ज्ञानविविधा
कला, मानविकी और सामाजिक विज्ञान की सहकर्मी-समीक्षित, मूल्यांकित, त्रैमासिक शोध पत्रिका

ISSN : 3048-4537(Online)
3049-2327(Print)
IIFS Impact Factor-4.5
Vol.-3; Issue-1 (Jan.-March) 2026
Page No.- 222-234
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https://journal.gyanvividha.com

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A Comparative Study of Death Anxiety between Male and Female Diabetic Patients

Abstract : Diabetes mellitus is a chronic metabolic disorder that necessitates lifelong management and carries a significant risk of life-threatening complications. Beyond the physiological challenges, the persistent nature of the disease often triggers profound psychological distress, specifically death anxiety a conscious or unconscious fear of mortality and the dying process. While the psychological burden of diabetes is well-documented, the influence of gender on the intensity of death anxiety remains a critical area of investigation for holistic patient care.

Objective: This study aimed to conduct a comparative analysis of death anxiety levels between male and female diabetic patients to determine if gender serves as a significant variable in the manifestation of existential distress.

Methodology: A cross-sectional comparative research design was employed, involving a sample of 100 diagnosed diabetic patients (50 males and 50 females) recruited from outpatient clinics. Death anxiety was measured using the standardized Templer's Death Anxiety Scale (DAS). Data were analyzed using descryptive statistics and an Independent Samples t-test to compare the mean anxiety scores between the two groups.

Results: The findings indicated a statistically significant difference in death anxiety levels based on gender (p <

0.05). Female diabetic patients exhibited higher mean scores of death anxiety compared to their male counterparts. These results suggest that while both genders experience existential concerns, females may be more prone to expressing or experiencing higher levels of emotional distress related to mortality in the context of chronic illness.

Conclusion: The study concludes that gender plays a pivotal role in the psychological experience of diabetes. These findings highlight the necessity for gender-sensitive psychological interventions and the integration of mental health screening into routine diabetic care. Addressing death anxiety can improve treatment adherence and the overall quality of life for patients navigating the complexities of chronic disease.

Keywords: Death Anxiety, Diabetes Mellitus, Gender Differences, Chronic Illness, Psychological Distress.

Introduction : The intersection of chronic physiological illness and psychological well-being represents one of the most complex challenges in modern medicine. Diabetes Mellitus (DM), a metabolic disorder characterized by persistent hyperglycemia, has reached pandemic proportions globally. According to the **International Diabetes Federation (2023)**, approximately 537 million adults are living with diabetes, a number expected to rise significantly by 2045. While the clinical focus often remains on glycated hemoglobin (HbA1c) levels and insulin sensitivity, the psychological "invisible" burden specifically Death Anxiety frequently remains unaddressed (**Sartorius, 2012**).

The Psychological Landscape of Diabetes: Living with diabetes is a 24-hour-a-day responsibility that requires constant vigilance over diet, physical activity, and medication. The chronic nature of the disease, coupled with the ever-present threat of acute complications such as hypoglycemia or chronic complications like nephropathy and cardiovascular disease, creates a fertile ground for psychological distress (**Fisher et al., 2014**). Research indicates that diabetic patients are twice as likely to suffer from anxiety and depression compared to the general population (**Anderson et al., 2001**). This distress often manifests as a preoccupation with mortality, as the patient is constantly reminded of their body's fragility (**Proulx & Heine, 2006**).

Conceptualizing Death Anxiety: Death Anxiety, often referred to as *Thanatophobia*, is defined as a feeling of dread, apprehension, or solicitude when considering the process of dying or the cessation of existence (**Templer, 1970**). In the context of chronic illness, death anxiety is not merely a philosophical concern but a reactive psychological state triggered by the symptomatic reality of the disease (**Lehto & Stein, 2009**). Patients with diabetes face a "foreshortened future," where the statistical likelihood of a reduced lifespan becomes a central theme in their cognitive processing (**Neimeyer, 1994**).

The Role of Gender in Anxiety Manifestation: Gender remains one of the most significant moderators in psychological research. Historically, studies have consistently

shown that women tend to report higher levels of general anxiety and death anxiety than men (**Abdel-Khalek, 2005**). Several theories attempt to explain this disparity:

1. **Biological/Evolutionary Theory:** Suggests that women may have a heightened sensitivity to threat as a survival mechanism for offspring protection (**McLean & Anderson, 2009**).
2. **Socialization Theory:** Argues that society permits women to express vulnerability and fear more openly, whereas men are often conditioned to employ "repressive coping" or stoicism to maintain a masculine facade (**Sigmon et al., 2005**).
3. **Role Strain:** Women often balance caregiving roles with their illness, leading to higher existential stress regarding what would happen to their dependents upon their death (**Gonen et al., 2006**).

In diabetic populations, these gender differences may be exacerbated. Studies have suggested that female diabetic patients often report lower quality of life and higher emotional "diabetes distress" than males (**Siddiqui et al., 2014**). However, the specific comparative data on Death Anxiety remains inconsistent, with some researchers suggesting that men may experience equal levels of anxiety but manifest it through irritability or non-compliance rather than verbalizing fear (**Pollock, 2003**).

Rationale for the Study: Understanding the gender-specific nuances of death anxiety is crucial for several reasons. First, high levels of death anxiety are negatively correlated with treatment adherence; a patient paralyzed by fear may adopt an escapist approach to their medication (**Dadfar & Lester, 2017**). Second, by identifying which group is more vulnerable, healthcare providers can tailor "Dignity Therapy" or Cognitive Behavioral Therapy (CBT) to address these existential fears (**Chochinov, 2002**).

Despite the wealth of information on diabetes-related depression, there is a scarcity of comparative research specifically focusing on the existential dread (Death Anxiety) between genders in the South Asian and global diabetic demographic (**Riaz et al., 2020**). This study seeks to fill that gap by providing empirical evidence on how biological sex and gender roles influence the perception of mortality in the shadow of diabetes.

Objectives of the Study : The primary goal of this research is to explore the psychological dimensions of living with a chronic illness, specifically focusing on the existential concerns of diabetic patients. The specific objectives are as follows:

1. To assess the level of death anxiety among male and female diabetic patients using a standardized psychological scale.
2. To compare the intensity of death anxiety between male and female diabetic patients to identify gender-based vulnerability.
3. To examine the relationship between the duration of diabetes and the severity of death anxiety across both genders.

4. To provide empirical data that can assist healthcare providers in developing gender-sensitive psychological interventions and counseling programs for diabetic care.

Research Hypotheses : Based on the existing literature regarding gender differences in emotional expression and the psychological impact of chronic illness, the following hypotheses have been formulated for testing:

- H_1 (Main Hypothesis): There will be a significant difference in the mean scores of death anxiety between male and female diabetic patients.
- H_2 (Directional Hypothesis): Female diabetic patients will report significantly higher levels of death anxiety compared to male diabetic patients.
- H_3 (Secondary Hypothesis): There is a positive correlation between the duration of the diabetic condition and the level of death anxiety in both groups, as prolonged exposure to complications increases mortality awareness.
- H_0 (Null Hypothesis): There is no significant difference in the level of death anxiety between male and female diabetic patients regardless of their medical condition**.**

Literature Review : The psychological study of Death Anxiety (DA) in chronic illness has evolved significantly over the last few decades. The literature review for this study synthesizes existing research on the existential impact of diabetes, the role of gender in psychopathology, and the socio-cultural factors influencing mortality awareness.

1. Diabetes and Existential Distress: Research has consistently established that chronic illnesses like diabetes act as a persistent "death reminder" (**Proulx & Heine, 2006**). **Dadfar and Lester (2017)** conducted a pivotal study on patients with diabetes mellitus, finding that the threat of complications such as renal failure and cardiovascular collapse significantly elevates death anxiety compared to healthy controls. Furthermore, **Fisher et al. (2014)** introduced the concept of "Diabetes Distress," arguing that the relentless burden of self-management creates a unique psychological strain that often overlaps with existential fear.

2. Gender Disparities in Death Anxiety: One of the most robust findings in thanatological research is the gender gap. **Abdel-Khalek (2005)**, in a large-scale cross-cultural study, reported that women consistently score higher on death anxiety scales than men. This is often attributed to Socialization Theory, which suggests that women are socially conditioned to be more in touch with their emotions and more willing to report fear (**Sigmon et al., 2005**). Conversely, **McLean and Anderson (2009)** suggest that men may utilize "defensive manning" or repressive coping mechanisms to mask their anxiety, leading to lower scores on self-report measures despite experiencing similar internal stress.

3. The Impact of Illness Duration and Severity: The relationship between the length of time living with diabetes and death anxiety is a subject of ongoing debate. **Riaz et al. (2020)** found that patients in the "middle phase" of the disease where complications begin

to manifest report the highest levels of anxiety. This aligns with **Neimeyer's (1994)** theory that death anxiety peaks when the individual perceives a "thwarted sense of purpose" or a "foreshortened future." **Siddiqui et al. (2014)** further noted that female diabetic patients often perceive their illness as more severe than males, even when clinical markers (like HbA1c) are similar, which directly correlates with higher mortality fears.

4. Cognitive and Behavioral Correlates: Lehto and Stein (2009) argue that death anxiety is not a static trait but a dynamic state influenced by cognitive appraisals. In diabetics, high death anxiety is often linked to poor glycemic control. **Sartorius (2012)** posits that existential dread can lead to "avoidance behavior," where patients neglect blood glucose monitoring to avoid thinking about their mortality. This creates a vicious cycle: poor management leads to more complications, which in turn heightens the fear of death.

5. Psychological Interventions and Coping: Literature on palliative and chronic care emphasizes the need for holistic support. **Chochinov (2002)** developed "Dignity Therapy" to address existential distress, proving that when patients find meaning in their illness, their death anxiety significantly decreases. **Gonen et al. (2006)** observed that while both genders benefit from counseling, women tend to seek out social support and verbal expression, whereas men respond better to task-oriented coping strategies that give them a sense of control over their health.

Identification of the Research Gap : Despite the extensive body of literature concerning the psychological ramifications of chronic illness, several critical gaps remain in the specific context of death anxiety among diabetic patients:

1. **Neglect of Existential Variables:** Most contemporary research on diabetes focuses predominantly **on Diabetes Distress, depression, and general anxiet. However, "Death Anxiety" the specific existential** fear of mortality triggered by a progressive metabolic disorder remains an under-studied phenomenon in clinical psychology.
2. **Inconsistency in Gender Findings:** While general psychological studies suggest that women report higher anxiety levels, there is a lack of consensus on whether this holds true for the diabetic population. Some studies suggest that the physiological severity of diabetes might "level the playing field," causing equal existential dread in both genders, yet empirical comparative data remains scarce.
3. **Methodological Limitations:** Many existing studies utilize small, non-clinical samples or fail to use standardized instruments like the Templer's Death Anxiety Scale (DAS) specifically for diabetic cohorts. There is a need for structured comparative research that utilizes validated metrics to quantify this distress.
4. **Cultural and Contextual Void:** A significant portion of death anxiety research has been conducted in Western clinical settings. There is a profound lack of comparative

data from diverse socio-cultural backgrounds where gender roles and perceptions of death differ significantly.

5. **Clinical Integration Gap:** There is currently no established protocol for screening death anxiety in routine diabetic care. By identifying the gender most at risk, this study addresses the gap between theoretical psychology and clinical practice, providing a rationale for integrated mental health interventions in endocrinology.

This research fills these voids by providing a direct, standardized comparison of death anxiety between male and female diabetic patients. It moves beyond general distress to isolate existential fear, thereby offering a more nuanced understanding of the patient's internal experience.

Methodology : The methodology section outlines the systematic approach used to conduct the study. It defines the research design, the characteristics of the participants, the psychological instruments employed, and the statistical procedures used to test the hypotheses.

1. Research Design : A **Cross-Sectional Comparative Research Design** was adopted for this study. This design is appropriate as it allows for the simultaneous assessment of death anxiety across two distinct groups (males and females) at a specific point in time without longitudinal interference (Creswell & Creswell, 2017).

2. Participants and Sampling : The study population consisted of patients diagnosed with Type 2 Diabetes Mellitus.

- **Sample Size:** N = 100 (50 Males, 50 Females).
- **Sampling Technique:** A Purposive Sampling technique was utilized to ensure that participants met specific clinical criteria relevant to the study objectives.
- **Inclusion Criteria:**
  - Confirmed diagnosis of Type 2 Diabetes for at least two years.
  - Age group between 40 and 65 years.
  - Literate enough to understand the survey instruments.
- **Exclusion Criteria:**
  - Presence of comorbid terminal illnesses (e.g., end-stage cancer).
  - Prior history of clinical psychotic disorders.
  - Patients experiencing acute diabetic emergencies at the time of data collection.

3. Instrumentation : To quantify the primary variable, the study employed the following tools:

- **Demographic Information Form:** Developed by the researcher to collect data on age, gender, duration of illness, and treatment type (insulin vs. oral medication).
- **Templer's Death Anxiety Scale (DAS):** Developed by **Templer (1970)**, this is a widely used 15-item psychometric scale with a True/False format. It measures various

dimensions of death anxiety, including fear of pain, fear of the unknown, and fear of time passing.

- *Reliability:* The scale has a reported internal consistency (Cronbach's Alpha) of approximately 0.76, making it a reliable tool for clinical populations (Abdel-Khalek, 2005).

4. Data Collection Procedure : Data were collected from the outpatient departments (OPD) of multi-specialty hospitals.

1. **Ethical Approval:** Permission was obtained from the hospital administration and relevant ethics committees.
2. **Informed Consent:** Each participant was briefed on the study's purpose and provided written informed consent. They were assured of confidentiality and their right to withdraw at any stage.
3. **Administration:** The DAS was administered individually in a quiet setting to minimize environmental stressors that could skew anxiety scores.

5. Statistical Analysis : The collected data were coded and analyzed using SPSS (Statistical Package for the Social Sciences) Version 26.0.

- **Descriptive Statistics:** Mean and Standard Deviation (SD) were calculated to describe the basic features of the data.
- **Inferential Statistics:** An Independent Samples t-test was conducted to compare the mean scores of death anxiety between male and female groups.
- **Correlation:** Pearson's Correlation Coefficient (r) was used to examine the relationship between the duration of diabetes and death anxiety levels (H_3).

Results : The findings of this study are presented based on the statistical analysis of data collected from 100 diabetic patients. The analysis was conducted to test the hypotheses regarding gender differences in death anxiety.

1. Demographic Characteristics of the Sample : Before addressing the core hypotheses, it is essential to understand the composition of the research participants. The sample was balanced by design to allow for a direct comparison.

Table 1: Socio-Demographic Profile of Participants (N=100)

Variable	Category	Male (n=50)	Female (n=50)	Total (%)
Age (Years)	40–50	22	24	46%
	51–65	28	26	54%
Duration of Diabetes	2–5 Years	18	15	33%
	6–10 Years	20	22	42%
	>10 Years	12	13	25%

Variable	Category	Male (n=50)	Female (n=50)	Total (%)
Treatment Type	Oral Medication	35	32	67%
	Insulin Dependent	15	18	33%

2. Descriptive Analysis of Death Anxiety Scores : The Templer's Death Anxiety Scale (DAS) scores range from 0 to 15, where higher scores indicate a greater intensity of death anxiety.

- **Overall Mean Score:** The total sample (N=100) showed a mean death anxiety score of 7.28 (SD=1.35).
- **Gender-Specific Means:** Preliminary observation showed that the mean score for females was visibly higher than that of the males, necessitating further inferential testing.

3. Hypothesis Testing: Comparative Analysis (H_1 & H_2) : To test the primary hypothesis (H_1: *There will be a significant difference in death anxiety between genders*) and the directional hypothesis (H_2: *Females will score higher*), an Independent Samples t-test was performed.

Table 2: Comparison of Death Anxiety Scores between Male and Female Diabetic Patients

Group	N	Mean Score ($\bar{X}$)	Std. Deviation (SD)	t-value	p-value (Sig.)
Male Patients	50	6.45	1.12	**5.82***	**.001**
Female Patients	50	8.12	1.48		
Significant at p<0.05 and p<0.01 levels.					

Statistical Interpretation : The results in Table 2 indicate a statistically significant difference in the levels of death anxiety between the two groups. The calculated t-value (5.82) exceeds the critical value at the .05 level of significance.

- **H_1 Accepted:** The data confirms that gender is a significant factor in death anxiety among diabetics.
- **H_2 Accepted:** The mean score for females ($\bar{X}$=8.12) is significantly higher than that of males ($\bar{X}$=6.45), supporting the hypothesis that female diabetic patients experience greater existential distress.

The initial data analysis confirms that while both genders experience anxiety related to their mortality, the intensity is more pronounced in females. This disparity suggests that the psychological impact of diabetes is not uniform across genders, potentially due to the socialization and coping factors discussed in the Literature Review (**McLean & Anderson, 2009; Sigmon et al., 2005**).

Correlation between Duration of Illness and Death Anxiety (H_3) : To test the third

hypothesis that a longer duration of living with diabetes correlates with increased death anxiety a Pearson Product-Moment Correlation (r) was calculated. This analysis determines if the "wear and tear" of the disease and the cumulative risk of complications exacerbate existential fears.

Table 3: Correlation Matrix between Duration of Diabetes and DAS Scores

Variable	1. Duration of Illness	2. Death Anxiety Score (DAS)
1. Duration of Illness	1	**.642***
2. Death Anxiety Score	**.642***	1
Correlation is significant at the 0.01 level (2-tailed).		

Statistical Interpretation : The correlation coefficient (r = .642) indicates a strong positive correlation between the number of years a patient has lived with diabetes and their level of death anxiety.

- **H_3 Accepted:** The data suggests that as the chronicity of the disease increases, patients become significantly more preoccupied with mortality. This may be attributed to the onset of secondary complications (e.g., retinopathy or neuropathy) that serve as tangible reminders of physical decline.

Item-Wise Analysis of Death Anxiety Dimensions : To understand *what* specifically causes anxiety, the 15 items of Templer's DAS were categorized into three primary dimensions: Fear of the Dying Process, Fear of the Unknown, and Preoccupation with Time.

Table 4: Mean Scores Across DAS Dimensions by Gender

Dimension	Male Mean (SD)	Female Mean (SD)	Gender Gap
Fear of Pain/Process	2.12 (0.4)	2.85 (0.6)	+0.73
Fear of the Unknown	2.30 (0.5)	2.45 (0.5)	+0.15
Preoccupation with Time	2.03 (0.3)	2.82 (0.7)	+0.79

Key Observations:

- **Fear of the Process:** Females scored significantly higher in the "Fear of the Dying Process" (e.g., fear of suffering or pain). This aligns with literature suggesting women are more sensitive to the physical toll of chronic illness.
- **Preoccupation with Time:** This dimension showed the largest disparity. Female patients expressed more concern about "time flying by" and "unfinished business," which may relate to their traditional roles as family caregivers and the stress of leaving dependents.
- **Fear of the Unknown:** Interestingly, both genders scored similarly here, suggesting that the existential "mystery" of death affects both sexes equally, regardless of their medical condition.

Summary of Hypothesis Outcomes

Hypothesis	Statement	Status
H_1	Significant difference in DA between genders.	**Accepted**
H_2	Females score higher than males.	**Accepted**
H_3	Positive correlation between illness duration and DA.	**Accepted**
H_0	No significant difference exists.	**Rejected**

Discussion : The primary objective of this study was to compare the levels of death anxiety between male and female diabetic patients and to explore how the duration of the illness influences these existential fears. The results obtained from the statistical analysis provide significant insights that align with, and in some cases expand upon, existing psychological literature.

1. Gender Disparities in Death Anxiety : The most prominent finding of this research is the confirmation of H_1 and H_2, revealing that female diabetic patients experience significantly higher levels of death anxiety than their male counterparts ($p < .001$). This finding is consistent with the seminal work of **Abdel-Khalek (2005)**, who observed that women across various cultures and clinical groups report higher scores on the Templer's Scale.

Several factors may explain this disparity in a diabetic population:

- **Socialization and Emotional Expression:** As suggested by **Sigmon et al. (2005)**, societal norms often encourage women to be more expressive regarding their vulnerabilities, whereas men are conditioned towards "repressive coping." Therefore, the higher scores in females may reflect a greater willingness to acknowledge and verbalize fear rather than a higher inherent level of anxiety (McLean & Anderson, 2009).
- **Role Strain:** Female patients often bear the dual burden of managing their chronic illness while maintaining caregiving roles within the family. As noted by **Gonen et al. (2006)**, the fear of death in women is often intertwined with the "fear of leaving dependents," which exacerbates existential distress.

2. The Impact of Chronicity (Duration of Illness) : The acceptance of **H_3** (a strong positive correlation between the duration of diabetes and death anxiety) highlights the cumulative psychological toll of chronic disease. According to **Riaz et al. (2020)**, as diabetes progresses from a manageable metabolic condition to one involving secondary complications (retinopathy, neuropathy), the patient's perception of mortality shifts from an abstract concept to a tangible reality.

This "death-salience" is likely triggered by the body's physical decline, confirming **Neimeyer's (1994)** theory that chronic illness acts as a persistent reminder of the "foreshortened future." Our findings echo **Dadfar and Lester (2017)**, who argued that death

anxiety is not a static trait in diabetics but one that escalates as the biological "safety net" diminishes over time.

3. Dimensional Differences: The "What" of the Fear : The item-wise analysis in the Results section provided a nuanced view of the gender gap. While both genders shared similar levels of "Fear of the Unknown," females scored significantly higher in "Fear of the Dying Process" and "Preoccupation with Time." This suggests that the process of dying (pain and suffering) is a more significant stressor for women than the state of death itself. This supports **Lehto and Stein (2009)**, who posited that death anxiety in clinical populations is often a reaction to the anticipated physical trauma of disease progression.

4. Clinical Implications : The strong correlation between anxiety and illness duration suggests that psychological screening should not be a one-time event at the point of diagnosis. Instead, as suggested by **Sartorius (2012)**, mental health support should be integrated into long-term diabetic care. For male patients, clinicians should look for "masked anxiety" (irritability or non-compliance), while for female patients, direct interventions like Cognitive Behavioral Therapy (CBT) or Dignity Therapy (**Chochinov, 2002**) may be highly effective in reducing existential dread.

Conclusion : The present study provides critical empirical evidence regarding the existential challenges faced by individuals living with Type 2 Diabetes Mellitus. By comparing death anxiety across gender lines, this research underscores that chronic illness is not merely a biological struggle but a profound psychological experience that is perceived differently by men and women.

1. Summary of Findings : The statistical analysis confirmed that female diabetic patients experience significantly higher levels of death anxiety compared to male patients. This suggests that the psychological burden of diabetes is gender-sensitive, likely influenced by differing social roles, emotional coping strategies, and a higher reported sensitivity to the physical suffering associated with the dying process. Furthermore, the strong positive correlation between the duration of illness and anxiety levels indicates that existential dread is a progressive phenomenon; as the chronicity of diabetes increases and complications become more probable, the awareness of mortality becomes more acute.

2. Limitations of the Study : While the study achieved its objectives, certain limitations must be acknowledged:

- **Sample Size and Diversity:** The study utilized a sample of 100 participants from a specific urban setting. A larger, more diverse sample including rural populations might yield different socio-cultural insights.
- **Self-Report Bias:** The use of Templer's DAS relies on self-reporting. Male participants might have under-reported their anxiety levels due to social desirability or "masculine stoicism."

- **Cross-Sectional Nature:** Since the data was collected at a single point in time, it cannot definitively prove a causal link, only a correlation between diabetes duration and anxiety.

3. Recommendations : Based on the findings, the following recommendations are proposed for clinical practice and future research:

- **Integrated Care Models:** Healthcare providers should incorporate psychological screening (specifically for death anxiety and diabetes distress) into routine endocrinology check-ups.
- **Gender-Sensitive Counseling:** Therapeutic interventions should be tailored; women may benefit from supportive group therapies that address "role strain," while men may require task-oriented cognitive behavioral strategies to address "masked" anxiety.
- **Early Psychological Intervention:** Since anxiety increases with disease duration, psychological support should begin at the time of diagnosis rather than waiting for the onset of complications.
- **Longitudinal Research:** Future studies should follow diabetic patients over several years to observe how existential fears evolve alongside physiological changes.

Final Synthesis : In conclusion, treating diabetes must extend beyond the regulation of blood glucose levels. To truly improve the quality of life for diabetic patients, the medical community must recognize and address the "shadow of mortality" that accompanies the disease. By acknowledging that women may carry a heavier existential burden and that anxiety grows with time, we can move toward a more compassionate, holistic, and effective model of chronic disease management.

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