



## DEATH DEPRESSION AMONG PALLIATIVE CARE PATIENTS

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**Abstract:** Palliative care is a well-established branch of health care in most developed countries. Palliative care patients may become depressed and fearful of dying. Most of the ill patients have concerns or troubling thoughts about death; only a minority achieves an untroubled acceptance of death. The present study focused on the death depression among palliative care patients. The study sample consisted of 50 palliative care patients, 25 male and 25 female, within the 35 to 80. Death Depression is related to experiencing distress, depression about impending death, the death of significant others, or death in general (Templer et al. 2001). The results of the study show that there is significance difference in death depression based on gender. It is found that death depression is higher in males when compared to females.

**Key words:** Palliative care, Death depression.

### Introduction

The concept of providing palliation is from the olden times. Looking back to the history 'Care of terminally ill' is a constant feature of human society. Taking special care and attention for those who are dying is one of the ancient traditions in India. King Ashoka had developed eighteen institutions in India; the traits were synonymous to the present day's hospices. This was done during the era of 73-32 BC. The King is also known for developing a shelter for the people nearing death in Varanasi, in the

surrounding area of the holy blessed area of Ganga River.

The ideology of providing good palliative care depends upon three essential factors. These factors provide the care in totality. The factors constitute the management of physical symptoms like pain etc, looking after the psycho-somatic aspects of care and managing the disease process. In India cure has become synonymous with care and those patients who are no more curable receive no care at all or receive inappropriate medical care and

interventions which makes the lives of these patients a living hell.

The World Health Organization in 2002 defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care provides relief from pain and other distressing symptoms affirms life and regards dying as a normal process. It intends neither to hasten nor postpone death and integrates the psychological and spiritual aspects of patient care. Palliative care offers a support system to help patients live as actively as possible until death and offers a support system to help the family cope during the patient’s illness and in their own bereavement. It uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated. Palliative care will enhance quality of life, and may also positively influence the course of illness. It is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Palliative care is aimed at improving quality of life, by employing what is called “active total, treating pain and other symptoms, at the same time offering social, emotional and spiritual support.

Depression is the fourth of the five stages of in the Elizabeth Kübler-Ross’ dying process. Depression is related to anxiety level and death distress. In the process of dying, a strong depression has been reported. Difficulty sleeping, poor appetite, fatigue, lack of energy, crying spells, self-pity, feel lonely, isolated, empty, lost, and anxious are the most common signs of depression in the stage of depression’ process of grief . Depressive disorders

may be associated with, or exacerbated by, existential despair and lack of meaning.

Death Depression is related to experiencing distress, depression about impending death, the death of significant others, or death in general (Templer et al. 2001). Ram-chandani (2010) indicated that thinking about death-related issues, can cause depressive symptoms such as despair, hopelessness, loneliness, and sadness. Also when thoughts related to death deny, can cause loss of energy, one of the depressive symptom.

Palliative care patients may become depressed and fearful of dying. There are few studies related to death depression among palliative care patients. Most of the published studies are focused on the cancer patients, so it is not clear what palliative care patient’s experience. In Kerala there is a worry some increase in the number of palliative care patients in recent past. We know little about the factors contributing to death depression in palliative care patients, how it is experienced, expressed, its impact on quality of dying and general distress, and the efficacy of strategies to alleviate it.

As the terminality of the illness increases, psychological wellbeing decreases among the palliative care patients. During this situation, depression is a normal reaction to any serious illness. Sometimes depression leads to the arousal of death depression. Most of the ill patients have concerns or troubling thoughts about death; only a minority achieves an untroubled acceptance of death.

## **Methods in Brief**

### **Sample**

The sample taken for the present study consists of palliative care patients from the palliative care unit of Primary health centre, Edavetty, Thodupuzha, Kerala.

### **Sample size**

A sample 50 palliative care patients were selected for the present study.

### **Sampling technique**

Purposive Sampling technique was used to draw sample from the population.

**Inclusion criteria**

Palliative care patients from palliative care unit of Primary health centre Edavetty, Thodupuzha were only selected for the present study. Samples constitute of selected 25 males and 25 females within the age range of 35-80 years.

**Exclusion criteria**

Palliative care patients from other palliative care units were purposefully excluded from the present study. Patients with psychotic conditions dementia, Alzheimer’s were excluded from the study. Patients having age below 35 and above 80 were also excluded from the study.

**Variable under the study**

**Death Depression:**

Death depression is the variable taken for this study. Death Depression is related to experiencing distress, depression about impending death, the death of significant others, or death in general (Templer et al. 2001).

**Instruments Used**

Personal data sheet.

Death depression scale (Templer et. al., 1990).

**Statistical Techniques**

t - test

ANOVA

Pearson’s Correlation

**Objectives of The Study**

To assess the death depression among palliative care patients.

To understand gender difference in death depression.

To understand difference in death depression based on age progress.

To understand the relationship between duration of illness and death depression.

**Hypotheses of the Study**

1. There will be gender difference in death depression among palliative care patients.
2. There will be significant difference between different age groups of palliative care patients based on death depression.

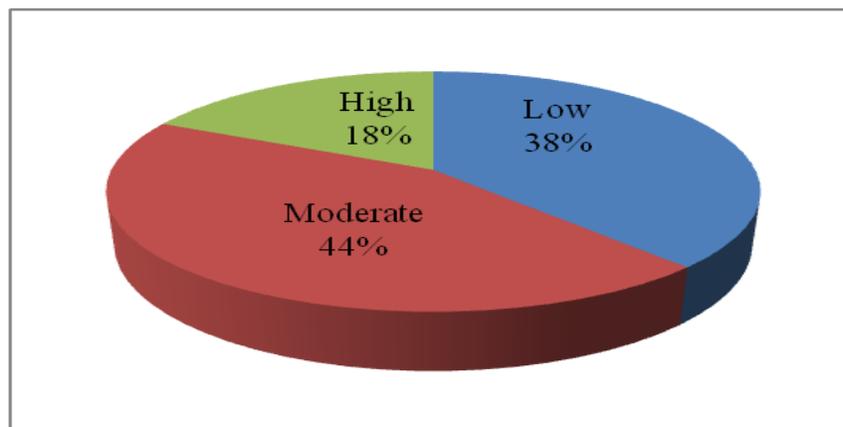
There will be significant relationship between duration of illness and death depression among palliative care patients.

**Results and Discussion**

The data collected from the sample of 50 palliative care patients were subjected to appropriate statistical analysis after the process of consolidation and coding. The results obtained along with a brief discussion associated with it are given below.

**Table 1: Frequency distribution and percentage of death depression**

Variable	Range	N	Percentage
Death depression	High(63-85)	9	18%
	Moderate(40-62)	22	44%
	Low (17-39)	19	38%



**Fig.1: Frequency Distribution of death depression among palliative care patients**

Figure 1 shows the distribution and percentage of death depression among palliative care patients. 18 % of palliative care patients have high death depression, 44 % of palliative care patients have moderate death depression and 38% of palliative care patients have low death depression. The study conducted by Sridevi in the year of 2014 support the present finding. The study conducted was aimed at to investigate the death anxiety and death depression among institutionalized and non-institutionalized elders. The results showed that 40% of palliative care patients suffer on mild level of death depression and 60% having moderate level of

death depression. 55% of non –institutionalized patients are having mild level of death depression and 45% of non institutionalized patients are having moderate level of death depression. The institutionalized patients are having significantly lower level of death depression than non-institutionalized patients. The present study focusing on institutionalized palliative care patients reveal that 18 percent of palliative care patients have high death depression, 44 percent of palliative care patients have moderate death depression and 38 percent of palliative care patients have low death depression

**Table 2: Results of t-test based on age groups**

Variable	Age 35 to 60 (N= 23)		Age 60 to 80 (N= 27)		t- value	Significance 2-tailed
	Mean	SD	Mean	SD		
Death depression	45.26	14.001	48.89	18.207	-.795	.430

Table 2 shows the result of t test based on age groups. The mean and standard deviation of death depression among age group 35 to 60 is 45.26 and 14.001 respectively. The mean and standard deviation of death depression among age group 60 to 80 is 48.89 and 18.207 respectively. The mean and standard deviation of spirituality among age group 35 to 60 is 68.65 and 19.085 respectively. The mean and standard deviation of spirituality among age group 60 to 80 is 75.30 and 25.972 respectively. The t-value of death depression is -.795 and spirituality is -1.040. The result shows there is no significant difference between the two age groups based on death depression. Still there is a small deviation in depression between both groups which is not at all significant. The second group belonging to the age range of 60-80 has got high death depression.

A Study of Religiosity in Relation to Spirituality and Anxiety was conducted by Dr. Kr. Sajid Ali Khan, Vijayshri & Dr. Frah Sultana Farooq in 2014. The study participants were two age groups

of people: one from 20 to 40 years of age, and the other of 60 to 80 years. The mean scores of spirituality of old age participants is very much greater than that of mean scores of young age participants. Therefore it can be said that people become more spiritual in their old age as compared to in their young age. Comparatively, the young people are found to be less spiritual. The reason may be that the aged become more religious in the last half of their lives. At the end core of their lives, the feelings of ‘all is God’, and ‘everything is given by God’ inspire them to be in union with God which leads to spirituality. When they become fully involved in their religious activities with their soul and its purity, they come closer to God, the meaning of life, and their own soul. At the end of their lives, they want to make themselves good and pure so that they can find a place in heaven. On the other hand, young people are not found to be spiritual. The reason may be that in today’s fast life, the young generation is confident about it and is not so

religious. Young people are so busy in their life that they do not get time to perform their religious activities. And so they may not be as spiritual as old age persons. This study supports the present study because there is a small deviation in spirituality

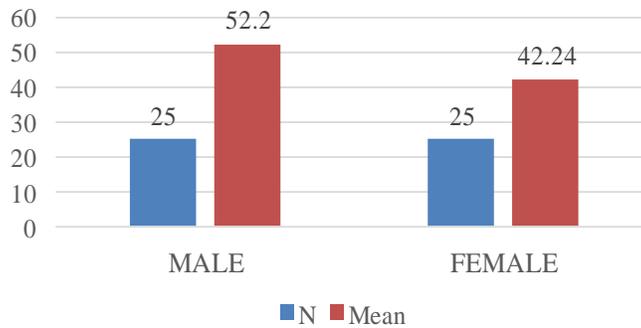
between both groups which is not at all significant. The second group belonging to the age range of 60-80 has got high in spirituality. Compared to the first age group of 35-60.

**Table 3: Results of t- test based on gender**

Variable	Male (N= 25)		Female (N= 25)		t-value	Significance 2-tailed
	Mean	SD	Mean	SD		
Death depression	52.20	17.550	42.24	13.636	2.241	.030

Table 3 shows the result of t test based on genders. The mean and standard deviation of death depression among males 52.20 and 17.550

respectively. The mean and standard deviation of death depression among females 42.24 and 13.636 respectively.



**Fig. 2: Gender difference in death depression**

Fig.2 shows the results of gender difference in death depression. Males have got mean value 52.2 on death depression and females got 42.24 mean value. Which indicates There is significant difference

between males and females with regard to death depression. Males have got high score on death depression.

**Table 4: Correlation matrix based on study variables**

Variables	Duration of illness	Death depression
Duration of illness	1	
Death depression	.389**	1

The table 4 shows the correlation matrix based on the study. The table shows there is significant correlation between death depression and duration of illness among palliative care patients.

This study supports the present study which shows there is a significant correlation between death depression and duration of illness among palliative care patients.

## Major Findings

The present study focusing on institutionalized palliative care patients reveal that 18 percent of palliative care patients have high death depression, 44 percent of palliative care patients have moderate death depression and 38 percent of palliative care patients have low death depression. There is no significant difference in death depression between different age groups of palliative care patients.

Significant difference found in depression between males and females. Males have got high level of death depression compared to females. There is significant correlation between death depression and duration of illness among palliative care patients.

## Implications of the Study

The study gives adequate information on death depression prevailing among the palliative care patients. It gives the information that the psychological support that has to be provided within the palliative care system is not properly working or weak and hence there is a need for reframing the structure of palliative care providing at the institutions. The findings of this study affirm the need and significance of improving the quality of

psychological intervention providing for the palliative care patients. The present study opens a new pathway for further research in this area. Based on the study, psychologists can think about conducting awareness programs and psychological counseling or psycho education for the Caretakers of palliative care patients as family plays importance role in recovery and psychological wellbeing of the patients.

## Limitations of the Study

- This study results cannot be generalized as it lacks external validity due to small sample size.
- The sample is not equally distributed with respect to certain variables such as age.

## Suggestions for Further Research

The same study can be conducted with a large sample, so that generalization of findings could be done. Further studies can be conducted on caretakers of palliative care patients. Case study method will be helpful to gather more information regarding this peculiar area of study. A number of other relevant variables can be included for the improvement of the study.

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