

## Comprehensive Cancer Care: Promoting Posttraumatic Growth Among Survivors Of Breast Cancer

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**Abstract:** Breast cancer is one of the most common types of cancer the world over. With advances in treatment and early stage detection of cancer, there are a growing number of women who survive breast cancer for many years after treatments like mastectomy and chemotherapy/radiation. A cancer diagnosis is traumatic as it can be life threatening, necessitating a reorganization of life's assumptions and goals. As survivors begin to understand their illness experience, they often re-examine the meaning they attach to their existence. Though it can be very stressful, positive transformative changes are also reported by survivors as a result of their experience with cancer. Posttraumatic Growth (PTG) is most evident as positive adaptive changes seen in individuals who have struggled with highly challenging events. This growth can be described in five major domains: seeing new possibilities, changed relationships (improved), being stronger despite feeling vulnerable, greater appreciation for life, changes in spiritual and existential domains. This paper is an attempt to elaborate on the concept of Posttraumatic Growth in the context of surviving breast cancer.

**Keywords:** Breast Cancer, Survivors, Posttraumatic Growth, Cancer care.

### INTRODUCTION

#### Surviving Breast Cancer

The experience of cancer can be broadly understood in four phases namely, diagnosis, treatment, remission and/or recurrence [1]. Cancer survivors have many unmet needs.

A diagnosis of cancer demands adjustments in an individual's personal as well as professional routine. They will need to live with the label of their diagnosis; they need to accommodate any limitations caused by the illness or treatment. Many survivors report a shift in perspective about themselves, appreciating life more, where as some report becoming more anxious about living life with the uncertainty of cancer. The journey of survivorship is unique to each individual [2].

Variables such as personality, subjective wellbeing, coping strategies, social support, time since diagnosis, age at diagnosis play a role in adjusting to cancer. Specifically, in breast cancer gender roles can affect adjustment to the illness. A woman's ability for reproduction and motherhood has immense social / cultural significance [3]. Specific psychological disorders are often related to pregnancy, menopause, or at times when surgical procedures are required for the reproductive organs, such as hysterectomy / mastectomy. The care giving (nurturing) role of a woman that is central to her social identity may come into conflict while she seeks help for care. This leads to most women neglecting their own health. Women may

be ashamed and embarrassed to talk about it even to their own families.

Concerns related to sexual functioning such as menopausal symptoms and difficulty in bearing children are more prevalent among younger women. Those who had a mastectomy and those who were diagnosed at a younger age of 35 or below, reported greater marital dissatisfaction, body image issues and worse quality of life. These concerns are heightened due to societal pressures on women about gender roles, to look beautiful and be feminine Increased psychological distress is associated with perception of treatment being more invasive and mutilating in terms of the woman's identity, sexuality, self-esteem, and quality of life [4,5].

Hair loss, weight gain and weakness are just few of the side effects commonly faced by women undergoing cancer treatment. These issues impact women's sense of identity [6] and causes significant psychological distress such as low self-esteem, difficulty in maintaining sexual relations with partner, feeling incomplete and feeling threatened in terms of

their sense of being a woman. In most treatment plans, these issues are rarely dealt with, thereby bringing down the quality of their life [7]. Researchers [8] emphasize that women who have undergone mastectomy will need to rebuild their image of themselves in the socio-cultural context from which they come to maintain their self-integrity. The impact of mastectomy on sexual functioning is related to poor marital adjustment [9] emphasizing individual and social standards of normalcy. Research [10] has reported sexual intimacy levels to be affected after mastectomy and that women covered their bodies during sexual contact, implying shame and guilt experienced by them.

There exists an experience of body deconstruction, a sense of dissonance between formerly 'healthy' body and present 'ill' body. These transformative periods of negotiation between a healthy and ill self, were accompanied by experiences of mutilation, difficulties in relational contexts, dilemmas surrounding their identities [11]. Spiritual wellbeing is found to be inversely correlated with physical and psychological wellbeing, thereby emphasizing its importance in cancer care. They also point out that more studies have focused on quality of life in palliative or end of life care where as there is a lack of sufficient literature about quality of life of patients with higher chances of survival [12].

#### **Posttraumatic Growth in the context of cancer**

Tedeschi and Calhoun coined the term Posttraumatic Growth to refer to the positive adaptive changes taking place in an individual following a traumatic event [13]. They have explained the process of post traumatic growth as that of integrating the pre-trauma world with the 'new' post-trauma world. Through the processes of deliberate engagement and rumination with the traumatic event, adaptive transformation can be facilitated [14]. PTG is seen in many chronic illnesses, and more commonly in those which involve a major threat to life and require reorganization in life. It has been observed in many different types of cancer [15]. However, there is a greater focus on documenting negative outcomes or dealing with it. The positive side of trauma such as benefit finding should be understood more clearly so as to help survivors find meaning and reorganize their life.

Psycho oncology is emerging as an important area of practise in the field of psychology. Looking into the psychosocial outcomes of illness and treatment becomes imperative while planning rehabilitation goals. Therefore cancer care should be more inclusive of mental health needs, and the field of psycho-oncology can bridge this gap. Researchers [16] opine that psychosocial rehabilitation of cancer survivors in the areas that they feel disrupted the most can facilitate a better integration of the ill self. In their study of post

traumatic growth in cancer patients in western India, they found coping strategies that focused on finding meaning and benefits in the illness experience was strongly correlated to higher levels of post traumatic growth, suggesting and supporting earlier studies that cognitive processing of the event acts as a catalyst to promote posttraumatic growth. In a multivariate analysis conducted by them, restructuring and appraising worldviews was the strongest predictor of post traumatic growth.

A motivational model was proposed [17] that suggests the role of self-determined motivation in the process of cognitive adaptation to illness. According to this model, positive self-perceptions, perceived control and optimism seem to enhance self-motivation, which in turn can predict positive changes in adaptation to illness and foster better mental health. Similarly other studies [18,19] have reported motivational processes as a beneficial factor in mediating positive cognitive adaptation. Thereby, suggesting that psycho social interventions should be planned accordingly, by incorporating techniques which enhance motivation, meaning making, and cognitive adaptation. Those who report positive changes and perceived benefits from their illness, also show higher levels of psychological wellbeing [20].

It is also reported that early stage married breast cancer survivors who perceive support from their spouses report increased relationship satisfaction and closeness post diagnosis. They concluded that marital satisfaction and perceived emotional support from spouses was strongly correlated with higher levels of PTG, emphasizing the role of cognitively engaging with the cancer experience (through meaning making or through conversation with significant others) as an important determinant in the experience of PTG [5]. Similarly a longitudinal study [21] among breast cancer survivors who had enrolled for physical activity interventions during treatment reported higher levels of PTG than those who did not participate in the intervention. These findings suggest a possibility of facilitating positive changes through various interventions that cater to different needs of the cancer survivor.

#### **Recommendations and implications for the field of Psycho-oncology**

The studies reported in the above section make us hopeful of facilitating PTG using interventions such as supportive therapy, combining the use of cognitive techniques and narrative strategies to help survivors make sense of their illness and experience adaptive changes. Follow up care strategies should focus on providing survivors with a space to talk about their experience and reorganize their understanding of health and illness. Rehabilitation should focus on using resources such as religious faith and spirituality to help

survivors make sense of and accept their illness. Interventions should aim at an inclusive approach that targets all different domains of functioning.

Psycho-oncological support should be planned at all stages of the illness to help them cope effectively. All stakeholders including the survivors and caregivers should be helped to establish a new normal life after successful integration of the pre-trauma and post-trauma worldview. Positive emotions such as gratitude and hope can be encouraged. Helping them reconnect with society and spread awareness about life after cancer can be a way of reclaiming their identity in a social space. They should be encouraged to find new purpose and meaning in their lives, and should be made hopeful to look beyond cancer. Peer support from other survivors can play a crucial role here. This will go a long way in reducing the fear surrounding cancer and sensitizing society to deal with the stigma and fear associated with it. Interventions should actively cater to enhancing these adaptive coping aspects of the survivors' lives and focus on building positivity and strength.

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