

Embracing Mortality: Exploring The Relationship Between Positive Death Attitude and Flourishing in Patients Diagnosed with Cancer

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The psychological well-being of cancer patients is often overshadowed by the focus on physical treatment, yet it plays a crucial role in context to how they face the prospect of death. Positive death attitudes, such as neutral acceptance, approach acceptance, and escape acceptance, are key to understanding how patients cope with their diagnosis. This study explores the relationship between these death attitudes and flourishing—a measure of overall well-being in cancer patients, revealing insights that could transform approaches to treatment. A diverse group of 300 cancer patients, aged 20 to 85 years and including 141 males and 159 females, were assessed using standardized scales for flourishing and death attitudes. The study examined how these attitudes—neutral acceptance, approach acceptance, and escape acceptance correlate with the patient's psychological well-being. Correlation and regression analysis were used to determine the significant correlations and the impact of predictor variables on criterion variable (flourishing). The results showed that neutral acceptance and approach acceptance of death were strongly correlated with higher levels of flourishing, with coefficients of 0.59 and 0.86, respectively. In contrast, escape acceptance was negatively correlated with flourishing, with a coefficient of -0.82. These findings were significant at the 0.01 level, indicating a clear link between a patient's attitude toward death and their overall well-being. Also, a significant impact of death attitudes was seen on flourishing among the patients. The study highlights the potential of acceptance-based therapies in improving the psychological well-being of cancer patients. By fostering a more positive attitude toward death, these interventions can enhance the quality of life, reduce the fear of dying, and diminish the tendency towards escape acceptance. This research underscores the need for further investigation and the development of programs that help cancer patients navigate their attitudes toward death, ultimately leading to better-coping mechanisms and emotional resilience.

Keywords: death, positive death attitudes, cancer patients, flourishing

Over the twentieth century, chronic illnesses like cancer and heart disease, which are linked to bad lifestyles and choices, have surpassed infectious diseases as the leading causes of death (Long et al., 2018). When faced with mortality anxiety, people respond in many different ways. They may tend to adopt more or fewer actions that promote health (Amani et al., 2011; Ghorbanalipoor et al., 2010). Despite countless innovations and advancements in medical treatment,

cancer remains the primary cause of mortality. Patients endure discomfort and pain throughout the later phases of their illness (Kelley-Moore & Ferraro, 2005). They try to set aside previous grudges behind them and prepare themselves to bid their loved ones farewell and give up on life. For many patients, this is a taxing and stressful period. This is the time when death approaches, which is unavoidable (van Laarhoven et al., 2011). Death is an

inevitable and universal phenomenon that all individuals experience, however lifestyles, belief systems, and cultures have a significant impact (Aksu & Okçay, 2010).

Everyone's life is meant to include death as a common and inevitable event. Eventually, we will all have to pass away, even if we can delay or escape death. Over time, many scholars, including philosophers, psychologists, psychiatrists, and researchers, have created distinct perspectives concerning basic attitudes that people go through when they think about dying. Research on death anxiety is one of the most common death attitudes in thanatology among all known death attitudes (Kastenbaum, 1987). However, researchers contend that other aspects of death attitudes, such as death acceptance, death avoidance, and death denial, should also be investigated (Collett & Lester, 1969; Hoelter, 1979; Lonetto, n.d.; Nelson & Nelson, 1975; J. J. Ray & Najman, 1975).

Death attitudes

Death attitudes in cancer patients have been a topic of interest in recent literature. Cancer patients' views about death have a critical role in their general well-being and quality of life. Healthcare professionals may better personalize their treatment and provide support to each patient's specific requirements by having an understanding of how cancer patients view death and how they feel about it. Numerous investigations have examined the notion of death attitudes in individuals with cancer and their relatives, illuminating the significance of tackling these views within the framework of cancer treatment. In a study on death attitudes, Gesser, Wong, and Reker (1988) emphasized how attitudes about death change during an individual's lifetime (Gesser et al., 1988). This study highlights how important it is to take into account how people's views about death might change

over time, especially when dealing with a serious disease like cancer.

In the context of research on death attitudes in cancer patients, accepting death is frequently characterized as a positive psychological state. Accepting death may be the result of balancing the pain and hopelessness of life's limitations with the sense of accomplishment and meaning that comes from having lived. Positive attitudes towards death reflect the point of view that death is recognized and accepted as part of life and not with fear. This acceptance does not mean wanting death or minimizing its significance, but rather approaching death with peace and understanding (Pinquart et al., 2006; Reker, 2001; Wong et al., 1994). Although a lot of research on this topic is ongoing, there are some key elements that positive attitudes toward death constitute. Some of them include a) acceptance of mortality, which deals with acknowledging that everyone will eventually pass away and incorporating this knowledge into daily activities, b) finding meaning in one's life, c) having a focus on one's quality of life, with prioritizing living in the present rather than allowing death fear to overpower one's life and d) having open communication with loved ones about death and dying that can reduce anxiety and make end-of-life planning easier (Cox et al., 2013; Wong & Tomer, 2011). Therefore, it is crucial to understand that adopting positive death attitudes does not mean eliminating the possibility of experiencing bad emotions or attaining a state of blissful ignorance. It is normal to experience dread, grief, and sadness when someone dies. Positive death attitudes, on the other hand, concentrate on creating a holistic perspective that enables people to face death with acceptance and even find meaning and solace in the hard times. Especially when dealing with a serious disease like cancer, death acceptance may be a positive sign of psychological adaptation

(Long et al., 2018; Pinquart et al., 2006; A. Ray et al., 2006; Vehling et al., 2011; Zimmermann, 2012).

The Death Attitude Profile Revised (DAP-R), created by Wong et al. (1994), is a multidimensional assessment of attitudes towards death that looks at positive and negative attitudes of people towards death, where positive death attitude includes approach acceptance (AA), neutral acceptance (NA), and escape acceptance (EA) and negative death attitudes include fear of death and death avoidance respectively (Wong et al., 1994). People with an approach acceptance attitude are those who view death as a gate to post-life happiness; people with a neutral acceptance attitude are those who neither welcome nor fear death, rather accepting death as a part of one's life, whereas individuals with an escape acceptance attitude look towards death as an attractive option to get rid of the psychological and existential pain and suffering (Neimeyer, 1994; Neimeyer et al., 2004).

Positive death attitude and flourishing

More research is needed to fully understand the intricate relationship between flourishing and having a good dying attitude. Many research studies have been carried out to investigate the attitudes of cancer patients; however, the majority of these studies have concentrated on researching the negative views, with very little attention paid to positive attitudes to date. According to second-wave psychology, all emotions, including negative ones, have adaptive value since they contribute to our resilience, meaning, and happiness. Death, ironically, contains the secret to living a vibrant, true, and meaningful life (Wong, 2011). According to Yalom, (2008), the thought of death has saved many lives. That is, we cannot live completely until we comprehend life's fragility and finiteness. Therefore, the challenge of existential

positive psychology is to find avenues to death acceptance and live a meaningful life. Such a positive attitude towards death can improve our well-being and help us flourish (Neimeyer, 2005; Tomer, 2000; Tomer et al., 2007; Tomer & Eliason, 2007).

Tomer et al., (2007) in their research concluded that accepting death does not necessarily mean that you want to pass away; rather, it means that you are aware that death is a fact of life. Death acceptance has been defined as a perspective on mortality that combines cognitive knowledge of death with a positive, or at least neutral, emotional response to this awareness. Researchers also discovered that death acceptance is the only positive death attitude that has been found in the literature yet, and it is seen as beneficial since people who have high death acceptance tend to have successful lives (Tomer et al., 2007). Similar to the research of Tomer et al. (2007), several examples have been provided illustrating how past studies have proven that embracing death is a factor associated with living a happy and fulfilled life (Neimeyer, 1994; Payne et al., 1998; Tomer et al., 2007; Tomer & Eliason, 2007). Numerous studies have shown that those who feel they have lived a good life and have fulfilled their life's purpose are better able to deal with death (Neimeyer, 1994; Tomer et al., 2007). According to another qualitative study by Tong et al., (2016), on advanced cancer patients, degrees of low, moderate, or severe death fear were linked to variations in awareness and ability to reflect on mortality (Tong et al., 2016). Patients with high death anxiety struggled to process their situation due to overwhelming emotions. In contrast, those with moderate death anxiety were aware of their mortality, made treatment decisions based on their palliative situation, and discussed concerns with loved ones. Patients with little death anxiety accepted their mortality and dealt with end-of-life concerns. As a result, patients who accepted their

mortality reported having significance in their life, which is considered a component of flourishing.

Research studies in India have also demonstrated a correlation between positive death attitudes and flourishing among cancer patients. This was investigated in a study conducted by Philipp et al., (2019). A positive adaptation towards death was found in research conducted on cancer patients in India, which found that after a year, increased death acceptance was linked to decreased anxiety and demoralization, demonstrating growth and flourishing among cancer patients (Philipp et al., 2019).

Thus, encouraging patients to have open conversations about death, offering psychological support and counseling, and incorporating mindfulness and acceptance-based interventions can all help people better manage their fears and anxieties. This will help cancer patients develop positive attitudes toward death and eradicate their negative ones (Asatsa, 2020). By building a supportive atmosphere that identifies and addresses death attitudes, healthcare practitioners may enable cancer patients to improve their quality of life, nurture a feeling of flourishing, and discover meaning and purpose during their cancer journey (Braun et al., 2010).

The majority of research in this area has focused on analyzing the effects of death-related negative attitudes. Nonetheless, comparatively little research has been done on positive death attitudes, and no study has examined the issue in the Punjab region. The current study, therefore, in light of this research gap, sought to investigate the association between flourishing and positive death attitudes (approach acceptance, neutral acceptance, and escape acceptance) in cancer patients. The hypothesis of the study states that (a) there would be positive associations between the various dimensions

of positive death attitudes (such as approach acceptance, escape acceptance, and neutral acceptance) and flourishing among cancer patients, (b) there would be positive associations between the various dimensions of negative death attitudes (such as approach, neutral and escape acceptance) and flourishing among male and female cancer patients (c) there will be a significant positive impact of positive death attitudes on flourishing among cancer patients.

Method

Participants and Procedures

The participants were recruited from various hospitals in the Malwa region of Punjab, such as "Punjab Cancer Care and Multispeciality Hospital" and "Bombay Gastro and Cancer Care Hospital" in Bathinda using a convenience sampling method. The study involved 300 cancer patients comprising 141 males and 159 females, aged 20-85 years. The average age of the participants was 56.32 (SD=13.512). Following their approval to participate in the study, all participants filled out the questionnaires. The time taken was about 15-20 minutes to complete the questionnaire. All participants were acknowledged for their involvement. The current study received permission from the institutional human subject's ethics committee.

Inclusion and Exclusion Criteria

The sample comprised individuals over the age of eighteen who had obtained a cancer diagnosis from a medical practitioner and had given their consent to participate in the study. Patients under the age of eighteen who declined to participate, as well as those with psychiatric illnesses (schizophrenia, dementia, etc.), were excluded from the research.

Ethical Approval

The participants expressed their willingness to participate in the study and

gave written informed consent following the ethical principles outlined in the Declaration of Helsinki. This study was performed in line with the principles of the Declaration of Helsinki. The informed consent was obtained from all patients after providing them with detailed information about the study. The individuals were informed about the study by stating that participation was voluntary and they could withdraw from the study whenever they wanted, and their written and oral consents were received. The Ethical approval for this study was obtained from the University's Ethical Committee (Date 1/02/2024/No. AUTS/REG/2024/1476).

Tools

Death Attitudes Profile Revised (DAP-R), Wong et al. (1994): The Death Attitudes Profile Revised (DAP-R) is a 32-item, 7-point Likert scale that measures attitudes toward death (Wong et al., 1994). Items represent the five subscales. The Fear of Death dimension (seven items) examines respondents' negative views about death and the dying process (for example, "Death is a grim experience"). The death avoidance scale (five items) measures the desire to avoid thinking about death (for example, "I always try not to think about it"). The escape acceptance scale (five items) measures a person's opinion of death as a release from pain and suffering (for example, "I see death as a relief from the burdens of life"). The neutral acceptance scale (five items) examines a person's perception of death as a regular part of life that is neither feared nor welcomed (for example, "Death is simply a part of the process"). Approach acceptance (ten items) refers to viewing death as a doorway to a better life, namely the afterlife. Each subscale is evaluated based on the average of its components (Wong et al., 1994). For the current study, only the positive attitudes toward death, (including approach acceptance, neutral acceptance and escape acceptance dimensions) were used.

The Flourishing Scale (Diener et al., 2010): Diener and colleagues created the Flourishing Scale (2010) as a summary assessment of psychological functioning to enhance current measures of subjective well-being. The FS was originally introduced as the Psychological Flourishing Scale with 12 items (Diener & Biswas-Diener, 2011), however, it has since been reduced to eight questions. The Flourishing Scale is an 8-item questionnaire that measures a respondent's self-perceived success in major areas of life such as relationships, self-esteem, meaning, and optimism. The scale produces a single score for psychological well-being and may be used to provide useful feedback on how to improve one's life as well as to encourage self-reflection. The Flourishing Scale is best suited for people who do not have any clinical diseases or issues. The results are expressed as a single psychological well-being score (ranging from 8 to 56), with higher values indicating better levels of well-being, resources, and strengths. Diener et al. (2010) found that respondents with high scale scores have a positive self-image in key functional domains and a diverse set of psychological qualities.

Results

Table 1 presents descriptive statistics (means and standard deviations) about cancer patients' attitudes, whereas Table 2 presents the demographic characteristics of the participants in the study. In our analysis of 300 cancer patients, we found a nearly equal distribution of genders. There were 141 males (47.0%) and 159 females (53.0%), who became part of our study. The average age of the patient was 56.32 years, with the most frequent age being 65 years, indicating a notable concentration of cancer cases at this age. The median age stood at 57.50 years, (SD= 13.512), showcasing a broad range of ages centered around the mid-50s. These findings emphasize the relevance of age and gender considerations in cancer studies and

healthcare strategies, particularly highlighting the significant proportion of older individuals among those affected by cancer. About 50.3% had early-stage (Stage I or II disease), and 49.7% of the sample had advanced cancer (Stage III-IV disease).

Table 1. Descriptive Statistics of the Cancer Patients

Measures	N	Range	Min	Max	Mean	Std. Deviation
Age in years	300	71	16	87	56.32	13.512
Gender	300	1	0	1	.53	.500
Valid N	300					

Table 2. Demographic characteristics of the participants

Demographics	n/ (%)
Age, mean (SD)	56.32 (13.512)
Gender	
Male	141 (47.0%)
Female	159 (53.0%)
Stage of Disease	
Stage I	62 (20.6%)
Stage II	89 (29.7%)
Stage III	75 (25.0%)
Stage IV	74 (24.7%)

The correlation analysis was done to examine the relationship between flourishing

Table 3. Relationship between positive death attitude (dimensions) and flourishing among overall cancer patients

Variables	N	Neutral acceptance	Approach acceptance	Escape acceptance	Flourishing
Neutral Acceptance	300	1	.571**	-.583**	.597**
Approach Acceptance	300		1	-.823**	.860**
Escape Acceptance	300			1	-.828**
Flourishing	300				1

Note. N = 300. ** indicates Correlation is significant at the 0.01 level (2-tailed).

and subscales of positive death attitudes (a. neutral acceptance, b. approach acceptance, and c. escape acceptance) among patients diagnosed with cancer. The analysis revealed that the coefficient of correlation between positive death attitude subscales (i.e. neutral acceptance, approach acceptance, and escape acceptance) and flourishing among overall cancer patients was found as 0.597, 0.860, and -0.828 respectively which came out to be significant at 0.01 level of significance. *The hypothesis, therefore, stating that there will be a positive relationship between positive death attitudes (i.e., neutral, approach and escape acceptance) and flourishing among overall cancer patients came out to be partially true and is therefore, partially supported/ accepted.* (Table 3).

The same approach was applied to determine the relationship between positive death attitudes and flourishing among cancer patients of both genders. As a result, the table showed that the correlation coefficient between positive death attitude subscales (i.e., neutral acceptance, approach acceptance, and escape acceptance) and flourishing among male cancer patients was 0.520, 0.869, and -0.833. For females, it was found as 0.665, 0.852, and -0.823 respectively, which came out to be significant at a 0.01 level of significance (Table 4 and Table 5). *The hypothesis, therefore, stating that there will be a positive relationship*

between positive death attitudes (i.e., neutral, approach and escape acceptance) and flourishing among male and female cancer patients came out to be partially true and is therefore, partially supported/accepted. The overall results proved that cancer patients who have a higher neutral acceptance (i.e., patients who neither fear nor welcome death and accept death as a part of one's life) and approach acceptance (i.e., patients who welcome and see death as a gateway to post-life fulfilment) are found to have more positive attitude and outlook towards death rather than people having a high escape acceptance attitude towards

death. Results have shown that patients who escape death, (i.e. who view death as a desirable means of escaping psychological and existential sufferings of life) were found to have a negative correlation, which shows that having a higher escape acceptance attitude leads to lower flourishing among such patients. It may therefore be concluded that cancer patients who have a positive death attitude including approach acceptance and neutral acceptance towards death were found to be higher on flourishing and have a positive outlook towards death than patients who have a higher escape acceptance attitude.

Table 4. Relationship between positive death attitude (dimensions) and flourishing among male cancer patients

Variables	N	Neutral acceptance	Approach acceptance	Escape acceptance	Flourishing
Neutral Acceptance	141	1	.521**	-.553**	.520**
Approach Acceptance	141		1	-.817**	.869**
Escape Acceptance	141			1	-.833**
Flourishing	141				1

Note. N = 141 (M). ** indicates Correlation is significant at the 0.01 level (2-tailed).

Table 5. Relationship between positive death attitude (dimensions) and flourishing among female cancer patients

Variables	N	Neutral acceptance	Approach acceptance	Escape acceptance	Flourishing
Neutral Acceptance	159	1	.610**	-.613**	.665**
Approach Acceptance	159		1	-.831**	.852**
Escape Acceptance	159			1	-.823**
Flourishing	159				1

Note. N = 159 (F). ** indicates Correlation is significant at the 0.01 level (2-tailed).

Table 6. Impact of positive death attitudes (Neutral, Approach, and Escape Acceptance) on flourishing among cancer patients.

Variables	R	R2	" R2	F	β	t	Level of Significance
Neutral Acceptance	.597	.357	.355	165.337	.597	12.858	.000
Approach Acceptance	.860	.739	.738	844.639	.860	29.063	.000
Escape Acceptance	.828	.685	.684	649.495	-.828	-25.485	.000

Dependent Variable: Flourishing among Cancer Patients

Note. (N=300, P<0.01)

In light of the hypotheses considering the impact of positive death attitudes (neutral acceptance, approach acceptance and escape acceptance) on flourishing in cancer patients, the regression analysis was carried out (Table 6).

The study's conclusions demonstrate that all three of the positive death attitudes—approach, neutral, and escape acceptance are significant predictors of flourishing in cancer patients, with correlation values ($R = 0.597$ for neutral acceptance, $R = 0.860$ for approach acceptance, and $R = 0.828$ for escape acceptance) indicating a significant correlation. Additionally, the study discovered that 35.7% of the variance in flourishing was explained by neutral acceptance, 73.9 percent by approach acceptance, and 68.5% by escape acceptance, indicating that these predictors account for a significant proportion of the variability in the dependent variable. The R^2 values are comparable to the R^2 values, showing that each predictor contributes independently to the model. The F-statistics (165.337 for neutral acceptance, 844.639 for approach acceptance, and 649.495 for escape acceptance) are quite high, indicating the regression models' overall relevance and robustness while also revealing that the predictors are a strong fit for the data. The standardized coefficients ($\hat{\beta}$) show positive values (0.597 for neutral acceptance and 0.860 for approach acceptance), indicating that an increase in these factors leads to more flourishing among cancer patients. In contrast, the results indicated negative values of standardized coefficients ($\hat{\beta}$) equal to -0.828 for escape acceptance attitude, demonstrating that an increase in escape-accepting attitude towards death leads to lower flourishing in cancer patients. This explains why persons with an escape acceptance attitude embrace death in order to alleviate the hardships of everyday life. A higher absolute value of $\hat{\beta}$ for approach

acceptance indicates a more positive impact on flourishing than a neutral acceptance attitude. The t-statistics are likewise highly significant, indicating that the independent factors have a strong and meaningful effect on the dependent variable. The p-values for all three predictors are 0.000, indicating that the observed connections are highly unlikely to be by chance. In conclusion, neutral and approach acceptance death attitudes have an enormous positive influence on the well-being of cancer patients, but escape acceptance has a major detrimental impact on their well-being.

Discussion

The current study's findings broaden our understanding of the many perspectives that cancer patients hold about death and dying. There is much research that has examined the negative attitudes toward death, but relatively, very few have examined the positive attitudes toward death among cancer patients. Even though a lot of academics and researchers are still working to understand how patients with different diseases feel about death, most of the research focuses on the attitudes of nurses and other healthcare professionals about death. However, very few studies examine the perspectives of patients who are facing a terminal illness, which is something that should be considered but is often overlooked (Braun et al., 2010; Kudubes et al., 2021; Tüzer et al., 2020). In light of the gaps in the research literature, the current study was carried out on cancer patients and examined the relationship between positive death attitudes and flourishing in cancer patients, as well as the influence that positive death attitudes have on flourishing in these patients. According to the results of the current study, males and females were found to have different attitudes toward mortality. While females had a greater neutral accepting attitude, males were shown to be high on approach acceptance and escape

acceptance. According to the study, patients who had a more optimistic outlook on mortality flourished more, which was associated with reduced sorrow and distress, a greater sense of purpose in life, and greater life satisfaction. The study's findings were found to be in line with those of previous studies (Ernsberger, 2014; McLeod-Sordjan, 2013; Philipp et al., 2019; Wong & Tomer, 2011). Findings from the study also indicated that patients tended to flourish less when they had higher escape acceptance. It was discovered that many people believed that they might escape the pain of life by accepting death. In a research published in 1994, Wong discovered that individuals with an escape-accepting attitude saw death as a means of escaping the hardships of life (Wong et al., 1994). Therefore, it became the need of an hour that patients accept death as a natural part of their lives rather than escaping or fearing it. Studies have also demonstrated that the use of mindfulness-based methods and treatments can assist people with terminal diseases lower their escape-acceptance attitudes. These therapies can help patients change their views and adopt a more accepting perspective on death and dying (Ye et al., 2024).

The findings of regression analysis are also consistent with the previous researches which show a significant impact of positive death attitudes on flourishing. Various studies indicate that a positive attitude toward death can have beneficial effects and improve cancer patients' well-being. Patients interpret 'being positive' as maintaining normalcy and not letting cancer negatively impact one's daily life (O'Baugh et al., 2003). This positive attitude is characterized by optimism and one's focus on the present, rather than thinking of an uncertain future (Wilkes et al., 2003). Accepting one's death may indicate a positive adaptation in cancer patients (Philipp et al., 2019). While attitudes towards death

and the afterlife may not significantly differ between patients with and without evidence of disease, their relationships with quality-of-life aspects vary (van Laarhoven et al., 2011). For patients without evidence of disease, negative emotions play a crucial role, whereas, for advanced cancer patients, attitudes providing meaning become more prominent. Factors that contribute to patients' positive attitudes include supportive relationships with professionals, family, and friends, as well as a pleasant environment (O'Baugh et al., 2003; Wilkes et al., 2003). Therefore, the findings highlight the significance of treating existential and psychological issues in the treatment of cancer, where acceptance-based therapies may help enhance patients' quality of life and lower their fear of dying, escape acceptance attitude, and increase their positive attitude toward death.

The current study also had certain limitations, such as the fact that the sample was obtained by purposive sampling method, taking into account the hospitals in the surrounding region, which may make it difficult to generalize the results to a bigger section of the population from various cultures and locations. Also, there was a dearth of investigation into the factors that may have led to the patient's positive or negative views about death. Therefore, a more thorough examination of death acceptance may better capture the perspectives of patients diagnosed with cancer.

Future Implications

Studies on cancer patients' positive death attitudes have a big impact on their psychological health and overall quality of life. Positive attitudes among medical professionals have the power to shape how cancer is portrayed, highlighting the importance of emotions and mentality in the development and management of the

disease. Researchers have discovered that receiving positive psychotherapy helps cancer patients have a higher quality of meaningful life. This finding emphasizes the value of psychosocial therapies in improving patients' experiences and coping strategies. Moreover, it has been demonstrated that having a positive death attitude lowers death fear, metacognitive beliefs, and perceived stress in cancer patients. These findings highlight the need to treat psychological issues in cancer therapy. Therefore, providing comprehensive palliative care and enhancing end-of-life experiences involve an understanding of cancer patients' attitudes about death and their need for a good death. Lastly, this study also emphasizes the necessity for more investigation into this topic and the creation of educational initiatives aimed at assisting cancer patients in better understanding their attitudes towards dying, overcoming anxieties, and strengthening coping mechanisms.

Conclusion

To sum up, the present study provides a unique perspective on cancer patients' thoughts about death and dying. The study examines positive attitudes towards thriving and how they might affect the well-being of such people. The study focuses on the immediate need for mindfulness-based therapies to lower patients' escape acceptance attitudes and improve approach acceptance attitudes. The study provides insights into how adopting a positive attitude towards death might assist cancer patients in overcoming their concerns and developing a more optimistic view of mortality. As a result, the study emphasizes the importance of medical health professionals and therapists in combating negative death attitudes and promoting positive ones in such populations.

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