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FEAR OF SYMPATHY IN CANCER PATIENTS

Farah Abdul-Khaliq Khudhair[1]
AKthar Khalil Ibrahim[2]
Loma Ahmed Abdullah Ali Al-Mansouri[3]

ABSTRACT

Objectives: This research aimed to study the fear of sympathy among cancer patients and examine how it varies based on different factors, including gender, stage of the disease, and type of treatment. The study sought to understand how fear of sympathy affects patients' emotional well-being and their ability to express or receive compassion.

Methods: The study was conducted on a sample of 385 male and female cancer patients, selected intentionally. The Fear of Sympathy Scale by Gilbert (2011), consisting of 38 items, was used as the primary assessment tool. The reliability of the scale was confirmed through retesting, with a stability coefficient of 0.732 and a Cronbach's alpha of 0.79.

Results: The findings indicated that cancer patients in the study experienced fear of sympathy. There were no statistically significant differences in fear of sympathy based on gender (male or female) or disease stage (first, second, or third). However, statistically significant differences were observed in favor of those undergoing joint treatment.

Conclusion: The study concluded that fear of sympathy, stemming from the painful experience of the disease, negatively affects patients' self-compassion, leading to self-blame and emotional distress. Additionally, the fear of receiving sympathy from others makes patients feel weak and helpless, limiting their ability to express emotions toward others. Given the emotional burden of cancer, the study recommended enhancing psychological counseling services in oncology centers and hospitals to provide psychological and social support to cancer patients.

Keywords: fear of sympathy, cancer patients, Sustainable Development Goals (SDG).

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1 INTRODUCTION

The news of being diagnosed with a serious disease such as cancer is an announcement of bad news, news that changes a comprehensive existential vision, causing a strong emotional movement. A diagnosis of cancer constitutes

[1] Department of Psychological Counseling and Educational Guidance, College of Education for Humanities, University of Basrah, Iraq. E-mail: Farah.abdulkhlaiq.k@uobasrah.edu.iq
[2] Department of Psychological Counseling and Educational Guidance, College of Education for Humanities, University of Basrah, Iraq. E-mail: akthar.Ibriahem@uobasrah.edu.iq
[3] Department of Internal Medicine, Faculty of Medicine, University of Basrah, Iraq. E-mail: luma.abdullah@uobasrah.edu.iq

great pressure on any individual at any age and in any social, cultural or economic situation. However, psychological responses differ from one case to another, depending on the circumstances of the surrounding personal situation, starting with the personality type and its adaptive abilities towards its new life with cancer and the nature of the quality of life that determines its reactions, its social and family status, the source of material and moral support for adaptation and creating a fighting spirit against representations associated with cancer (Shadmi, 2015: 164).

The World Health Organization (WHO) considers cancer one of the leading causes of ill health and mortality worldwide and the second leading cause of death. It is responsible for an estimated (9.6) million deaths in 2018 globally. About (1) out of every (6) deaths occur due to cancer, and about (70%) of deaths from cancer occur in low- and middle-income countries (https: //www.who.int). The latest Statistics on the number of cancer cases in Iraq according to the annual report of the Cancer Council in Iraq issued by the Iraqi Ministry of Health, where the incidence increased from 1994 (38.91 per 100,000 population) to 2020 (78.93 per 100,000 population), to increase in the latest statistic 2021 (86.94 per 100,000 population) (Cancer Council in Iraq, 2021, p. 280).

A study (Revenson *et al.*, 1993) conducted on 32 cancer patients found that cancer patients suffer from low self-esteem, death anxiety, vague thinking, depression and despair (Al-Ansari, 1996), in addition to fear of death, anxiety, mood swings, psychological pressures, nervous exhaustion, emotional fluctuations, physical changes and lifestyle changes. All of this leads to a change in the patient's view of himself, as well as a change in his position, status, social status and lifestyle, as well as material considerations, and their change leads to great difficulties facing the patient himself (Adams, 2016).

Unpleasant memories lead individuals to develop negative images of how others see them, and these images are activated in subsequent social situations, as negative early experiences such as abuse, rejection, neglect, criticism, and bullying are associated with increased exposure to psychological problems and poor development in adulthood. In contrast, experiences of safety and comfort are associated with the absence of threat and the presence

of security, reassurance, warmth, care, and affection, which may be essential for regulating emotional states, such as self-images (Cunha *et al*. Wild *et al*, 2014; 2008: 47-56).

(Longe *et al* 2012:1849-1856) indicated that the most important characteristic of individuals who have a fear of empathy is their constant criticism of themselves. (Gilbert, 2012) added that people who have a fear of empathy have poor concentration, understanding, attention, and caution. (Gilbert, 2019) confirms that individuals who have a fear of empathy have negative personal beliefs or misconceptions, for example, they see themselves as a person who does not deserve empathy or feel shame and disgrace if they show empathy with themselves. Although individuals vary in the extent of their fears of empathy, evidence of the origin of these fears and their susceptibility to them is still scarce. Individuals who have emotional memories of being abused, neglected, or shamed by their caregivers tend to experience self-compassion and empathy from others as threatening and hated. Here, the importance of childhood memories becomes clear. The way in which these early life events, such as experiences of shame or security within the family and in the broader social context, are linked to the development of fears of receiving or giving empathy (Matos *et al.*, 2017:804-819). Macbeth and Gumley (2012) explained that fear of empathy is positively linked to feelings of insecurity and negative events that the individual experienced early in life, and thus fear of empathy is positively linked to inflexibility, self-abasement, loneliness and isolation, negative beliefs such as fear of blame, fear of happiness, and high levels of depressive symptoms. ((Neff & Roos, 2009: 23-50

Some individuals fear sympathy from others because they believe that accepting sympathy is a weakness that makes them more vulnerable to pain. Fear of compassion arises in individuals for fear of recalling sad experiences they have gone through or painful childhood experiences that they were previously exposed to, which may lack the various feelings of sympathy that they needed (Gilbert & Procter, 2006: Martin, 2013: 353-245).

Feelings of warmth associated with sympathy for others and trying to become self-compassionate can activate feelings of sadness represented by being desired but not receiving love and care from important others with

increased awareness of inner loneliness regardless of personal relationships and acceptance. If feelings of sadness resulting from the experience of compassion and sympathy from others are very unusual or when children learn to separate from them or prevent them, they lead to problems. Individuals from safe backgrounds have shown that they view others as sources of comfort, security and support, and often They engage in seeking support when they are depressed and are open to empathy from others and feel helped. This is in contrast to individuals from insecure backgrounds who are not sure of the availability and support of others and tend to cling passionately to forms of attachment without feeling calm or avoiding and withdrawing from others (Gilbert, *et al*, 2011). The research problem is summarized in answering the following question: Is there a fear of empathy among cancer patients?

1.1 IMPORTANCE OF THE RESEARCH

The American Cancer Society encouraged researchers to conduct research and studies in various fields of knowledge, including the psychological field, in order to reach effective ways to care for cancer patients, as the current study is considered one of the studies that support interest in cancer (Shuwaikh, 2007: 13). The effects of cancer last for a long time, requiring the patient to adapt to them and adapt to them, which reduces the negative effects on his health and achieves balance and psychological comfort by keeping up with this disease and controlling its course. Therefore, psychological care for cancer patients has become a medical necessity that imposes itself in order to reach the best means of communication between the patient and his surroundings and allows for better adaptation to the requirements of the disease and its sudden developments (Awdiyah, Houria, 2005, p. 507).

Arjan, Pryor, Reeder & Stutterheim, 2013; Makarem, 2016) Trindade& indicate. (pinto,2017a;p1-9) Coping with illness establishes a positive self-concept, reduces feelings of despair, enhances social relationships, and reduces the frequency of restrictions imposed by the disease, thus freeing the patient from feelings of isolation and self-sufficiency. Coping with chronic diseases and following medical guidelines and healthy habits reduces depression and

increases feelings of hope for recovery. Fear of compassion reduces individuals' abilities to be aware and helpful towards themselves and others, especially in difficult times, as well as benefiting from the sympathy of others when the individual faces a problem and needs help (Gilbert *et al*:2011). In addition to being a multidimensional concept that contains a wide range of cognitive, behavioral, and emotional structures, it is expressed through a set of behaviors that can be observed at the collective and individual levels (Martin, & Heineberg,2017:pp630_644))

(Gilbert 2014) considers sympathy fears to result from the disruption of self-monitoring and self-correction systems. _correcting which turned into self-criticism instead of self-support. This is what Joeng and Tunner (2015) confirmed that self-criticism, post-traumatic stress disorder, anxiety, eating disorders and depression are all contributing factors and predictors of the emergence of fear of sympathy. ((Gilbert, 2019) explained that among the factors that lead to fear of sympathy is the individual taking a negative idea about himself through beliefs and misconceptions about himself, for example, he sees that he is a person who does not deserve sympathy or has strict rules and laws about himself that he was raised on, which makes him feel that it is shameful and disgraceful to show sympathy for himself. (Dias *et al*, 2020) stated that fear of sympathy is linked to all the individual's irrational thoughts and low psychological flexibility when dealing with stressful situations.

1.2 RESEARCH OBJECTIVES

1.2.1 The current research aims to identify

1- Fear of sympathy in a sample of cancer patients;
2- Fear of sympathy according to variables (gender - stage of disease - type of treatment).

1.3 RESEARCH LIMITS

The research is limited to cancer patients in Basra government centers for the year (2023-2024).

1.4 DEFINING TERMS

1.4.1 First: fear of sympathy: fear of compassion

Gilbert,2011, p) defined it as a group of unpleasant and painful emotions that push the individual to feel afraid of showing feelings of mercy and sympathy with others.

2 THEORETICAL DEFINITION

The researcher adopted Gilbert's definition 2011 as she adopted his theory and scale.

Procedural definition: It is the degree that the respondent obtains on the fear of sympathy scale applied in the current research.

2.1 SECOND: CANCER

Cancer is a general term that includes a large group of diseases that affect all parts of the body. The term malignant tumors and growths is used to mean the rapid generation of abnormal, abnormal cells that grow beyond their usual boundaries and invade neighboring cells to spread to other organs (metastasis). It is the cause of death from cancer (www.who.int).

2.2 A HISTORICAL OVERVIEW OF EMPATHY

The origin of the word empathy dates back to the 1880s when the German psychologist Theodor Lipps coined the term Einfuhlung, literally meaning in-feeling, to describe the emotional appreciation of the feelings of

others (loannidou & konstantikaki, 2008, p119). The concept of compassion refers to the feelings that an individual feels in harmony with the feelings of others. Compassion does not necessarily require an accurate understanding of what others are facing, but it includes feelings of closeness and affection towards them. When we are emotional, we interact with the feelings of others, but we do not necessarily deeply understand their experiences or unique situations (Lussier & Richard, 2007, p640). The role that empathy plays is to spread positivity in the personality of the therapist, as the patient can feel that he is heard and understood, which helps strengthen the therapeutic relationship and increase the patient's confidence in the doctor and contributes to satisfying many of the requirements of the emotional side of a feeling of satisfaction, acceptance, and compatibility with the treatment and its requirements (Sabira, Ali ,,2015).

(Martin Hoffman), a researcher specializing in empathy, believes that the roots of ethical principles are rooted in feelings of emotional integration, meaning that our empathy with potential victims, anyone who is exposed to harm, danger, or pain, means sharing these people's ordeal and making others provide assistance to them, as helping and empathizing with others lies behind many ethical actions, which emphasizes the importance of healthcare providers owning, caring for, and taking care of them in order to make patients in a good psychological state and bring about positive change for them and their response to treatment (Goleman 2000, 156-158).

Fear of sympathy: Gilbert and others presented a theoretical model that represents an evolutionary trend to study fears of compassion. They tried to stand on the extent of the development of compassion-centered treatment when some individuals had barriers and fears and compared the concept of compassion and the experience of feelings of belonging to others (Gilbert, 2011, 328). There are fears that appear in individuals in these three types of compassion and it is possible to distinguish between three types of compassion, which are compassion for oneself, compassion for others, and receiving compassion from others, without excluding the existence of a causal relationship between them. A scale was developed to measure fears of compassion and they found that these fears are associated with a high degree

of psychological symptoms (Gilbert *et al*, 2011). In a follow-up study, they found that fears of compassion are associated with fears of happiness in general and problems with emotional processing (how we understand our emotions) such as alexithymia. These three fears can be explained.

2.3 FEAR OF COMPASSION FOR OTHERS

Gilbert *et al*, 2010 indicate that fears arise from the overlap of compassion with submission and acquiescence, that is, when an individual is compassionate and tolerant, others look at him or he sees himself showing weakness and afflictions to others. He also believes that fears of compassion for others include Compassion is the compassion we feel and express towards others. This compassion is linked to our feelings and thoughts towards others and their feelings. Such fears can arise from compassionate interventions with others (Xavier *et al*, 2015, 42). Vitaliano *et al*. (2003) also see that care and efforts made to be compassionate towards others can have harmful effects on mental health if care is found to be mandatory (Gilbert *et al*., 2011; 243)

2.4 FEAR OF PITY FROM OTHERS

Feelings of belonging are generally positive feelings that have specific properties of soothing and calming and are associated with feelings of happiness. However, individuals find certain types of feelings of belonging to be more threatening than pleasant feelings. Among these feelings is the fear of receiving pity from others. Feelings of affection and compassion are essential feelings for attachment behaviors as they create a safe place and positive feelings about oneself and others (Gilbert *et al*. 2011; 241).

2.5 FEAR OF SELF-PITY

Individuals who realize that they are failures and have shortcomings face this idea. This means that they will become more stressed, frustrated, and self-critical, but when they accept this fact with compassion and sympathy for

themselves, they will achieve emotional balance (Ghanem, 2019, 379). Although self-pity has various benefits for mental health, there is also a great fear that the individual is self-pitying. Both (Gilbert and Proctor, 2006) see that those who suffer from anxiety and depression until the first response they show towards compassion and self-pity was met with fear and resistance and they wondered whether this compassion for themselves is deserved, in addition to their hesitation due to a desire for love and compassion and not taking into account the value of self-pity (Gilbert *et al* 2010; 49). .

2.6 CANCER (CARCINOMA)

Cancer is a group of diseases that exceed one hundred diseases that have a number of common factors. Cancer results from a defect in the genetic material DNA, which in human cells represents the part responsible for controlling cell growth and reproduction. The cells of the human body reproduce regularly and slowly, but in the case of cancer, a defect occurs in the genetic material DNA, which leads to an excessive acceleration in their growth and spread. It is known that cancer cells, unlike other body cells, do not benefit the body, but rather drain its energy and potential (Taylor, 811, 2008).

3 RESEARCH METHODOLOGY

A specific method must be followed through which the correlational relationships between the research variables can be studied, and the phenomenon that is the subject of the study can be described and analyzed. The study of each phenomenon depends on what exists in reality, and on describing that phenomenon accurately and comprehensively (Malham, 2000, p. 32). Therefore, the current research relied on the descriptive correlational method as it is the most appropriate method for this study.

3.1 RESEARCH PROCEDURES

3.1.1 First: research community

The community means all the things or people that form the basis of the research problem, or it is all the elements that are related to the research problem that the researcher aims to generalize the results of the study to (Abbas *et al.*, 2009, p. 217). The current research community is defined as cancer patients of both types (males - females). Due to the lack of official statistics on the number of patients issued by the Cancer Council in the Iraqi Ministry of Health for the year 2023/2024, the researcher adopted the equation for selecting the research sample from an unknown community (Al-Qassas, 2014: 105-107)

3.1.2 Second: research sample

The research sample was chosen intentionally and means: it is the sample that is taken based on the researcher's personal judgment. It is a non-random sample that is chosen according to specifications and standards determined by the researcher (Muhi, 2007: 298). The basic research sample consisted of 385 male and female cancer patients. The research sample includes cancer patients in the three stages of the disease who They receive chemotherapy and radiotherapy from patients in cancer centers and hospitals of both sexes (males, females).

Sample size (n) = standard value / standard error × degree of difference (1- degree of difference)

N = 1.96 / 0.05 × 0.5 (1- 0.5) = 384 approximately 385

Table 1

The distribution of sample individuals.

Sex	Male			Male			Total
Treatment stage	Stage1	Stage2	Stage3	Stage1	Stage2	Stage3	
Chemical	23	11	11	11	25	16	97
Radioactive	10	27	10	8	26	11	92
Subscriber	6	24	32	7	50	77	196
Total	39	62	53	26	101	104	385

3.1.3 Third: research tool: fear of sympathy scale

The researcher relied on the fear of sympathy scale (Gilbert *et al*, 2011), which was Arabized by Sadiq's study in 2024, after its preparation and Arabization, for the following reasons:

1. A global scale applied to all categories of university students and disease cases such as depression and anxiety among parents and adolescents with chronic diseases. It was also translated into several languages and applied to various foreign studies;
2. It was applied to the Arab environment, as there is no Arab study that addressed fear of sympathy except for the Gilbert 2011 scale, according to the researcher's knowledge, in addition to foreign studies;
3. The owner of the scale is the owner of the theory, as the researcher did not find other scales, and all researchers relied on this scale, as it is the first scale applied to cancer patients in 2018.

3.2 SCALE PROCEDURES

3.2.1 Translation validity

The researcher translated the scale from English into Arabic in four translations without compromising the general meaning of the scale. Then a unified version of the four translations was presented to a language corrector and approved. After completing the Arabic translation, the researcher performed the reverse translation, i.e. retranslating the scale into English (the original) and conducting a comparison between the reverse translation and the

original. The percentage of agreement was high. The scale consists of (38) paragraphs distributed over three areas: expressing sympathy towards others, consisting of (10) paragraphs, the second area, responding to expressing sympathy from others, consisting of (13) paragraphs, and the third area, fear of sympathy towards oneself, consisting of (15) paragraphs. The scale is answered with five alternatives (I do not agree at all, I agree, neutral, I agree, I completely agree) and grades are given from (4, 3, 2, 1, 0)

3.2.2 Face validity

The researcher presented the scale and its alternatives to a group of professors specialized in psychological counseling and educational guidance, numbering (17) referees, to determine the validity of the scale paragraphs. The Chi-square law and the percentage were adopted as a criterion for accepting valid paragraphs (Table 2).

Table 2

Experts' opinions on the validity of the paragraphs of the fear of sympathy scale.

Field	Paragraphs	Arbitrators No.	Approvers No.	Disagreements	Cal.	Tab.	Percent
Expressing compassion toward others	1,3,4,5,7,8 2,6,9,10	17 17	17 16	– 1	17 13,23	3,74 1,771	100% 94%
Responding to compassion from others	1,3,4,5,6,7,8,10,13 2,9,11,12	17 17	17 16	– 1	17 13,23	3,74 1,771	100% 94%
Expressing kindness and compassion toward yourself	1,2,3,4,5,10,11,15 6,7,8,9,12,13,14	17 17	17 16	– 1	17 13,23	3,74 1,771	100% 94%

3.2.3 Statistically analyzing paragraphs

The researcher applied the test of fear of sympathy in its initial form to (385) individuals who were chosen in a (purposeful) way for the purposes of analyzing paragraphs. These procedures were carried out as follows:

1. The method of the two extreme groups:- In order to conduct the analysis in this way, the following steps were followed;
2. The researcher corrected each form and gave each paragraph a score;
3. Determining the total score for each form;
4. Arranging the (385) forms from the highest score to the lowest score;
5. Identifying (27%) of the forms that received the highest scores, which numbered (104) forms, and identifying (27%) of the forms that received the lowest scores on the same scale, which numbered (104) forms, and thus sorting two groups with the largest size and maximum possible distinction (Mehrens & Lehmany, 1984: 192);
6. Applying the t-test for two independent samples to test the significance of the differences between the upper and lower groups on each paragraph. The t-value was considered an indicator of distinguishing each paragraph by comparing it with the tabular value of (1.96) at a significance level of (0.05) and with a degree of freedom of (206). All paragraphs were distinctive, and Table (3) includes the difference in the arithmetic mean and standard deviation for each paragraph of the (38) scale paragraphs for the upper and lower groups and their t-value.

Table 3

Discriminatory power coefficients for the paragraphs of the fear of sympathy scale.

No.	Upper group		Lower group		Cal. T-value	Sig.
	Mean	SD	Mean	SD		
1	2.84	0.765	2.07	0.927	6.528	Significant
2	2.77	0.672	2.14	0.841	5.922	Significant
3	2.87	0.654	2.09	0.826	7.539	Significant
4	2.73	0.803	2.21	0.821	4.611	Significant
5	2.53	1.014	1.93	0.873	4.543	Significant
6	2.52	0.975	1.89	0.812	5.024	Significant
7	2.6	0.876	2.22	0.934	2.986	Significant
8	2.69	0.996	2.05	0.863	4.985	Significant
9	2.58	1.012	1.9	0.898	5.075	Significant
10	2.71	0.867	2.08	1.04	4.781	Significant
11	2.71	0.797	1.98	0.847	6.408	Significant
12	2.58	0.878	2.13	0.871	3.648	Significant
13	3.05	2.951	2.14	0.897	2.989	Significant
14	2.59	0.832	1.92	0.856	5.671	Significant
15	2.61	0.769	1.75	0.797	7.88	Significant
16	2.45	0.869	1.92	0.856	4.423	Significant
17	2.48	0.955	1.77	0.916	5.483	Significant

18	2.52	0.824	2.02	0.812	4.406	Significant
19	2.66	0.758	1.78	0.913	7.6	Significant
20	2.63	0.738	2.08	0.856	5.033	Significant
21	2.71	0.809	1.96	0.944	6.152	Significant
22	2.82	0.721	1.99	0.898	7.325	Significant
23	2.67	0.717	1.99	0.919	5.974	Significant
24	2.67	0.645	1.95	0.863	6.824	Significant
25	2.36	0.869	1.77	0.927	4.707	Significant
26	2.56	0.901	1.87	0.956	5.374	Significant
27	2.5	0.914	1.98	0.965	3.984	Significant
28	2.44	0.984	1.98	0.903	3.525	Significant
29	2.45	1.032	1.89	0.923	4.106	Significant
30	2.31	1.006	1.85	0.973	3.364	Significant
31	2.4	0.961	1.9	0.898	3.878	Significant
32	2.45	0.944	1.91	0.904	4.201	Significant
33	2.4	0.981	2.1	0.887	2.373	Significant
34	2.36	0.944	1.93	0.906	3.297	Significant
35	2.52	0.87	1.96	0.858	4.654	Significant
36	2.71	0.772	2.05	0.918	5.642	Significant
37	2.56	0.933	1.96	0.858	4.796	Significant
38	2.62	0.896	1.97	0.97	4.976	Significant

3.3 PSYCHOMETRIC PROPERTIES

- Apparent validity: Apparent validity was achieved by presenting the current scale to a group of experts and arbitrators as explained in the validity of the items;
- Construct validity: It was confirmed through the following indicators:

• The relationship between the item score and the total score of the scale and the field: To calculate the relationship between the scores of each item of the scale and the total score and the field score, Pearson's correlation coefficient was used. It became clear that all items are statistically significant because they are greater than the tabular value of (0.098) at the level of (0.05) and with a degree of freedom of (338) as in Table (4).

Table 4

Correlation coefficients between the item and the total score of the scale and its relationship to the field.

Field	No.	Paragraph relationship to total	Paragraph relationship to field	Field	No.	Paragraph relationship to total	Paragraph relationship to field
expressing empathy towards others	1	0.354	0.474		20	0.326	0.384
	2	0.338	0.454		21	0.432	0.507
	3	0.442	0.472		22	0.474	0.51
	4	0.276	0.457		23	0.408	0.468
	5	0.359	0.494	Expressing kindness and compassion towards yourself	24	0.416	0.466
	6	0.372	0.493		25	0.317	0.448
	7	0.161	0.405		26	0.382	0.416
	8	0.32	0.483		27	0.35	0.432
	9	0.381	0.435		28	0.33	0.366
	10	0.312	0.38		29	0.366	0.457
Responding to empathy from others	11	0.386	0.48		30	0.304	0.395
	12	0.239	0.303		31	0.313	0.39
	13	0.317	0.197		32	0.266	0.297
	14	0.366	0.457		33	0.23	0.28
	15	0.413	0.494		34	0.289	0.378
	16	0.298	0.386		35	0.341	0.383
	17	0.403	0.435		36	0.383	0.421
	18	0.282	0.384		37	0.411	0.507
	19	0.394	0.459		38	0.412	0.479

3.4 THE RELATIONSHIP OF THE DOMAIN DEGREE TO OTHER DOMAINS

The internal correlations between each domain and the other domains of the scale are found using Pearson's correlation coefficient, and all correlation coefficients were significant when compared to the tabular value (0.098) at a significance level of (0.05) (Table 5)

Table 5

The relationship of the domain to the other domain and to the total scale of the fear of empathy scale.

Field	First	Second	Third	Total
Expressing compassion toward others	1			
Responding to compassion from others	0.518	1		
Expressing kindness and compassion toward yourself	0.393	0.565	1	
Total	0.73	0.847	0.835	1

Reliability: Reliability was calculated in two ways:

3.4.1 External consistency method retest

Pearson correlation coefficient was calculated between the scores of the sample members in the two applications, as the value of the reliability coefficient for the fear of sympathy scale reached (0.732), which is a good reliability coefficient.

3.4.2 Cronbach's alpha equation

In order to extract the reliability of the current research scale in this way, the (Cronbach's alpha) equation was used, and the reliability coefficient for the fear of sympathy scale reached (0.794), which is good reliability.

Table 6

Retest-retest reliability and Cronbach's alpha reliability for the fear of sympathy scale.

Retest	Cronbach's alpha
0.732	0.794

3.5 STATISTICAL INDICATORS FOR THE SCALE OF FEAR OF SYMPATHY

By extracting the statistical indicators for the degrees of the research sample responses. It was found that the distribution of the degrees of the statistical analysis sample in the scale of fear of sympathy was closer to the normal distribution, and the purpose of this procedure is to identify the type of

statistics appropriate for this study, whether it is a teacher or a non-teacher. Table (7) and Figure (1) illustrate this.

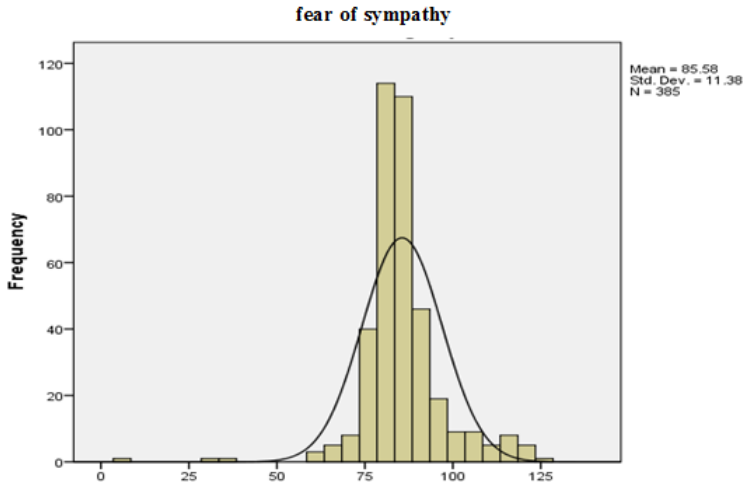
Table 7

Statistical indicators for the scale of fear of sympathy.

Descriptive statistical indicators	Value
Mean	85.58
Median	84
Mode	82
Std. Deviation	11.38
Skewness	0.416
Kurtosis	1.239
Minimum	6
Maximum	127

Figure 1

Shows the distribution of the statistical analysis sample in the scale of fear of empathy.



3.5.1 Fourth - Statistical methods

To process the research data, the researcher used the following statistical methods:

The researcher used the statistical package program (SPSS) to analyze the data.

3.5.2 Research results, interpretation and discussion

3.5.2.1 First goal: To identify the fear of sympathy in a sample of cancer patients

To achieve this goal, the researcher extracted the arithmetic mean and standard deviation of the responses of the research sample members to the paragraphs of the fear of sympathy scale, where the arithmetic mean was (85.58) with a standard deviation of (11.380), which is higher than the hypothetical mean of (76). To find the significance of the difference, the researcher used the t-test for a single sample. It was found that the calculated t-test value is (16.517), which is higher than the tabular value of (1.96) at a significance level of (0.05), and it is statistically significant (Table 8).

Table 8

The difference between the average scores of the sample and the hypothetical mean of the fear of sympathy scale.

Sample	Mean	SD	Hypothetical mean	d.f	T-value	Cal. value	Sig.
385	85.58	11.380	76	384	16.517	1.96	0.05

According to Gilbert 2011, the suffering of a cancer patient is chronic and related to painful memories or abuse and neglect in certain periods of his life, resulting in a feeling of self-blame and holding himself responsible for the suffering. Fears arise from the overlap of compassion with submission and acquiescence, i.e. when an individual is compassionate and tolerant, others look at him or he sees himself as weak and self-centered. This result is consistent with the study of (Sadiq 2024), (Trinda, *et al* 2018 (Williams *et al*, 2022) (Merritt *et al*, 2020)

Fourth objective: Identifying statistically significant differences on the scale of fear of sympathy according to the variables (gender - stage of the disease - type of treatment):

3.5.3 Gender (males - females)

In order to identify the differences in fear of sympathy in a sample of cancer patients according to the variable (gender), the t-test was used for two independent samples, as the arithmetic mean for the male sample was calculated on the scale of fear of sympathy and it reached (86.26) Degree and standard deviation (13.616) degrees and the arithmetic mean for females was (84.55) degrees and standard deviation (6.675) degrees, and when comparing the average of males with the average of females, it was found that there are no statistically significant differences in fear of sympathy, as indicated by the calculated T-value of (1.448) less when compared to the tabular T-value of (1.96) at a significance level of (0.05) and a degree of freedom of (383), which is not statistically significant (Table 9).

Table 9

Differences in fear of sympathy according to the gender variable.

Gender	No.	Mean	SD	d.f	Cal. T-Value	Tab. T-Value	Sig.
Male	231	86.26	13.616	383	1.448	1.960	N.S
Female	154	84.55	6.675				

The sexes, males and females, do not differ in a painful experience that continues for a period of time during which treatments and their threatening harms are repeated, as the patient lives in a state of tension, anxiety and self-absorption as a result of physical and psychological stress. The patient avoids positive emotions.

3.5.4 Stage of the disease

To know the significance of the difference in the scale of fear of sympathy according to the stage of the disease in a sample of cancer patients, the researcher extracted the arithmetic means for each of the three categories. To test the significance of the statistical differences between the averages of the scores of the three research categories, the researcher used a one-way analysis of variance. It was found that the differences were not statistically

significant, as the calculated p-value (0.127) was less than the tabular p-value of (3.04) at a significance level of 0.05 and with two degrees of freedom (2-382) (Table 10).

Table 10

Arithmetic means and standard deviations for each category according to the stage of the disease.

Disease stage	No.	Mean	SD
First	67	85.93	7.817
Second	162	85.24	10.702
Third	156	85.78	13.252

Table 11

Results of the total variance test for one-way analysis of variance.

S.O.V	SS	d.f	MS	F-Value		Sig.
				Cal.	Tab.	
Regression	33.006	2	16.503	0.127	3.040	N.S
Error	49692.828	382	130.086			
Total	49725.834	384				

According to Gilbert 2019, the factors that lead to fear of sympathy are the individual having a negative idea about himself as a person who does not deserve sympathy or has strict rules that he was raised on that make him feel ashamed and disgraceful to show sympathy for himself.

3.5.5 Type of treatment

To know the significance of the difference in the scale of fear of sympathy according to the type of treatment in a sample of cancer patients, the researcher extracted the arithmetic means for each of the three categories, and to test the significance of the statistical differences between the averages of the scores of the three research categories, the researcher used a one-way analysis of variance, and it was found that the differences were statistically significant in favor of the joint treatment because it is the highest arithmetic mean, as the calculated F-value (4.364) was higher than the tabular F-value of (3.04) at a significance level of 0.05 and with two degrees of freedom (2-382) (Table 12).

Table 12

Arithmetic means and standard deviations for each category according to the type of treatment.

Treatment type	No.	Mean	SD
Chemical	92	84.61	12.721
Radioactive	198	87.16	12.606
Subscriber	95	83.22	5.241

Table 13

Results of the total variance test for one-way analysis of variance.

S.O.V	SS	d.f	MS	F-Value		Sig.
				Cal.	Tab.	
Regression	1110.735	2	555.367	4.364	3.040	Significant
Error	48615.099	382	127.265			
Total	49725.834	384				

The more diverse the treatments are, the more diverse the symptoms and pains resulting from them, which creates a state of fear of dealing with others, self-centeredness, and a feeling of not belonging to others.

4 CONCLUSIONS

The patient's fear of positive feelings (sympathy) is linked to a painful experience (illness), which results in feelings of guilt, harsh self-judgment, a feeling of weakness, and submission to feelings of sympathy from others.

4.1 RECOMMENDATIONS

Pay attention to the psychological aspect of the patient in addition to the physical aspect, and activate the role of mental health within centers and hospitals concerned with cancer.

4.2 SUGGESTIONS

Conduct a guidance program based on self-compassion and mental alertness to reduce fear of sympathy among cancer patients.

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