

**THE PSYCHOLOGICAL EXPERIENCE OF BREAST CANCER AND ITS
RECURRENCE: FROM QUANTIFICATION TO INTERACTION**

By

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SUMMARY

THE PSYCHOLOGICAL EXPERIENCE OF BREAST CANCER AND ITS
RECURRENCE: FROM QUANTIFICATION TO INTERACTION

A qualitative study exploring the experience of breast cancer recurrence, to
the quantitative study of breast cancer recurrence and the relationship between
general anxiety, anxiety and depression, levels of control, and information and the
experience of breast cancer recurrence.

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SUMMARY

THE PSYCHOLOGICAL EXPERIENCE OF BREAST CANCER AND ITS RECURRENCE: FROM QUANTIFICATION TO INTERACTION

A pluralistic study, employing quantitative and qualitative methods, was conducted. In the quantitative analyses two groups of patients and their partners were compared on general health, anxiety and depression, locus of control, marital adjustment and the use of alternative medicine. The first group (n=40) experienced a recurrence of their breast cancer. The comparison group consisted of 94 breast cancer patients whose illness had been in remission for at least one year. Nine husbands of patients with recurrent cancer and 18 husbands of the comparison patients took part.

The patients who experienced a recurrence of their breast cancer completed five questionnaires four times over a one-year time period. They also took part in a structured interview concerning the use of complementary treatments. Comparison patients filled in the same questionnaires twice over the one year time period and partners completed four questionnaires once only.

The Statistical Package for the Social Sciences (SPSS) was used to analyse the data. At first assessment, a significant difference ($p < .0006$) was found between the two groups, with the recurrence patients suffering from poorer general health. There was, however, no difference between the groups one year later.

At first assessment, it was also shown that women with recurrence suffered significantly more ($p < .003$) from depression than the comparison group, but there was not a significant difference in the level of anxiety between the two groups. One year later, an

analysis of the remaining 15 recurrence patients and 45 comparison patients showed no differences in anxiety or depression.

More than half of the patients did not expect that their cancer would start again. The majority (84%) experienced the recurrence as an emotional trauma. We did not find any quantitative evidence of adverse emotional effects upon partners whose wives had been told that their cancer had recurred.

There was not a statistically significant difference on any of the locus of control dimensions between the two groups. Sixty six of the 96 patients (69%) who responded to the alternative medicine questionnaires, did not use any form of alternative treatment. The results of this study showed that women who had experienced a recurrence of their cancer was a group who suffered from more emotional morbidity than other women with breast cancer and confirmed that the news of recurrence caused emotional trauma.

Five therapeutic interviews with breast cancer patients were conducted, using an interactional analysis complementary to the quantitative analysis. Although each patient presented with her own unique style in converting her own feelings and thoughts about her experience of having cancer they all seemed to suppress their emotions, particularly anger and sadness. Some of the knowledge gained by the quantitative analysis of the questionnaire data and the structured interview, was confirmed by the information obtained from the therapeutic research interviews. Most women who have breast cancer fear that it may start again. The use of alternative medicine is not in place of traditional medicine, but rather as complementary to conventional medicine.

This study attempted to show how multifactorial and complicated the effects of the disease are on the human psyche and hopefully contribute towards the understanding of how to deal with these patients during therapy.

OPSOMMING

DIE SIELKUNIGE ERVARING VAN BORSKANKER EN DIE HERHALING

DAARVAN: VAN KWANTIFISERING TOT INTERAKSIE

'n Pluralistiese studie met behulp van beide kwantitatiewe en kwalitatiewe metodes is gedoen. Tydens die kwantitatiewe navorsing is twee groepe pasiënte en hul mans vergelyk in terme van hul algemene geestesgesondheid, angs, depressie, lokus van kontrole, huweliks aanpassing en die gebruik van alternatiewe medikasie. Tydens die kwalitatiewe navorsing is terapeutiese onderhoude met vyf borskanker pasiënte gedoen en interaksioneel ontleed.

Kwantitatiewe navorsing. Die eerste groep (n=40) se borskanker het herhaal. Die vergelykende groep het bestaan uit 94 borskanker pasiënte wie se kanker vir minstens een jaar in remissie was. Nege mans van die vroue van groep een en 18 mans van die vergelykende groep het ook deelgeneem.

Die pasiënte wie se kanker herhaal het, het vyf vraelyste vier keer oor die een jaar periode ingevul. Hulle het ook deelgeneem aan 'n gestruktureerde onderhoud oor die gebruik van alternatiewe medisyne. Groep twee het dieselfde vraelyste twee keer oor die jaar periode ingevul en die mans het vier vraelyste een keer ingevul.

Die Statistiese Pakket vir die Sosiale Wetenskappe (SPSS) is gebruik vir die verwerking van die data.

Met die eerste toetsing is 'n betekenisvolle verskil ($p < .0006$) gevind tussen die twee groepe. Die pasiënte wie se kanker herhaal het, het swakker algemene

geestesgesonheid ervaar as die wie se kanker nie herhaal het nie. Een jaar later was daar egter nie meer 'n verskil nie. Tydens die eerste meting het die eerste groep ook meer depressief ($p < .003$) as die tweede groep gemeet, maar daar was nie 'n verskil in angstellings nie. Een jaar later was daar ook nie meer 'n verskil in depressie of angs tussen die oorlewende pasiënte van groep een ($n=15$) of groep twee ($n=45$) nie.

Meer as die helfte van die pasiënte het nie verwag dat hul kanker sal herhaal nie. Die meerderheid (84%), het die herhaling daarvan as 'n emosionele trauma ervaar. Daar was nie enige nadelige emosionele effek op die mans van die pasiënte wie se kanker herhaal het, gevind nie.

Daar was nie 'n verskil op enige van die lokus van kontrole dimensies tussen die twee groepe gevind nie. Ses en sestig van die 96 pasiënte (69%) wat op die alternatiewe medisyne vraelys gereageer het, het geen vorm van alternatiewe medisyne gebruik nie.

Die resultate van hierdie studie het getoon dat vrouens wie se kanker herhaal die nuus daarvan as 'n emosionele trauma ervaar.

Kwalitatiewe navorsing. Vyf terapeutiese onderhoude is met borskanker pasiënte gevoer, aanvullend tot die kwantitatiewe studie. Alhoewel elke pasiënt op 'n unieke wyse gereageer het op haar ervaring van borskanker, blyk daar tog sekere ooreenkomste te wees. Hulle was almal geneig om emosies, veral hartseer en aggressie, te onderdruk.

Die kwalitatiewe inligting verkry tydens hierdie onderhoude, het aspekte van die kwantitatiewe studie bevestig:

- (i) Die meeste vrouens met borskanker vrees dat dit mag herhaal.
- (ii) Die gebruik van alternatiewe medisyne was nie in die plek van tradisionele metodes nie, maar eerder as byvoeging daartoe.

Hierdie studie het getoon hoe multifaktoriaal en gekompliseer die effek van 'n chroniese siekte op die psige is en is 'n poging om 'n bydrae te lewer tot beter hantering van pasiënte.

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