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UNDERSTANDIG THE MECHANISM BETWEEN DEATH ANXIETY AND SLEEP DISTURBANCE: THE ROLE OF COPING STRATEGIES AMONG PATIENTS WITH CHRONIC ILLNESS

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Abstract

The mediating function of coping mechanisms in the connection between sleeplessness and death fear is examined in this study. 250 patients with chronic illnesses were surveyed using a cross-sectional, quantitative design. The findings indicate a strong positive relationship between sleeplessness and death anxiety. This link is highly mediated by coping mechanisms, especially problem-focused coping. Coping mechanisms that work lessen the intensity of insomnia. This study uses the Insomnia Severity Index (7 items), Death Anxiety Inventory (15 items), and Brief Cope Scale (28 items).The cross-sectional survey research approach served as the ground work for this investigation. A sample of patients (N= 250) with chronic illness (cancer patient, heart patient and diabetic patient) will participate in this present study. Information was gathered from the Faisalabad division's hospitals. The technique of purposeful sampling was employed to gather data. Prior to distributing the surveys, the participants gave their informed consent. Theoretical and practical implications are discussed. A purposive sampling technique will be used for data collection. Data analysis will be done using statistical analysis techniques. The researcher will maintain ethical considerations in their study. Results of present study can help patients to maximize their ability to cope with this disease and also help professionals and psychologist for resolution the issues in the better way and make special strategies to maximize their capability to cope with problematic situation and try to minimize negative thoughts, feelings.

INTRODUCTION

Chronic illnesses such as cancer, diabetes and heart disease often brings significant psychological distress, particularly insomnia and death anxiety. The fear or apprehension related to death or dying, is a common experience among individuals facing life-threatening or long-term illnesses (Lehto & Stein, 2009). This heightened awareness of mortality can lead to severe psychological and physiological distress, including sleep disturbances like insomnia. However, the way individuals cope with death anxiety plays a crucial role in determining the extent to which it affects their sleep patterns. Coping strategies both adaptive and maladaptive are severe as a potential mediator in this relationship, either mitigating or exacerbating the negative impact of death anxiety on insomnia.

Death anxiety badly influence sleep as demonstrated by a positive association between death anxiety scores and nightmare occurrence, death representation in dreams, and repeated nightmares, as well as a correlation between death anxiety and men's procrastination before bed. A major components analysis indicates that dread of dying while sleeping is one of the primary causes of death anxiety. Even while similar circumstances may affect a broad spectrum people, individual responses may vary depending on the coping strategy selected (Folkman, 2012). The concept of death has long been a profound and influential aspect of human existence, often serving as a central theme in artistic expression and philosophical thought. The term death anxiety refers to the unease or fear that arises from an individual's awareness of their own mortality (Abdel-Khalek, 2005).

The distress and worry associated with expecting and being aware of dying, death. It usually consists of emotional, cognitive, and motivational elements that change depending on an individual's developing life involvements. Elderly Death anxiety at different ages might be influenced by cultural differences in how people conceptualize death. Numerous studies have demonstrated that death anxiety is present in many civilizations, including Iranian culture (Pandya &Kathuria, 2021). Dutch residents of assisted living facilities were more afraid of other people and the dying process than they were of the unknown. Poor somatic health was associated with fear of significant people, while low self-esteem, a lack of life goals, and poor mental health were associated with dread of dying

The fear and worry associated with anticipating and being aware of dying, death, and nonexistence is known as death anxiety. According to Lehto and Stein (2009), it usually consists of emotional, cognitive, and motivational elements that change life experiences. Death-related anxiety is a complicated idea. It was described, along with its different presentations. Death anxiety encompasses fear and more, might affect death anxiety. The collection of mental and behavioral techniques a person employs to deal with the demands of stressful events, both internal and external, is known as coping. A person's cognitive and behavioral attempts to gain control and handle a situation that was deemed to be a physical or emotional threat are referred to as coping strategies (Ablin et al., 2007). Coping methods were divided into three categories task-oriented, distraction-oriented, and disengagement-oriented. The type of coping strategies that an individual chooses to employ is influenced by both positive and negative perceptions of anxiety (Zhao et al., 2024). Positive evaluations are traits of positive coping.

It has been determined that coping mechanisms contribute to sleep disorders, such as insomnia. In individuals with arterial hypertension, the relationship between coping mechanisms, perceived stress, and sleeplessness symptoms may be modulated by psychological factors. Sleeplessness has been linked to a number of medical, psychiatric, and psychosocial conditions, according to cross-sectional epidemiological studies. Additionally, hypertension has been shown to be one of the only factors linked to insomnia (Matsuda et al., 2022). Sleep disturbances and blood pressure combined effects on cardiovascular health. Understanding these connections could lead to more effective management strategies for patients suffering from hypertension. Purpose of this study is which clinical and biological structures and sleeplessness in hypertension patients. (Forshaw et al., 2022). two cross-sectional studies conducted nationwide in Japan have demonstrated an inverse relationship between insomnia symptoms and adaptive coping methods including "exercising" and "problem-solving." When combined, these studies imply that adaptive coping mechanisms may be useful for treating insomnia symptoms while maladaptive coping mechanisms may be unhelpful (Otsuka et al., 2021).

Literature review

Insomnia and death fear are common among individuals with chronic conditions, according to research. Research has shown that death anxiety and insomnia are positively correlated. Coping mechanisms have been found to be essential for controlling sleeplessness and death anxiety. Patients

frequently employ avoidance, acceptance, and problem-focused coping techniques.Cognitive-behavioral therapy and mindfulness-based therapies have been demonstrated to be successful in lowering sleeplessness and death anxiety (Li et a., 2021).

Worldwide, sleep disturbances are prevalent, especially in adult populations, and are linked to a number of different ailments, including cancer, diabetes, and cardiovascular disease. As stated by Kadotani et al. (2018). Over the past 15 years, research on the social support and coping mechanisms of individuals with chronic illnesses has expanded significantly. Unfortunately, this hasn't clearly addressed important issues like which coping mechanisms work best for adjusting to challenging circumstances, how to promote the usage of these mechanisms, or how to approach the social network to get support.

In the group of teenagers and young people, coping mechanisms varied by gender. Among the male subgroup, "Behavioral avoidance" was the most prevalent and significant coping category. The male subgroup's next most frequently represented categories were "behavioral distraction" and "cognitive distraction." The female subgroup had equal representations of the coping categories "seeking social support" and "behavioral distraction," followed by "aggressive activities." In the category of seeking social support, "talking to peers" was the most significant coping method for the female group (Schmidt &Bullinger, 2003).

This systematic review comprised 16 studies with a total of 1262 individuals. When the Templer Death Anxiety Scale (TDAS) was used in seven investigations, the intervention groups' levels of death anxiety were considerably lower than those of the control groups. In order to address death dread and the terror that patients with chronic illnesses suffer, this meta-analysis offers guidance on the application of CBT, spirituality-based care, educational interventions, and logo therapy (Gallaher et al., 2023).

Chronic disease patients frequently experience death anxiety. A new theoretical framework called "death literacy" helps patients understand death better, talk about it, and accept it as a normal part of life (Cakmakn et al., 2025). Comparing patients' and caregivers' degrees of death dread was another goal. After evaluating the included papers' methodological quality, a meta-analysis was carried out utilizing the DerSimonian–Laird technique to examine variations in death fear between patients and caregivers and Hedges' g as the impact size index, the results of the studies indicated moderate levels of death anxiety in caregivers (Lehto& Stein, 2009).

A primary component analysis highlights fear of dying during sleep as a significant factor influencing death anxiety. Both age and gender play crucial roles in death anxiety. Older women feel distress when they thoughts about death. Similarly, insomnia tends to be more common among women (Zuo et al., 2022). People with chronic illnesses may be more susceptible to symptoms like anxiety, depression, and insomnia if they are not psychologically well. Sleeplessness, The ISI mean score was 11.38 (SD 5.82), and 77% (n = 710) of the 922 chronic disease patients who took part reported having insomnia. Participants had high rates of anxiety and depression (Korkut&Sevinc, 2021).

Conceptual framework

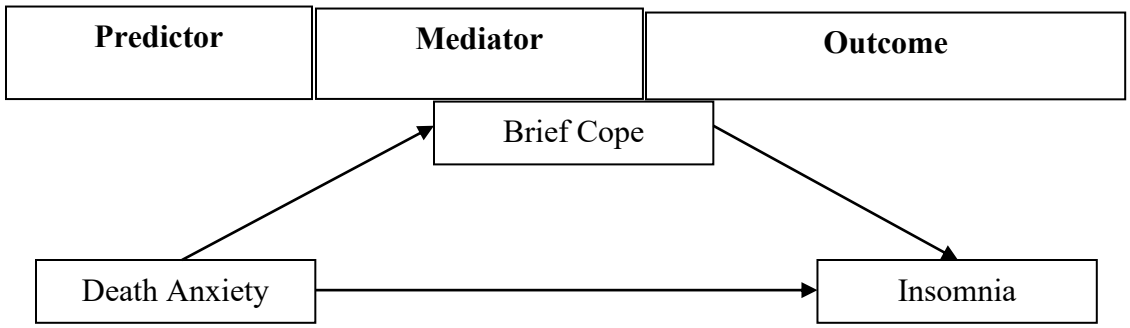

Figure: Direct and indirect effect death anxiety on Insomnia through brief cope among chronic ill patients

Objectives

- To investigate the direction of the relationship among all study variables.
- To examine the psychometric properties of study measures including reliability and validity.
- To investigate the mediating role of brief cope in the relationship between death anxiety and insomnia among chronic ill patients.
- To compare the mean scores of death anxiety, brief cope and insomnia in demographic variables.

Hypotheses

1. There would be a significant positive relationship between death anxiety and insomnia among patients with chronic illness.
2. There would be a significant negative relationship between brief cope and insomnia among patients with chronic illness
3. Brief cope will mediate between death anxiety and insomnia among patients with chronic illness
4. There would be a significant mean difference of male and female on all study variables among chronic ill patients
5. There would be a significant mean difference of type of chronic illness on all study variables among patients of depression

Methodology

Participants

The present study was based on cross-sectional survey research design. A sample of patients (*N*= 250) with chronic illness (cancer patient, heart patient and diabetic patient) will participate in this present study. Data was collected from the hospitals of Faisalabad division. Purposive sampling technique was used for data collection. Informed consent was obtained from the participants before administering the questionnaires.

Research Instruments

Informed Consent Form

It used for confidentiality of data was assured to tell the participants that their info will keep confidential. They were brief about the nature of study. An appropriate demographic sheet was attached along with questionnaires. This information consist of, gender, age, type and duration of chronic illness.

Anxiety Scale

The death anxiety Scale constructed by Morin (1992). It consisting of 15 items. The scale is based on negatively phrased items which are rated on a 5-point Likert scale which response pattern ranging from *Never* = 1 *Always* = 5. Individual can minimum obtain 15 scores on this scale whereas maximum scores cannot exceed than 75. Obtained scores on this scale were interpreted in terms of low and high score rather than cut of score. The reverse scoring items are 2, 3, 5, 6, 7, and 15. The scale has originally alpha reliability of .79.

Brief cope

Brief cope Scale constructed by Carver (1997). It consisting of 28 items with three subscales, problem-focused coping have 8 items that are 2, 7,

10, 12, 14, 17, 23 and 25. Emotional focused coping have 12 items that are 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27 and 28. Avoidant coping have 8 items that are 1, 3, 4, 6, 8, 11, 16 and 19. The scale are rated on 4-point likert type response pattern ranging from *I haven't been doing this at all* = 1 to *I have been doing this alot*= 5. No reverse scoring items in this scale**.** The scale has originally alpha reliability of .72.

Insomnia Severity Index

The insomnia Scale constructed by Morin (1993) .It consisting of 7 items. The scale is based on negatively phrased items which are rated on a 5-point Likert scale which response pattern ranging from *Never* = 0 *to Very Severe* = 4. Individual can minimum obtain 0 scores on this scale whereas maximum scores cannot exceed than 28. Obtained scores on this scale were interpreted in terms of cut of score rather than low and high score. Ranges are 0 to 7 scores mean no clinically significant insomnia, 8 to 14 scores mean sub-threshold insomnia, 15 to 21 scores mean clinical insomnia (moderate severity) and 22 to 28 scores mean clinical insomnia (severe). No reverse scoring items in this scale. The scale has originally alpha reliability of .79

Procedure

First of all permission from concerned authorities will be taken about collecting the data.After official permission, the researcher personally approaches the participant and provided them the brief introduction regarding the study and motivated them to participate in the study. The researcher ensures them that results will be used only for academic purpose and information remains confidential and will never be disclosed at any stage. After motivating them those participants who showed their willing to participate in the study, they were requested to sign the informed consent. After tasking written informed consent they were given brief instructions to complete the scales and provide information on demographic sheet. The researcher remains present and vigilant during the completion of the scales and in case, if the participants face any sort of difficulties during the completion of the scales or other understanding of the questions, researcher address their queries in appropriate way and answer their questions. After the completion of the scale the researcher can check the question to see if the question left blank, in case if the question left blank, the researcher requested the participants to provide the information in the respective section of the questionnaire. After the completion of the scales the researcher paid special thanks to the participants, because of the voluntarily participation in the study without taking any tangible incentive. The researcher appreciates them that their participation is worthy contribution in the knowledge of psychology.

Data Analysis

To examine the indirect effect of brief cope between death anxiety and insomnia, Mediation will be computed. To achieve further objectives multiple statistical analyses will be conducted including descriptive statistics, reliability analyses, skewness, Pearson correlation, independent sample t-test and ANOVA test.

Results

Table 4.1

Demographic Information of the Participants

Demographic variables	*F*	%
Gender		
Male	86	34.4
Female	164	65.6
Type of illness		
Cancer patient	97	38.8
Heart patient	97	38.8

Diabetic patient	56	22.4

Note: *N* = 250

Table 4.1 displays the frequency and percentage distribution of participants based on gender and duration of illness. Female (*f* = 164, 65.6%) were greater in number as compare to male (*f* = 86, 34.4%). Heart patients and cancer patients both (*f* = 97, 38.8%) were greater in number as compare to diabetic patients (*f* = 56, 22.4%).

Table 4.3

Pearson Correlation among study variables

Variables	M	SD	A	1	2	3	4	5
Death anxiety	45.22	17.47	.87	~	-.78***	-.75***	-.63***	.55***
Problem focused coping	11.53	5.04	.70		~	.88***	.74***	-.66***
Emotional focused coping	12.67	3.96	.77			~	.68***	-.78***
Avoidant coping	11.58	4.31	.75				~	-.39***
Insomnia	18.14	5.01	.81					~

Note: *N* = 250, ***p < .001, **p < .01, *p < .05

Table 3 shows Pearson correlation among study variables. The findings indicate that death anxiety have significant negative correlation with problem focused coping (r = -.78, p < .001), emotional focused coping (r = -.75, p < .001) and avoidant coping (r = -.63, p < .001) but significant positive with insomnia (r = .55, p < .001). The findings indicate that problem focused coping have significant positive correlation with emotional focused coping (r = .88, p < .001) and avoidant (r = .74, p < .001) but significant negative with insomnia (r = -.66, p < .001). The findings indicate that emotional focused coping have significant positive correlation with emotional avoidant coping (r = .68, p < .001) and significant negative relationship with insomnia (r = -.78, p < .001). The findings indicate that avoidant coping have significant negative relationship with insomnia (r = -.39, p < .001). The reliability analysis indicates that the reliability coefficient of death anxiety .92, problem focused coping .70, emotional focused coping .62, avoidant coping .75 and insomnia .81 which indicates satisfactory internal consistency. The values of skewness are less than 1 which indicates that univariate normality is not problematic.

Table 4.4

Mediation analysis, using subscales of coping strategies as a mediators and insomnia as an outcome while death anxiety as a predictor chronic ill patients

Predictor	Mediators	Path coefficients				(a * b)/c (95 % CI)	R^2
		a	B	C	c'		
Death anxiety	Problem focused coping	-.22***	-.57***	.55***	.11	.228 (.09, .16)	.44
Death anxiety	Emotional focused coping	-.17***	-.83***	.55***	-.07	.256 (.16, .20)	.61
Death anxiety	Avoidant coping	-.15***	-.07	.55***	..51***	.02 (-.01, .03)	.31

Table figures shows the results of mediation analysis with coping strategies as the mediator variable, insomnia as an outcome (dependent variable) while death anxiety as predictors among chronic ill patients., death anxiety was negatively associated with coping strategies like

problem focused coping, emotional focused coping, and avoidant coping (from path a). The coping strategies were significantly and negatively associated with insomnia (from path b). As for indirect effects, death anxiety was positively associated with insomnia (from path c). When coping strategies was involved in the model as a mediator, the direct pathway between death anxiety not remained significant in problem focused and emotional focused coping that show perfect mediation between death anxiety and insomnia and avoidant coping not mediate between death anxiety and insomnia (from path c') To evaluate the effect size of the mediating pathway, the proportion we calculated of the total effect of the independent variable on the dependent variable by coping strategies using the formula (a × b)/c. The proportions of coping strategies mediation were 22.8%, 25.6% and 2.01 % for Problem focused coping, emotional focused coping and avoidant coping respectively

Table 4.7

Mean, Standard Deviation and t–values of Male and Female Participants on all Study Variables

	Male (*n* = 86)		Female (*n* = 164)			95% CI		
Variables	*M*	*SD*	*M*	*SD*	*t* (248)	LL	UL	Cohens'd
Death anxiety	41.20	16.31	47.32	17.73	-2.65**	-10.65	-1.59	.36
Problem focused coping	13.06	4.73	10.73	5.01	3.56***	1.04	3.62	.48
Emotional focused coping	14.10	3.71	11.92	3.89	4.27***	1.17	3.18	.57
Avoidant coping	12.20	3.85	11.26	4.51	1.71	-.14	2.01	--
Insomnia	16.02	4.84	19.24	4.73	-5.07***	-4.47	-1.97	.67

Note: *N* = 250, ***p < .001, **p < .01, *p < .05

Table presents the mean, standard deviation, and t-values for participants categorized as male and female adults in terms of death anxiety, problem focused coping, emotional focused coping, avoidant and insomnia. The results reveal significant mean differences in death anxiety, problem focused coping, emotional focused coping and insomnia except avoidant coping.

Table 4.8

One-way ANOVA of Numbers of Chronic Ill Patients on all Study Variables

	Cancer patients (*n* = 128)		Heart patients (*n* = 67)		Diabetic patients (*n* = 55)				Post hoc
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2	
Death anxiety	56.75	12.03	43.86	16.00	29.43	13.91	64.19***	.34	1>2>3
Problem focused coping	8.12	4.47	13.34	4.82	13.57	3.09	42.23***	.25	1<2<3
Emotional focused coping	9.84	3.32	14.43	3.51	13.85	3.11	49.40***	.29	1<2>3
Avoidant coping	8.36	3.79	12.65	3.76	14.71	2.33	64.71***	.34	1<2<3
Insomnia	20.18	3.75	15.18	4.76	20.43	4.34	42.11***	.26	1>2<3

Note: *N* = 250, ***p < .001, **p < .01, *p < .05

Table 4.8 shows mean, standard deviation and *F* - values for death anxiety, problem focused coping, emotional focused coping, avoidant coping and insomnia across chronic ill patients. Result indicted significant mean difference on all study variables which are death anxiety, problem focused coping, emotional focused coping, avoidant coping and insomnia.

Discussion

The current study focused on examining the effect of death anxiety on insomnia. And also examine the

mediating effect of brief cope between them among chronic ill patients from Faisalabad division. Everyone feels sad or low sometimes, but these feelings usually pass with a little time. insomnia as a condition that affects sleep patterns, causing difficulties in falling or staying asleep, and outline its impact on physical and mental health. Insomnia and anxiety are closely linked, with anxiety often serving as a precursor to sleep disturbances. Chronic insomnia, exacerbated by anxiety, can have profound consequences on physical health, leading to an increased risk of cardiovascular disease, stroke, and other life-threatening conditions. The main objective of the study is to examine the direct and indirect effect of death anxiety on insomnia through brief cope among chronic ill patients. In order to achieve the objectives, three reliable and valid self-report questionnaires were administered to collect information about variable under study from patients including death anxiety scale by Morin (1992), Brief cope Scale by Carver (1997), and Insomnia Severity Index scale by Morin (1993). The major statistical analyses are Pearson correlation, regression, and mediation analysis, independent sample t-test and Anova were run to attain objective.

All hypotheses were supported in the present study. Results of this study show that significant correlations and associations were found in between variable. The hypothesis "There would be a significant positive relationship between death anxiety and insomnia among patients with chronic illness" was accepted in the present study. Literature also supported this. Table 03 explains that the death anxiety have significant positive correlation with insomnia and results are consistent with a research study. Literature supported that hypothesis. A study conducted by (Menzies et al., 2024) results shows that there is significant positive relationship between death anxiety and insomnia. Some other research supports that the death anxiety has been found to relate to greater Insomnia. Impact of covid-19 pandemic on sleep disturbances due to fear of death (Çiftci et al., 2024: Bulut, &Kaygas, 2025).

Another study conducted by Glidewell (2023) results shows that death anxiety and insomnia have significant positive relationship and also present theoretical model. The findings of this study support the hypothesis that there is a significant positive relationship between death anxiety and insomnia. This suggests that individuals experiencing heightened death anxiety are more likely to suffer from insomnia, highlighting the potential importance of addressing both psychological and physiological aspects when treating this condition. New research suggests that death anxiety impacts sleep processes, as demonstrated by a positive association between death anxiety scores and nightmare occurrence, death representation in dreams, and repeated nightmares, as well as a correlation between death anxiety and men's procrastination before bed. A major components analysis indicates that dread of dying while sleeping is one of the primary causes of death anxiety. Even while similar circumstances may affect a broad spectrum people, individual responses may vary depending on the coping strategy selected (Folkman, 2012).

The hypothesis "There would be a significant negative relationship between brief cope and insomnia among patients with chronic illness" was accepted in the present study. Table 03 explains that the brief cope (emotional focused, problem focused, avoidant coping) have significant negative effect relationship with insomnia and results are consistent with a research study. Literature supported that hypothesis. A study conducted by (Otsuka et al., 2021) results shows that self-concealment has significantly negative relation with insomnia. Another study conducted by (Yamamoto et al., 2022) has showed that problem focused coping and insomnia have significant positive relationship. 53

Another study results show that avoidant coping initially improve the quality of sleep but not long time. The relationship between coping strategies and insomnia is significant, with problem-focused coping generally associated with better sleep outcomes, while avoidant coping tends to exacerbate sleep disturbances. Incorporating effective coping mechanisms, such as cognitive-behavioral therapy (CBT), can lead to substantial improvements in sleep quality for individuals suffering from insomnia (Hürlimann et al., 2023). Cancer patients frequently report difficulties falling and staying asleep due to fears of disease recurrence or death. Similarly, heart disease patients may experience nighttime panic and

worry about sudden cardiac events, while diabetes patients often struggle with concerns about long term complications and mortality risk. Coping strategies refer to cognitive and behavioral efforts used to manage stress and emotional distress. Patients who engage in positive reframing, social support, mindfulness, and relaxation techniques tend to experience lower levels of distress.

Patients who suppress their fears rather than addressing them may experience anxiety, rumination, and difficulty falling asleep (Margolis, 2018). The hypothesis "Brief cope will mediate between death anxiety and insomnia among patients with chronic illness" was accepted in the present study. Table 4, 5, 6 shows direct and indirect effect of death anxiety and insomnia. Present study confirmed through problem focused coping and emotional focused coping mediate the relation of death anxiety and insomnia but avoidant coping not mediate. Problem-focused coping strategies, which involve directly addressing stressors to alleviate anxiety, have been shown to influence sleep quality.

A study found that higher use of problem-focused coping was associated with fewer depressive symptoms, leading to better subjective and objective sleep outcomes. Similarly, research involving breast cancer patients indicated that both emotion-focused and problem-focused coping strategies were linked to death anxiety through disease perception. This suggests that coping mechanisms can indirectly affect anxiety levels, which in turn may influence sleep quality (Kozusznik et al., 2021)

A study found that avoidance coping strategies mediated the relationship between stress and poor sleep quality, highlighting the role of coping mechanisms in sleep disturbances. While direct studies examining emotion-focused coping as a mediator between death anxiety and insomnia are limited, existing research suggests that emotion-focused coping can influence depressive symptoms, which in turn affect sleep quality. Further research is needed to directly investigate this mediating role. Patients who engage in positive reframing, social support, mindfulness, and relaxation techniques tend to experience lower levels of distress. A cancer patient practicing acceptance and finding meaning in their illness may experience reduced anxiety, leading to sleep to better sleep quality (Kim et al., 2022).

The hypothesis "There would be significant gender difference on all study variables among chronic patients" was accepted in the present study. Table 7 shows that female significantly high scores on death anxiety and insomnia and men significantly scores high on problem focused, emotional focused and avoidant coping strategies. Literature supported this result. A study identified that females are scored high on death anxiety as compare to men (Assari, 2016).

A study showed that female reported greater in insomnia as compare to males. As evidenced by a correlation between death anxiety and men's procrastination before bed and a positive correlation between death anxiety scores and nightmare occurrences, death representation in dreams, and recurrent nightmares, new research indicates that death anxiety affects sleep processes (Zeng, 2020). According to a major components analysis, one of the main causes of death anxiety is death fear during sleep. Individual reactions may change based on the chosen coping mechanism, even if comparable situations may impact a wide range of people.

Insomnia have been linked in multiple studies to an increased risk of coronary events in the future. And researches shows that male are large in number as a cardiac patients as compare to female. There is a correlation between coronary artery disease (CAD) and insomnia, according to recent prospective surveys. Sleeplessness has been linked to a number of medical, psychiatric, and psychosocial conditions, according to cross-sectional epidemiological studies. Additionally, hypertension has been shown to be one of the only factors linked to insomnia (Matsuda &Kikutani, 2022).

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