

## **CANCER (oncological diseases) Psychosocial interventions**

Several hundred different disease.

- How rapidly progress
- where they are located
- their prognosis
- but common biological characteristic (uncontrolled growth and abnormal spread of cells)
- under normal conditions when the cells reach a particular point their life cycle, they stop reproducing.
- Cancerous cells lose the ability to stop reproducing
- The result is the development of the tumor (and without detecting and treatment kills the subject)
- The cancer may lead to : hemorrhaging, stroke, alterations of body functions, susceptible to other health problems.

Not all tumor are cancerous.

**Benign tumors:** confined to the area in which they begin to grow and generally develop slowly. Removing, less dangerous.

**Malignant tumors:** different from the surrounding cells, and tend to grow rapidly and invade other body organs (elevated risk to the life)

What causes cancer? Biological reasons: Carcinogenic substance, oncogenes, immune system disorders

### **Psychological factors in cancer**

Indirect empirical evidence. P factors influences the development and prognosis of cancer

#### **Personality**

Greek physician (Galen)--- in melancholy women developed breast cancer more than in sanguine women. Passive, depressed.

Lawrence (1977): rejection, suppression of negative emotions, and feelings of helplessness in the face of stressful life events. But

methodological problems. Only a statistical relation. Praemorbide personality or caused by oncological illness.

Measuring the personality characters before onset of the cancer

Shaffer et al. (1982), Datore et al. (1980) Personality assessment among male medical students and 30 years later were a second screening and assessed the health status.

### **Cancer was detected:**

Poorer friend and family relationship, mainly with father

Blend exterior with suppressed emotions

Emotional expressiveness had relatively low rate

MMPI: emotional suppression

Themoshok et al. (1987) have proposed the concept of : **Type C** (cancer prone behavior) which is characterized as the polar opposite of the Type A personality.:

#### **Type C:**

- Passive
- Cooperative
- Suppresses negative emotions
- High potential for learned helplessness

A ten years duration investigation (Pettingale et al. 1984)

Interview with breast cancer patients three months after surgery for removal of the cancer. (57 N). Classified: them according to their cognitive response to their cancer diagnosis.

- I. Denial (downplayed, little or not emotional response and experiences)
- II. Stoic acceptance (acknowledge the seriousness of the cancer, have to live with)
- III. Helplessness and hopelessness in the face of the cancer
- IV. “Conquer”, “fighting spirit” (optimistic attitude, tend to ask for information and accumulate power to conquer)

### **Follow-up 10 years:**

Stoic acceptance group member: 85% died

Helplessness group: 90 % died

Denial group : 50 %

Fighting spirit group: 30 %

## **Stress**

Skalar et al. (1981), Horne et al. (1979) cancer patients report significantly more negative life events (loss of loved one, marital problems, prenatal separation, job instability)

Rogentine et al. (1979) patients who have recurrence of cancer after surgery reported more difficulties in his younger ages than the control.

Horne and Pickard (1979) Yugoslavia and German. 4,000 individual, follow-up 10 years.

In subject who in the onset of the examination reported more uncontrollable stress, after 10 years, the prevalence of death was high independently from the form of the disease. The effect of the stress depended on the personality type. High stress 40% higher death rate capered with low stress. Type C—cancer disease.

## **Detecting cancers and seeking help**

Early detection can significantly improve the person's chances of survival.

American Cancer Society (2000) 60% survivals (early detection.

Problem: delay behavior. After identification of symptoms 50% delay seeking medical attention during more month.

What accounts for this delay?

Situational factor and cognitive representation of illness.

Early warning signs of cancer

- (a) A change in bowel or bladder habits
- (b) A sore that does not heal
- (c) Unusual discharge or bleeding from genital urinary, or digestive track
- (d) A thickening or lump in a breast or elsewhere

- (e) Indigestion or difficulty swallowing
- (f) An obvious change in a wart or mole
- (g) A persistent cough or hoarseness

Subject with high level knowledge, low level fear and anxiety for cancer help seeking behavior to cancer is adequate.

### Psychosocial impact of cancer

Emotional distress: feeling of anxiety, depression, anger, shame, worthlessness. Insomnia, lack of concentration and thoughts of suicide. After immediately to report of the diagnosis. More than 25-50 % exhibit clinical depression.

How do cancer patients cope emotional impact of the cancer?

- Sense of **control over the disease** (explanation, information)
- Facilitation of coping
- Feeling that his doctors able to control the disease (positive psychological adjustment) help to vulnerability to recurrence, and using constructive coping
- Patients with a high sense of control are more likely to seek social support and problem solving.

### Interpersonal relations

Patients with high levels of positive or effective social support show better adjustment

Dunkel (1984) C patients may find that

- they are avoided by others,
- difficult to discuss their illness,
- exhibit nonverbal cues of rejection
- pessimistic attitude
- great social support require

Not all efforts at social support are positive.

### Helping people cope

- providing them with appropriate factual information, during treatment
- written information
- call-in information service
- to satisfy his wish to have psychotherapy (short duration, specific problem oriented)cancer related anxiety reducing, improve the quality of life, extend the longevity)

Gordon (1980) 308 patients with or without psychosocial intervention Patients having P intervention having extended longevity, and more likely to return their former occupational status

Spiegel et al. (1989) 86 women with advanced breast cancer. Group I. with one years group therapy session Group II. Without. 10 years follow-up.

Analysis of the survival time for the patients, indicated that those receiving the group therapy lived nearly twice as long as did patients in the control condition.

Psychosocial therapy can slow the progression of cancer

## **Questions:**

**The main element of the Type C behavior**

**The role of the psychosocial intervention to slow the progression of the cancer**

**Stoic acceptance characterized as**

**Denial in face of the cancer involves the next elements**

**The role of the “Fighting spirit” to cope cancer**