

Psychological aspects of the cancer patients' education: Thoughts, feelings, behavior and body reactions of patients faced with diagnosis of cancer

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Summary

Purpose: In order to assess the impact of cancer diagnosis on several psychological dimensions, this study was undertaken with the aim to understand, identify and document the psychological responses of cancer patients - their common thoughts, feelings, body sensations and behavior when they faced the cancer diagnosis.

Methods: The sample consisted of 80 patients who attended psychological lectures during the implementation of the European Educational Programme (EEP) "Learning to live with cancer". At the beginning of the lectures, the patients were asked to fulfill the self-describing questionnaire with 4 open questions: "Describe your common thoughts, feelings, behavior, and body reactions in the first 6 weeks when you learned that you were affected by cancer".

Results: A significant proportion of patients reported disease denial (65%) and reexamination in relation to past

life experiences, stressful events and bad habits (60%). Depressive feelings and disappointment were reported by 90% of the patients, while 85% of them reported fear, hopelessness and emptiness. They also reported sadness (70%), anger and anxiety (65%), nervousness and irritability (90%). Positive thoughts and attitude in the sense of optimism concerning a successful treatment outcome were reported by 20% and 15% of patients, respectively.

Conclusion: The diagnosis of cancer and cancer treatment can cause distress, emotional turmoil and different psychosocial disorders. Taking into consideration different psychological reactions of cancer patients can be helpful for organizing adequate psycho-educational and psychosocial support, and psychotherapy for cancer patients and their families.

Key words: cancer, crisis, distress, education, psychological responses

Introduction

Cancer diagnosis almost always creates a crisis requiring adaptation to catastrophic information [1]. Negative psychological states such as stress, anxiety, and depression are frequently associated with the diagnosis and treatment of cancer [2]. At the initial phase of the disease - diagnosis or beginning of treatment - a certain amount of emotional distress is considered as a normal reaction against the stressor [3]. Cancer experience is a negative life event that requires an enormous amount of effort from patients and their families in order to adapt to the multiple challenges posed by the disease.

Understanding the psychosocial aspects of cancer and its treatment has become an important and necessary part of cancer care. Although the psychosocial dimensions of cancer have been explored in the literature since the 1958, it is only over the past 25 years that this area has developed into a specific discipline, known as psychooncology [1].

During the implementation of the EEP "Learning to live with cancer", we examined the patients' common thoughts, feelings, behaviors and body sensations in the phase when they are faced with cancer diagnosis, with the aim to understand their needs and to support them in developing coping strategies.

Methods

This investigation was conducted at the Institute for Oncology and Radiology of Serbia, Belgrade, during 2005 and 2006. Four series of lectures within the EEP “Learning to live with cancer” were given. As a member of the multidisciplinary team, the psychologist gave two lectures: 1) Talking about cancer - cancer as personal and family distress and crisis, and (dys)functional mechanisms of reactions; and 2) Coping strategies - crisis as a chance for personal developing.

Eighty cancer patients were enrolled. At the beginning of the lectures we asked patients to describe (anonymously) their common thoughts, feelings, and behavior and body sensations, in the first 6 weeks when they faced the fact that they were affected by cancer (Table 1). At the end of the lectures, we gave to the patients’ group the feedback related to results.

Results

The great majority of our patients experienced denial, depression, disappointment, fear, hopelessness and emptiness as significant distress signs at the beginning of cancer treatment. Denial and reexamination in relation to past life experiences, stressful events and

bad habits was reported by 65% and 60% of the patients, respectively. Thirty-two (40%) patients had dark thoughts (suicidal ideation). Only 20% of the patients had positive thoughts about self and self-encouraging, and 15% thought about ways how to increase the quality of life (Table 2).

The common feelings quoted by most patients were depression and disappointment. Seventy-two (90%) patients felt depression and disappointment, while fear, hopelessness, and emptiness were mentioned by 68 patients (85%).

Fifty-six (70%) patients reported sadness, while 52 (65%) quoted anger and anxiety. Forty (50%) patients quoted despair and 24 (30%) quoted guilt and shame. Only 12 patients reported self-compassion (Table 3).

Nervousness and irritability as common behavior was mentioned by 72 (90%) patients. Fifty-two (65%) patients quoted insomnia. Hypoactivity and passivity was mentioned by 24 (30%) patients, while 16 (20%) quoted hyperactivity. Eight (10%) patients mentioned alcoholism and sedative drugs abuse (Table 4).

Twenty-eight (35%) patients quoted muscles’ tension as the most common body sensation.

Dizziness, tremor and sweat was quoted by 16 (20%) patients. Only 12 (15%) patients quoted vomiting (Table 5).

Discussion

Our results indicate that it is important to increase the investigation about patients’ psychological reactions, distress and especially, coping strategies, which can improve their well-being and integrate this in the current oncological treatment. Recognizing patient’s psychological needs and organizing adequate psychological support are very important steps in integrating psychooncology in the holistic anticancer treatment.

Table 1. Open questions in the questionnaire

1. Describe your common *thoughts* when you faced the diagnosis of malignant disease
2. Describe your common *feelings* when you faced the diagnosis of malignant disease
3. Describe your common *behavior* when you faced the diagnosis of malignant disease
4. Describe your common *body reactions* when you faced the diagnosis of malignant disease

Table 2. Common thoughts of patients who faced diagnosis of cancer (n=80)

<i>Thoughts</i>	<i>No. (%)</i>
Denial (Diagnosis is not correct. This is not possible and that can not happen to me. Everything is like a bad dream)	52 (65)
Reexamine Why me? Who is guilt for illness? When and how the disease started? Will treatment be effective? What can I expect from the whole situation? What will be with me? Am I going to die? What will be with my family?	48 (60)
Dark thoughts (suicidal ideation)	32 (40)
Positive thoughts about self and self-encouragement	16 (20)
Thinking about ways how to increase quality of life	12 (15)
Flash-backs (sad memories relative to close relatives’ cancer and death)	8 (10)

Table 3. Common feelings of patients who faced diagnosis of cancer (n=80)

<i>Feelings</i>	<i>No. (%)</i>
Depression	72 (90)
Disappointment	72 (90)
Fear	68 (85)
Hopelessness	65 (85)
Emptiness	65 (85)
Sadness	56 (70)
Anger	52 (65)
Anxiety	52 (65)
Despair	40 (50)
Guilt	24 (30)
Shame	24 (30)
Self-compassion	12 (15)

Table 4. Common behaviors of patients who faced diagnosis of cancer (n=80)

<i>Behavior</i>	<i>No. (%)</i>
Nervousness and irritability	72 (90)
Insomnia	52 (65)
Hypoactivity and passivity	24 (30)
Hyperactivity	16 (20)
Acting out (alcohol and sedative abuse)	8 (10)

Table 5. Common body reactions of patients who faced diagnosis of cancer (n=80)

<i>Body reaction</i>	<i>No. (%)</i>
Muscles tension	28 (35)
Dizziness	16 (20)
Tremor	16 (20)
Sweat	16 (20)
Vomiting	12 (15)

Psychooncology is a relatively new scientific discipline in Serbia. The traditional medical model with strong attitudinal barriers for psychosocial care for cancer patients and their families, during the several phases of illness, is still dominant in Serbian hospitals. We have only small numbers of well-educated psychologists or psychotherapists in oncology practice. At national level, there are 5 big oncology centers, but none has organized special psychooncology unit for psychological or psychiatric support for cancer patients and their families [4].

In such a situation of psychooncology in Serbia, the EEP is very important programme in our environment. Djurdjevic et al. [5] showed that better understanding, knowledge and skills in the rearrangement

of treatment goals and making changes in plans for future might have great impact on quality of life (QoL). Important data from this study showed that 75% of patients required more knowledge about psychological reactions to the new situation created by cancer and about coping strategies, while 60% of the patients wanted to learn about changing of the life habits. The results also showed a tendency toward borderline significance between the level of information and psychological aspects of QoL [5]. Such an education in breast cancer patients enhanced the grade of self-respect and self-confidence, established better open communication and diminished anxiety and depression [6]. Results from a Greek study indicated that a significant proportion of cancer patients experienced intense anxiety and depression prior to chemotherapy and confirmed the adverse impact of psychological morbidity on the patient's QoL. Standardized and timely screening of emotional distress across all phases of cancer will help identify patients whose symptoms warrant attention [7].

The data from this investigation showed what is important for our patients and what are their needs and requirements in distress life situation caused by cancer. Psychoemotional support or psychotherapy (individual or group) in combination with informing and education can relieve distress, confusion, fear, anxiety, and depression, thus improving QoL and self-respect [8-10]. First and foremost, communication reduces distress. If patients felt that they can express feelings of distress to the staff, they were somewhat relieved and the process built the trust [11].

Further studies should test and validate new rapid instruments of emotional reactions, especially emotional distress of cancer patients at the beginning of treatment.

Acknowledgements

We wish to thank Dr Ljiljana Vuckovic-Dekic for constant support and helpful suggestions in preparing this manuscript.

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