Positivity in Dealing with Cancer
Anuradha Sathiaseelan1*, Sathiaseelan B2, Gopalakrishnan G3
1Associate Professor of Psychology, CHRIST (Deemed to be University), Bengaluru, India
2Associate Professor of OB & HR, Institute of Management, CHRIST (Deemed to be University), Bengaluru, India
3Professor & Head, Department of psychiatry, MVJ Medical College, Bengaluru, India

Abstract: Cancer not only affects the physical body of the individual, but also the mind. Psychological Adjustment could be named as psychosocial adaptation and it is an ongoing process. The survivor who has optimum psychological adjustment manages his or her distress and problems well which helps them to manage the life events. It is a continuing process accompanied by multiple coping strategies. How the individual is trying to use the resources such as resiliency, support from the significant members in life, intra and inter personal relationships makes a lot of difference in how they cope. This research is an attempt to know those factors which helps the survivors to cope better in their life.

Keywords: Cancer survivor, Functioning, Psychological adjustment.

INTRODUCTION
There is an increase in the new cases of cancer throwing light on the need for more research to improve the quality of life of cancer survivors. Cancer not only affects the body but also creates dilemma in dealing with their emotion related to diagnosis, treatment and survivorship causing distress and poor adjustment [1, 2] for the survivor and for the entire family. The challenges faced by the survivors vary from person to person and vary with the course of the illness such as high distress during diagnosis [3, 4] being a survivor itself [5, 6] extensive treatment [7-9] and Chemo therapy [10]. Psychological adjustment comes with better coping in life. It is a complex process of using thoughts and behaviors to adjust [11] Poor Psychological adjustment could also be due to body image issue [12] and young age [13] in cancer survivors. It requires the individual to manage the emotional responses and to identify and use the available psychological resources [1, 8] such as personality characteristics and optimism [14-16] outlook of the individual [17] and support from others [18-26].

If the survivor is able to minimize and regulate the distress by focusing on the meaning and importance of life then there are lots of chances for them to have successful adjustment in life [27]. With this view in mind the present paper used a mixed method approach for finding how the Indian women cancer survivors perceive functioning and adjustment in their life.

METHODS
The first part of the study is an attempt to see the difference in functioning and adjustment in five domain areas such as social, vocational, personal, family and cognition between breast (study group 30 participants after one year of mastectomy for the diagnosis of second stage of breast cancer) and cervical (Control group 30 participants after one year of hysterectomy for the diagnosis of second stage of cervical cancer) cancer survivors using quantitative research design. In the second part the researchers attempted to find the factors which contribute for better adjustment in life among the women cancer survivors using qualitative research design specifically in depth interview techniques. The participants were from Chennai and Bengaluru, India. Their minimum educational qualification was high school and maximum was an undergraduate degree. All were married, in the productive age group 35 – 45 years from middle socio economic status. The participants for the qualitative part of the study were eight cancer survivors (both breast and cervical cancer) who have scored less in the dysfunction analysis questionnaire and who gave consent for the in depth interview. Low scores in this questionnaire indicate poor adjustment in life.

Tools used
General Health Questionnaire - GHQ 12 item questionnaire was used as a screening tool to rule out mental health issues among the cancer survivors.

Dysfunction analysis questionnaire by Pershad et al., [56] was used to collect the quantitative part of
the data. This scale measures the psychosocial dysfunction in the following areas social, vocational, personal, family and cognitive spheres. Higher the score higher the dysfunction and poorer the adjustment.

After an extensive review of literature and in depth interview guide was prepared and validated by experts from qualitative research and psycho oncology which was used to collect the qualitative part of the data.

Data Analysis
After checking the data for normalcy using Shapiro Wilk test the data was analyzed using SPSS 21, t test was done between the dimensions of all the domains of adjustment between both groups.

The in depth interviews were audio taped and transcribed verbatim. Memo questions were prepared based on the interviews for further elaboration and the participants were contacted regarding the same. Response of the participants were obtained and added to the transcripts. Once data collection and subsequent memo and member check were completed the data collected was validated by an expert panel. The panel assessed the quality of the questions asked and also the length of the interviews and the comprehensiveness of the memo questions. Thematic analysis was done by two independent coders one using NVIVO for the analysis and the other using the manual coding method. The results were drawn from both the analysis, keeping a common ground in between for the discussion.

Ethical consideration
Considering the nature of the study, great care was taken while recruiting the participants. Details of risks such as apprehension and feeling low as possible reactions of participating in the study were explained. Those who have given consent were included in the study. If any of the participants expressed to withdraw during the study they were allowed to do so. Appropriate referrals were made for counseling and psycho therapies during and post the interviews. All details of the participants were kept confidential.

RESULTS AND DISCUSSION
Adjustment to cancer is an ongoing process and needs mastery over the cancer related events happening in life[3]. Studies have pointed diagnosis, treatment and therapies including surgeries such as mastectomy causing distress and poorer adjustment in cancer survivors[1,2]. Table 1 show that both the group of survivors has adjustmental problems and dysfunction however there is a significant difference in the adjustment level between the study and the control group on all the five domain areas namely personal, family, social, cognitive and vocational adjustment.

The breast cancer survivors may be pre occupied with the concerns of body image and sexuality and this results in vulnerability to poorer adjustment in the domain areas[5]. The survivors face challenges in daily activities which leads them to feel helpless[28] and might lead them to have psychological problems which results in emotional, behavioral and cognitive problems leading to impairment in daily life functioning[29] such as less productivity and delay in the commitments and facing negative reactions from the co workers[30-32].

Cognitive decay[33] dysfunction in verbal ability and in visual spatial ability[34] among the breast cancer survivors are reported as a result of chemo therapy. Compromisation in the social functioning[3,35,36] impacts in social relationships[37] poor leisure activities[38] were reported in earlier studies supporting our findings.

Table-1: Showing the result of the t test for all the dimensions of dysfunction analysis questionnaire among breast cancer and cervical cancer patients

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Group</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T Value</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Adjustment</td>
<td>Breast Cancer</td>
<td>30.40</td>
<td>5.969</td>
<td>6.147</td>
<td>.000**</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer</td>
<td>20.87</td>
<td>6.044</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Adjustment</td>
<td>Breast Cancer</td>
<td>31.00</td>
<td>5.855</td>
<td>6.550</td>
<td>.000**</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer</td>
<td>21.00</td>
<td>5.971</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Adjustment</td>
<td>Breast Cancer</td>
<td>31.30</td>
<td>6.298</td>
<td>5.625</td>
<td>.000**</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer</td>
<td>22.10</td>
<td>6.370</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Adjustment</td>
<td>Breast Cancer</td>
<td>32.33</td>
<td>6.498</td>
<td>6.303</td>
<td>.000**</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer</td>
<td>21.47</td>
<td>6.852</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Adjustment</td>
<td>Breast Cancer</td>
<td>31.97</td>
<td>7.407</td>
<td>6.517</td>
<td>.000**</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer</td>
<td>18.97</td>
<td>8.032</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**significance at 0.01 level

However [5] a good portion of the patients adjust well with the ailment despite the difficulties endured during the different phases of treatment.

The following table showing the themes emerged from the in-depth interviews with the
participants on the factors contributing for psychological adjustment.

<table>
<thead>
<tr>
<th>Table-2: Emerged themes on psychological adjustment in female cancer survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Themes</strong></td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>1. Social Support</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2. Knowledge of the illness and treatment</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3. Survivors characteristics</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Social support**

Social support is a concept inclusive of how the individual has social ties both number of relationship and quality of relationship and how the relationship is available to the individual. In the present study spousal support, support from family and peers and fewer stigmas have emerged as contributing factors. Previous studies show that availability of social support acts as a morale booster for the survivor, promotes better adjustment and feeling of mastery [25, 26]. Different sources of social support are closely associated with adjustment in breast cancer such as spouse and son [21, 23, 24, 39, 40]. The following verbatim shows how the participants perceived their spousal support.

“My husband’s understanding helped to understand my illness and adjust with it” (P.1, P.4, P.6, P.7 personal communications, 2012)

“He was the source of my psychological strength” (P.3 personal communications, 2012)

“He stood with me while I was undergoing trauma of this illness, and its treatment, that made me become strong and a fighter” (P.5, personal communications, 2012)

“He didn’t treat me like I am having cancer” (P.4 personal communications, 2012)

The below verbatim from the current study reveals how the participants extended family specifically in laws contributed for the psychological adjustment.

“My in laws have accepted my illness as common as any other illness” (P.2 personal communications, 2012)

“They have prior knowledge of cancer from other family members suffering... hence it was easy for them to understand my struggle... this prior understanding helped them to help me” (P.6 personal communications, 2012)

“During these turbulent period my in laws stood with me in terms of taking care of the family and children and of course me...” (P.3, personal communications 2012)

Love and care by the children were perceived as contributing factors for the psychological adjustment among the participants.

“My children never left my side... were very supportive... they were educating me about how I can cope with the illness... that made me feel and become strong...” (P.1 personal communications, 2012)

“Even though my kids were small children ... they showered their love and affection by sitting with me during my chemo therapy sessions, helping me to read the papers and magazines to divert my mind... I think that was wonderful...” (P.8 personal communications, 2012)

The survivors felt their immediate family has provided the needed support to them for gaining adaptability to what is happening in their life and their adjustment with all spheres including marital adjustment in life was good [40, 41].

Inclusion by the peers and friends in their circle and less stigma were understood as one of the main factor for bringing psychological adjustment among women cancer survivors in this present study.

“I was fortunate to have my colleagues ... they were aware of the side effects and problems related to cancer... they accepted me as normal and as usual... they didn’t avoid me... initially i thought they would do
so. They treated me as normal... and shared the work with me...” (P.4 & P.6 personal communications, 2012)

“My friends didn’t treat me as if I am going to die ... that itself is a great support for me... when they treated me as if I am having any other illness. It gave me moral strength...” (P.2 & P.3 personal communications, 2012)

“Because of good awareness cancer has been accepted as an illness... and people don’t look at it as if it is contagious etc... stigma has come down in the society....I feel happy and thanks to all who worked for creating such awareness” (P.1, 2,3,4,5,6 personal communications 2012)

From the above verbatim we can conclude that better perceived support was strongly related to adjustment [26, 42, 43] enhanced role functioning, self-esteem, life satisfaction and reduced hostility with breast cancer survivor with favorable prognoses (Stage I or II) [44].

Knowledge of the illness and treatment process

The second global theme included the basic themes on early diagnosis, treatment and therapies received along with prognosis and recovery as factors for the participant’s psychological adjustments. The following verbatim reveals how the participants perceived this as contributing factors for psychological adjustment.

“Because of awareness cancer has been accepted as an illness... and people don’t look at it as if it is contagious etc... stigma has come down in the society....I feel happy and thanks to all who worked for creating such awareness” (P.1, 2,3,4,5,6 personal communications 2012)

“When I was diagnosed with cancer ... immediately i have spend some time with the counselor and I have learned about the illness ... My treating team has also educated me about where the growth and how it will be removed and what are the therapies and how many sessions etc helped me to prepare myself...” (P.3, 4, 7, 8 personal communications, 2012)

“it took some time for me... but over the period of time I gained understanding and that helped me to face the struggle without any difficulty” (P.4, personal communications, 2012)

Lack of information associated with unnecessary and irrational fears leading to poorer adjustment. [45] survivors who receive knowledge about their illness and diagnosis and treatment have reduced psychological distress and more adjustment which is supporting our findings.

Survivors characteristics

The third global theme emerged with the factors related to economy, education, positive outlook, spirituality, personality, resiliency and coping. Participants felt these factors helped them to achieve the psychological adjustment.

“I don’t know about all... for me... my family took me to the best doctors and best hospitals ... and given best treatment...it happened because of the savings... luckily we started saving from the early life...” (P.1 personal communications.2012)

“U need money ...if not you will have difficulties with the treatment... it is very costly...” (P.4 personal communications, 2012)

“I understood the illness. thanks to my education.. it prepared me and made me adjust well” (P.7, personal communication 2012)

Optimistic thinking and perception of the life events helps the survivors in reducing the feeling of threat and improves the feeling of success. Positive outlook [26] positive psychological outcome [46] helps to participate in life activities well and also increases quality of life.

Some of the participants were mentioning how they have looked into their life mindfully which helped them to face the issues one by one with calmness and patience. Mindfulness helps in focusing on the current issues logically by which helps us to deal with it thoughtfully. We tend to become more aware of ourselves and aware of the situations surrounding us [47]. The following verbatim shows how they practiced mindfulness.

“Always take one problem at a time and try to focus on it” (P.7, personal communication 2012)

“I used to take a deep breath and sit for sometime before taking any action or reacting to anything in my life” (P.4, personal communications, 2012)

Theme has been reported by the participants in this study.

“I am a person always thinks about positive... i don’t think negative...this is my personality...” (P.1, personal communications, 2012)

“I left everything to God... he knows... everything is pre determined... this thought helped me to face my problems with hope and strength... I always belief in God.”(P.4 5, 7, personal communications, 2012)

“this is my personality...” (P.1, personal communications, 2012)

“I am a fighter... I will fight back with full force... I think this innate nature helped me to cope with the issues...” (P. 3, personal communications, 2012)

Few of the participants felt that being spiritual, having belief in God helped them to cope better. They have perceived resiliency as the factor for bouncing back with better psychological adjustment.

“My belief in God... I just left everything with Him... he gave me the strength and helped me to focus in my family, work and children.” (P.1 & P.6 personal communications 2012)

“God and belief in spirituality helped me to cope” (P5 personal communications 2012)

women cancer survivors use spirituality and religion as coping methodology [48, 49] Spiritual development was noted as response to adverse life event and helped the women to have inner strength [50]. Spirituality related mental health interventions improves psychological adjustment and functioning among cancer survivors [51, 52].

In summary the present study reveals that breast cancer survivors have more dysfunctions in all domain areas compared to their counter parts cervix cancer survivors. Social support, knowledge and personal characteristics contribute for psychological adjustment in women cancer survivors. Specifically family support such as support from spouse, in laws and friends, spiritual belief helped them a lot in terms of adjusting with cancer and its effects. Promoting positivity helps the survivors face the body image issues positively [53, 54] and helps them to view the world as a positive growth. Further promotion of positivity through cancer support groups are a need for this hour [55]. This might help the treating team to focus the area of interventions for improving the psychological adjustment of women cancer survivors.

REFERENCES

Available online: http://scholarsmepub.com/sjhss/


