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COPING WITH LONELINESS WHEN DEATH IS NEAR

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The study compared the manner in which the dying, their caregivers, and the general population cope with loneliness. The patients were recruited in an oncological hospice in Israel, and despite being on their deathbed agreed to participate in the study. Thirty-seven cancer stricken patients, 78 caregivers, and 128 participants from the general population volunteered to partake in the study. They answered, anonymously, a 34-item yes/no questionnaire and were asked to endorse those items that described their strategies of successfully coping with loneliness. The dimensions of the coping strategies included: Reflection and acceptance which was defined as being by one's self and becoming acquainted with one's fears, wishes, and needs; Self-development and understanding, was defined as the increased self-intimacy, renewal, and growth; Social support network; Distancing and denial which was defined as denial of the experience and pain of loneliness through the use of alcohol or street drugs; Religion and faith; and Increased activity, the active pursuit of daily responsibilities. Results suggested the dying patient, his or her caregiver, and the general population cope with loneliness differently. Dying patients scored significantly lower than the general population on the Social support network and on the Increased activity subscales. The trend was reversed on the Religion and faith subscale. The present may be the first study to examine the manner in which the dying and their caregivers cope with loneliness. As such, more research is needed to replicate the present study, using larger samples.