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"The Heart in the Shadow of Death": A Qualitative Study on Death Anxiety in Individuals with Tachycardia

"Ölümün Gölgesindeki Kalp": Taşikardisi Olan Bireylerle Ölüm Kaygısı Üzerine Kalitatif Bir Çalışma

ABSTRACT

Objective: This phenomenological study aimed to explore the experiences of individuals with tachycardia regarding death anxiety.

Method: A purposeful sampling method was employed, and 18 individuals who met the study criteria and agreed to participate were interviewed. Data were collected by the researchers through face-to-face interviews using a semi-structured interview form. This phenomenological study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Results: Two main themes—*In the Shadow of Death and Truth of Death*—*and seven subthemes*—*Holistic Health, Body Signals, Shake, Vicious Cycle of Emotions, Social Isolation, Half-Human, and Dilemma*—emerged from the analysis.

Conclusion: The results highlight the need to support individuals with tachycardia in coping with death anxiety. Nurses should identify the psychological and social challenges faced by patients diagnosed with tachycardia and empower them to maintain their independence in daily activities.

Keywords: Death anxiety, qualitative research, tachycardia

ÖZET

Amaç: Bu fenomenolojik çalışma, taşikardi yaşayan bireylerin ölüm kaygısına ilişkin deneyimlerini belirlemek amacıyla yapılmıştır.

Yöntem: Amaçlı örnekleme yöntemi kullanılmış ve çalışma kriterlerini karşılayan, çalışmaya katılmayı kabul eden 18 kişiyle görüşülmüştür. Veriler, araştırmacılar tarafından yarı yapılandırılmış görüşme formu kullanılarak yüz yüze görüşmelerle toplanmıştır. Bu fenomenolojik çalışma, Nitel Araştırma Raporlama için Konsolide Kriterler (COREQ) yönergelerine uygun olarak yürütülmüştür.

Bulgular: Çalışmada 2 tema (Ölümün Gölgesi ve Ölüm Gerçekliği) ve 7 alt tema (Bütüncül Sağlık, Vücut Sinyalleri, Sarsıntı, Duyguların Kısır Döngüsü, Sosyal İzolasyon, Yarım İnsan, İkilem) ortaya çıkmıştır.

Sonuç: Bu çalışma, taşikardi yaşayan bireylerin ölüm kaygısıyla başa çıkmada güçlendirilmesi gerektiğini ortaya koymuştur. Hemşireler, taşikardi tanısı almış hastaların yaşadıkları psikolojik ve sosyal zorlukları belirlemeli ve bu bireyleri bağımsız aktivitelerini sürdürebilmeleri konusunda desteklemelidir.

Anahtar Kelimeler: Ölüm kaygısı, taşikardi, nitel araştırma

ORIGINAL ARTICLE
KLİNİK ÇALIŞMA

Introduction

Cardiovascular diseases, which are among the leading causes of death worldwide, represent a major health concern in both developing and developed countries.[1] Major psychiatric disorders such as depression, death anxiety, and personality changes often occur in individuals diagnosed with cardiovascular disease.[2,3] Individuals experiencing acute physical symptoms may develop negative emotions, such as death anxiety, due to uncertainty about their health status and fears of being unable to cope effectively with their symptoms.[4]

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In a study involving individuals diagnosed with heart failure, participants reported experiencing intense anxiety and fear of death in all situations that negatively impacted their health.[5] Patients with life-threatening conditions expressed fear regarding the progression of their illness and the uncertainty of their future, often resulting in death anxiety. Recurrent episodes of tachycardia, characterized by their unpredictability, pose a significant and potentially dangerous threat to the individual's life. The severity of symptoms—ranging from mild palpitations to syncope—not only affects patients during the episodes but also impacts their overall quality of life.[4,6-8]

In a qualitative study on individuals with supraventricular tachycardia, one participant reported experiencing uncertainty about the future, a lack of understanding about bodily changes, and thoughts of death stemming from these negative emotions.[8] Another study found that patients with heart failure frequently experience intense anxiety, emotional difficulties, and fear of death in various health-compromising situations.[5]

Effective communication between healthcare professionals and patients, along with process continuity, education, and counseling, is essential to meeting patients' physical, spiritual, and social needs.[8,9] Healthcare professionals should take these factors into careful consideration to help patients manage negative thoughts about death.[10,11] It has been noted that patients often feel more hopeful and gain a sense of control as a result.[12]

Given the rising prevalence of cardiovascular diseases globally, rehabilitation processes—particularly cardiac rehabilitation—are crucial for enabling individuals with these diagnoses to resume active lives, improve their quality of life, and maintain holistic health.[13] In this context, individuals with tachycardia may experience heightened death anxiety due to increased stress caused by uncertainty, fear, and difficulty adapting to treatment.

This qualitative study aims to explore the experiences of individuals with tachycardia, identify their positive and negative feelings related to death anxiety, and contribute valuable insights to the literature for planning individualized care. Therefore, this study was conducted to determine the death anxiety experiences of individuals with tachycardia.

MAIN POINTS

- Reducing death anxiety is essential for individuals with tachycardia to better manage their symptoms.
- As patients improve in symptom management and experience lower anxiety levels, their quality of life will increase.
- Cardiac rehabilitation programs should incorporate interventions aimed at reducing death anxiety in patients with tachycardia.
- It is important for nurses to develop individualized care plans to help reduce patients' anxiety levels.

Methods

Design

In this study, a descriptive phenomenological method was used to explore the experiences of death anxiety in individuals with tachycardia. This method was chosen because individual interviews are more suitable for personally addressing experiences of death anxiety and allow for in-depth discussion. A qualitative approach was used to examine participants' experiences.[14] This study adheres to the COREQ guidelines for qualitative research.[15] The research question was: *"What are the experiences of individuals with tachycardia regarding death anxiety?"*

Sampling

Patients who applied to the cardiology service and cardiology outpatient clinic were included in the study. A purposive sampling method was used. In qualitative research, sample size depends on the purpose, usefulness, and reliability of the data. There are no fixed rules regarding sample size. Interviews continued until data saturation was achieved and were concluded once saturation was reached.[16]

Inclusion criteria included individuals who:

- Were over 18 years of age,
- Had been diagnosed with tachycardia for at least one year,
- Were taking medication for tachycardia,
- Expressed experiencing death anxiety, and
- Voluntarily agreed to participate in the study.

Exclusion criteria included individuals who:

- Had symptoms resulting from a diagnosed mental illness,
- Did not voluntarily agree to participate,
- Completed the research forms incompletely, or
- Chose not to continue with the study.

The final sample consisted of 18 individuals who met the inclusion criteria and agreed to participate.

Data Collection Tools

The data for this study were collected using a personal information form and a semi-structured interview form designed to gather individuals' perspectives on their death anxiety experiences.

Personal Information Form

This form was developed by reviewing relevant literature.[6-8,10,11] It includes questions about participants' age, gender, duration of illness, and other demographic details.

Semi-Structured Interview Form

This form was also developed based on a review of relevant literature.[6,8,10] It consists of open-ended questions aimed at exploring individuals' views on their death anxiety experiences. The opinions of two experts experienced in qualitative research were sought during the development of the interview form (Table 1).

Data Collection

Data were collected using the personal information form and the semi-structured interview form focused on death anxiety experiences. The study was conducted between March 2023 and September 2023. All interviews were conducted face to face

Table 1. Semi-structured ınterview questions

1. What is it like to live with tachycardia?
2. Can you describe the symptoms or signs you experience during a tachycardia episode?
3. How does tachycardia affect you during social activities?
4. How do you react emotionally when you experience tachycardia? How does it affect your mental health?
5. What impact does the death anxiety associated with tachycardia have on your current life?
6. How does the death anxiety you experience due to tachycardia affect your outlook on the future?
7. What does death mean to you in the context of living with tachycardia? How has the disease influenced this meaning?
8. Are there any other experiences or thoughts you would like to share that we have not discussed?

Table 2. Distribution of Patients According to Variables (n=18)

Variables	n	%
Gender		
Female	12	66.7
Male	6	33.3
Mean age	**58.05±18.26**	
Level of education		
Illiterate	1	5.6
Literate	1	5.6
Primary education	9	50.0
High school	1	5.6
University and above	6	33.2
Marital status		
Married	11	61.1
Single	7	38.9
Working status		
Yes	6	33.3
No	12	66.7
Diagnosis period	**11.05±10.64**	

by the researchers. Prior to each interview, participants provided informed consent and were informed that a voice recorder would be used. For participants who did not consent to audio recording (n=5), researchers took written notes to document their responses.

The interviews lasted approximately 25 to 35 minutes each. During the sessions, all participants were asked the same set of questions in the same order, and additional explanations were provided when requested. Interviews took place in a private and comfortable setting to ensure that neither the researcher nor the participants were interrupted. Each interview was transcribed verbatim as soon as possible following its completion.

Data Analysis

Quantitative data from the introductory information form were presented as numbers and percentages. Qualitative data were analyzed using the content analysis method and presented as raw data. Audio recordings were transcribed verbatim by one of the authors, and their accuracy was verified by comparing the transcripts with the recordings. Codes (P1, P2, P3...) were used to protect participants' confidentiality.

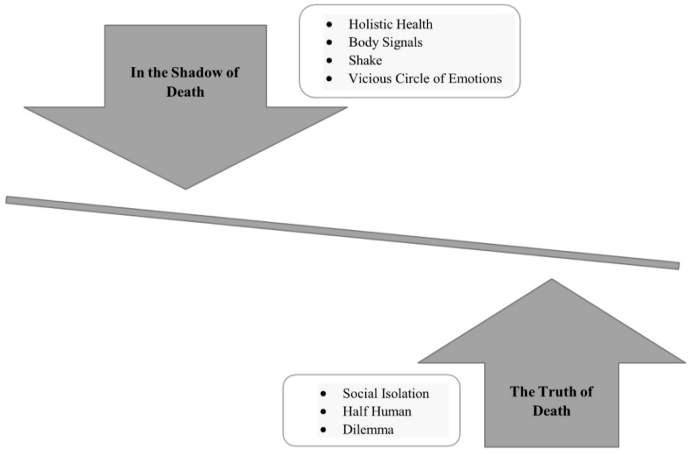

Figure 1. Themes and subthemes.

The transcribed data were analyzed using content analysis. To generate codes, words, expressions, and paragraphs in the transcripts were reviewed verbatim by two researchers (GKÖ, GM). The data were then coded, grouped into categories, and further organized into themes and sub-themes based on the relationships between these categories. After the themes and sub-themes were identified, expert opinions were obtained from two researchers with academic experience in qualitative research. Revisions were made to the themes and sub-themes based on their feedback.

Rigor and Trustworthiness

To ensure reliability in qualitative research, four core criteria were applied: credibility, dependability, confirmability, and transferability.[17]

- Credibility and Dependability: These were ensured through in-depth, long-term interviews; cross-verification of transcripts with audio recordings by all researchers; researchers' observations; and expert evaluations of the findings. In addition, the study followed the COREQ guidelines for qualitative research.[15]
- Confirmability: Confirmability was achieved by transcribing participants' statements and audio recordings verbatim.
- Transferability: The study results are considered transferable to nursing professionals who care for patients with tachycardia and death anxiety, as well as to future research in this field.

Ethical Consideration

Before the study commenced, ethical approval was obtained from the Nevşehir Hacı Bektaş Veli University Non-Interventional Clinical Research Publication Ethics Committee (Approval Number: 2022/76, Date: 27.07.2022), along with institutional permission. The purpose of the study was explained to all participants, and informed consent was obtained. Participant confidentiality was maintained through the use of codes (P1, P2, P3...). All research documents are stored as encrypted files on the researchers' computers and will not be used for any purpose other than this study. The research was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Interview and Sample Characteristics

Of the individuals in the study, 66.7% were female, the mean age was 58.05±18.26 years, 50.0% had a primary education, 61.1% were married, 66.7% were unemployed, and the average duration since diagnosis was 11.05±10.64 years (Table 2).

Themes Emerging from the Interviews

Two main themes and seven sub-themes related to individuals' experiences of death anxiety emerged from the interviews (Figure 1).

Theme 1. In the Shadow of Death

Participants expressed their experiences of living with tachycardia, often describing death as a constant presence—"like a shadow"—and reporting a persistent awareness of mortality. This theme was supported by the following sub-themes: *Holistic Health, Body Signals, Concussion, and Vicious Circle of Emotions*.

Subtheme 1.1 Holistic Health

Participants described tachycardia as having a wide range of physical symptoms, such as drowsiness, dizziness, nausea, fainting, fatigue, insomnia, and sweating. These symptoms were reported to negatively impact holistic health and significantly reduce quality of life.

> "*It is a very tiring experience. I feel sleepy all the time and get tired quickly in the evening... In short, I can say that it's an experience that reduces the quality of life considerably.*" (P1)

> "*I feel very unhappy and uneasy in every respect. I sweat constantly. I also feel sluggish and sometimes feel like I'm too tired to even breathe. It is not possible to feel good when you feel your heart pounding from outside...*" (P6)

> "*...Because I feel dead at the end of the day... Also, living with these symptoms makes me very anxious.*" (P3)

> "*Insomnia affects me a lot. I put my hand on my heart and stand in a position that makes me feel good. I feel uncomfortable. When I'm sleep-deprived, I get a headache and I definitely don't eat anything.*" (P18)

Subtheme 1.2 Body Signals

Participants reported being constantly alert to their bodily sensations and reactions. They described regularly monitoring their physical state and adapting their behavior based on their interpretation of these signals.

> "*I have a smart watch and I immediately turn it on and try to check my pulse rate. I feel like I'm going to die. Sometimes I press my hand on my heart, as if my heart is going to come out, and I'm trying to hold it in place... I realize these things later when I think about it.*" (P10)

> "*I have tachycardia. If it feels different from normal, I get very worried that I will die and I restrict my life. I go to the doctor in a panic and ask if my disease has progressed.*" (P17)

> "*Your mouth is dry, my speech changes, I constantly feel that I am breathing excitedly and I think I am going to die soon. I also talk fast to keep up with my heartbeat. My voice is shaking. I bought a smart watch to measure my pulse—I constantly check it. When I feel it speeding up even a little, I immediately measure my pulse and record it.*" (P18)

Subtheme 1.3 Shake

Participants described the symptoms of tachycardia as creating an "earthquake effect" in their bodies. Continuous and severe episodes were said to cause profound physical and emotional shock. They reported experiencing breathing difficulties, tightness in the chest, and a sense of being overwhelmed.

> "*It feels awful. Everything is coming at me and I'm drowning. This situation is like two people fighting—like a person who is angry, quarreling, and tired.*" (P5)

> "*Difficult. It's a condition that affects every part of the body. First there is a light hit, then a hard hit. It shakes my whole body. That jolt—it's like someone punched you in the chest.*" (P14)

> "*For that moment, it was like an earthquake. It overwhelms people. Something different is happening. If you call it fear, it's not fear. It's distress. Like what happens in an earthquake.*" (P11)

> "*Very difficult. It's like going to the other world and coming back. You lose yourself. My heart feels like it's going to explode. My heart is rocking like a cradle.*" (P13)

Subtheme 1.4 Vicious Circle of Emotions

Participants expressed experiencing a wide range of negative emotions—including anxiety, sadness, stress, and unhappiness—associated with tachycardia. These emotions often consumed their lives and worsened the condition. Many described a cyclical pattern where emotional distress triggered or intensified tachycardia, which in turn deepened their emotional distress.

> *"Sometimes my heart beats a lot, but it goes away when I take my medicine. I feel like I will receive sad news. I'm scared."* (P2)

> *"When the tachycardia is very intense, I feel like I'm going to faint, and at other times I feel very restless. I feel like something is going to happen at any moment. This feeling I experience can sometimes cause palpitations, and then I feel worse."* (P3)

> *"I can hear my heart. This situation passes after a certain period of time. I experience emotions such as fear and excitement. This situation makes me unhappy. It affects my relationships in every aspect."* (P17)

Theme 2. Truth of Death

Participants stated that, in living with tachycardia, they were constantly confronted with the reality of death. They described how this condition caused social isolation due to fear of death, led them to view themselves as incomplete or "half-human," and created emotional dilemmas. The theme Truth of Death was explored through the sub-themes of Social Isolation, Half-Human, and Dilemma.

Subtheme 2.1 Social Isolation

Participants emphasized that tachycardia significantly reduced their quality of life and deeply impacted their overall health—especially their social well-being. They shared that the symptoms limited their ability to engage in activities, participate in social events, and maintain relationships, leading to one of the most severe emotional effects: isolation.

> *"I am like a bird struggling in a cage. I feel like I'm trapped. I can't do anything, neither a walk nor a picnic..."* (P15)

> *"We used to get together with friends to spend time together. Now I can't invite them to my house because I get tired and have palpitations, and this keeps me away from people."* (P17)

> *"It can also affect my friendships. When I have palpitations, I have low energy, feel sluggish, and most of the time I don't want to be at home alone. I isolate myself so that no one will see me and call me sick."* (P18)

Subtheme 2.2 Half-Human

Participants reported that tachycardia not only disrupted their physical functioning but also negatively affected their emotions, thoughts, and behaviors. They expressed feelings of inadequacy, difficulties in fulfilling daily responsibilities, strain on their personal relationships, and a sense of being incomplete.

> *"Because of tachycardia, my relationships with my child and my wife are negatively affected. I cannot spend quality time with my child because I have to rest all the time. Also, I cannot spend time with my wife, and I feel very sad. Sometimes I cannot control either the tachycardia or my own life; not being able to cope feels like inadequacy."* (P15)

> *"I get stuck while cleaning. My heart literally hurts... At that moment, when my son asks or says something, I cannot tolerate it, and sometimes I shout. Then I feel very sad because I shouted."* (P12)

> *"I can't even be enough for myself—how can I be enough for my family from now on... It's like I'm an incomplete person. I'm very scared when I'm alone, thinking my palpitations will increase and I will die alone. My wife doesn't leave me anymore or go anywhere—she's scared. For example, when I go shopping on Sunday and climb the stairs, my heart gets tight and I cannot walk all the way home in one go."* (P16)

> *"We have become half-human. We cannot do any of our work properly. We cannot feel sad as we wish. We cannot get tired as we wish. We always think, 'What if I have palpitations again and have to go to the hospital?'"* (P17)

Subtheme 2.3 Dilemma

Although participants expressed a degree of acceptance toward the idea of death, their interviews revealed internal conflict. Many had future plans and responsibilities that made it difficult to fully come to terms with the concept of dying. They reported feeling torn between accepting death and continuing to manage daily life, especially when sudden heart rate increases caused fear and uncertainty.

> *"If I took two steps when my pulse rate was around 200, the watch on my wrist would give a warning: Sit down and rest... How can I rest when I have work to do? Not knowing what to do in such situations or thinking about whether I would die suddenly made me even more tired."* (P15)

> *"I'm not very afraid of death... But my wife would have a hard time if I died. He doesn't know how to cook or iron, so I'd let him down... I want to visit my country, I want to see beautiful places, I want to eat good food, and if I cannot do these things, I will be very sad. So I've accepted death, but it feels like it's still early."* (P17)

> *"Sometimes, even though I use medication, I cannot control my palpitations because I work in a very stressful and on-call job. I hate that feeling of panic that palpitations bring. I face death at every moment—should I continue living? This situation makes me feel constantly threatened. I am so tired and exhausted from living as if I will die at any moment."* (P9)

Discussion

In this qualitative study, the experiences of individuals diagnosed with tachycardia regarding death anxiety were explored in depth. Two main themes—*In the Shadow of Death and Truth of Death*—and seven sub-themes—*Holistic Health, Body Signals, Shake, Vicious Circle of Emotions, Social Isolation, Half-Human, and Dilemma*—emerged from the analysis. Participants reported that they lived both in the shadow and in the reality of death due to tachycardia. They particularly emphasized the constant presence of death in their lives and the difficulties and death anxiety they experienced as a result.

Individuals expressed that death followed them like a "shadow," that their daily activities were negatively affected, and that they constantly focused on their bodily signals. They described these negative experiences as having a shocking impact and forming a vicious cycle in their lives. In line with these findings, Frye et al.[18] reported that patients living with tachycardia were negatively affected in at least one of the physical, spiritual, or psychosocial domains. It has also been reported that emotional stress can trigger cardiac events and that individuals with heart disease commonly experience depression and anxiety.[19,20]

In this study, participants stated that they experienced physical symptoms related to tachycardia—such as panic and changes in breathing—faced limitations in their work and social lives, and felt anxiety when engaging in physically demanding activities. Similarly, another study found that patients struggled to adapt to bodily symptoms, felt under pressure, and experienced anxiety.[22] It can be inferred that participants who had difficulty managing their symptoms also struggled to cope with death anxiety due to the unpredictable nature of tachycardia.

Therefore, it is essential for healthcare professionals to thoroughly evaluate patients' positive and negative thoughts about death. Identifying the factors that influence death anxiety in individuals with high levels of anxiety is important for providing appropriate care.[23,24,4,5] These findings highlight the need for targeted interventions to address death anxiety.

Although some participants stated that death was a natural part of life and expressed future goals and plans, many also reported experiencing a dilemma. They sometimes felt incomplete and socially isolated. The literature indicates that individuals may find it difficult to perform activities they previously managed with ease due to heart rhythm imbalances, which can lead to feelings of inadequacy.[8,25] Additionally, they may encounter limitations or obstacles in various aspects of life.[8,26] Based on these results, it is important for healthcare professionals to develop and implement strategies that support individuals in coping with such limitations or disabilities.

A particularly significant finding from this study is the "dilemma" felt by participants. While they accepted death as a natural process, they also expressed a strong desire to live. The statements of many participants revealed that their will to live became even more evident when confronted with death. Some attributed this tension between acceptance and desire to live to fatalism, shaped by their religious beliefs. Supporting this, a study noted that religious attitudes influence death anxiety in individuals with cardiovascular disease.[23] Another study involving individuals diagnosed with heart failure also reported that, despite many negative experiences, their desire to live remained strong.[5]

In light of these findings, it is crucial to reduce death anxiety in individuals with cardiovascular diseases and to strengthen positive experiences related to it. Health professionals—including physicians, nurses, clergy, psychologists, and others—should address these factors holistically in their care and support plans.[23]

Limitations

This study has several limitations. The participants diagnosed with tachycardia shared their current experiences of death anxiety within a limited context, which may have influenced the depth and scope of the findings. Additionally, demographic characteristics such as gender, socio-economic status, and cultural background may have contributed to variability in experiences, potentially affecting the generalizability of the results. Future studies are recommended to include a more comprehensive and diverse sample to explore these differences further. Another limitation is that the study was conducted in a single center, which may limit the applicability of the findings to broader populations.

Conclusion

As a result of the study, two main themes and seven sub-themes were identified. It was found that individuals closely monitor their bodily signals and that the death anxiety they experience significantly impacts their daily lives, creating a vicious cycle and internal dilemma. Based on these findings, health professionals play a critical role in supporting symptom control for individuals with tachycardia. Moreover, since tachycardia adversely affects both daily functioning and quality of life, it is essential to implement individualized interventions for symptom management and to support efforts aimed at reducing anxiety and stress.

Ethics Committee Approval: Ethics committee approval was obtained from Nevşehir Hacı Bektaş Veli University Non-Interventional Clinical Research Publication Ethics Committee (Approval Number: 2022/76, Date: 27.07.2022).

Informed Consent: Written informed consent was obtained from the participants.

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