxious-depressive type who is overly worried about his body and has a great sensitivity to even minor stimuli, he reacts strongly to them and is often afraid or unable to face the demands of life[12] , in the same context, we note on a patient with chronic diseases in general that his frustrated psychological state (instability of his posture) affects his organic condition, whether represented by high blood pressure or angina pectoris with increased nervous tension and his immune system is affected, he weakens and becomes less able to resist diseases As a result of this, the patient often suffers from acute colds, which further complicates his condition and his feeling of death anxiety even more, and in this regard we find "F.Alexander " believes that some conflicts have the property of affecting certain organs, fear, anger, feelings of dependence and the need for protection, which are all indicators of an individual's psychological state, are often reflected at the cardiovascular, respiratory and digestive levels[13] , and this is consistent with the study carried out by (R.It turns out that an estimated 80% of asthma patients have previously had a respiratory disease, and that acute anxiety conditions affect muscle tension and lead to the excitation of a substance (histamine) that weakens the The body's resistance, which some doctors call asthma bacteria, asthma attacks are a symbol of pain and crying[14], we can also say that whenever the patient enjoys a good psychological state, he becomes able to control and control his emotions, and thus effectively and consciously cope with the stresses of life and relational problems with others, achieve compatibility and deal positively with adversity and serious health disorders caused by asthma (seizures), the negative effects of stressful experiences and events decrease and his ability to assume responsibilities and face the corresponding problems, whether due to the requirements of the external environment or the effects of the disease, the patient accepts his life in light of chronic illness, which leads him to feel satisfied and thus get rid of the anxiety that accompanies him, especially the anxiety of death.

6- 2-presentation and discussion of the results of the second hypothesis:

the second hypothesis stated that "there are statistically significant differences in death anxiety in asthma patients attributed to the sex variant, and to test this hypothesis and confirm its correctness, we used the (t) Test:

table N: (03) shows the results of the T test for the indication of differences in death anxiety for the sex variant

Variable	sex	number	value (V)	probability value
anxiety death	males	18	0.293	0.770
	Females	22		

We note from Table N(03) that the value of T(0.293) at the level of significance (0.770) is greater than (0.01), and from it is not statistically indicative of the presence of differences between males and females in the death anxiety variable and therefore it is not realized. This result is explained by the fact that an asthma patient, whether male or female, still has suffering, fear and anxiety from the obsession with death, and this can be attributed to the nature of an acute asthma attack that lasts for days, and this has a negative impact on his psychological state, he feels frustrated and loses the thrill of life and replaced by fears of death death arises as a result of the frustrations experienced by the individual[15] , and because thinking about death and evoking it made the thoughts related to it dominate the individual, especially in light of the atmospheric changes that we are living, which made most individuals with hay fever, whose owners suffer from shortness of breath and an abnormally stuffy nose, all this made the asthmatic suffer an attack obsession at every moment, both female and male alike, and this was confirmed by the study "Thomas Luparello"thomas luparello, which was conducted on 40 asthma patients, they were told that they the substance usually causes asthma attacks, and after inhalation, 19 patients showed obvious breathing disorders and 16 patients suffered to the point of having asthma attacks Complete with difficulty breathing and wheezing in the chest, the fact is that not all individuals inhaled an allergen but the substance was a harmless saline solution.[16]

In **conclusion**, we can say that the results of the study showed a negative inverse correlation between the two study variables in the sample, where the higher the level of death anxiety variable, the lower the level of mental health variable and vice versa, which is logical because death anxiety is one of the negative psychological variables in which the individual feels fear, panic, dissatisfaction, constant feeling of a cry that expresses longing to return to the mother's body where security and kindness And lack of responsibility.

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