ZESZYTY NAUKOWE WYŻSZEJ SZKOŁY PEDAGOGICZNEJ
W BYDGOSZCZY
STUDIA PSYCHOLOGICZNE 1995, 10, 115-121

# Ways of Coping with Cancer. A Critical Review

Paweł Izdebski
*Department of Human Development Psychology*
*Pedagogical University in Bydgoszcz*

SUMMARY: *Eleven studies on the ways of coping with cancer are shortly presented and reviewed. The studies were evaluated with respect to research methods and results. Many studies may be criticized on methodological grounds. Due to methodological differences it is difficult to draw general conclusions regarding the ways of coping with cancer. Nonetheless, factors important for coping with cancer are named (social support, age, religiosity). Patterns of coping are reviewed.*

## Introduction

Over the past 20 years, the number of studies on the ways of coping with cancer has been increasing. The boom in publications on coping with cancer is well known to all those active in the field. Most studies are concerned with coping styles or strategies as intervening factors in somatic outcome, mostly expressed as relapse or survival time. Recently, there has been increasing recognition of the need to examine the ways of coping with cancer which can expand the conventional biomedical model of health and illness. Cancer, even more than heart disease, evokes emotional distress, and provokes numerous psychosocial problems that conceivably affect the course of disease. Cancer and it treatment bring pain, lack of control, and other stressors. What can people do to change the harmful effects of stress? The answer is of course, to cope with the stress. But given the diversity of views psychologists have about what should be considered coping and how to assess it, the answer to the question is complex. This article could not possibly attempt to cover all the issues and concepts related to coping with cancers. This is why I have chosen to do two things: first, review many different publications on in the field, and, second, raise some questions concerning the interpretation of results from reviewed studies. I will try to survey the coping with cancer literature and summarize themes

Article submitted by the author in English

common in them. Furthermore, I will give the reader some sense of what is known about the relative success of the coping with cancer research.

## Coping with stress

Most researchers nowadays would agree that coping is best described as a transactional process (Heim 1991, Folkman and Lazarus 1985). We define coping as the constantly changing cognitive and behavioral efforts to manage demands, in the environment or in oneself, that one feels or believes to be stressful (Lazarus and Folkman 1984). Because people differ in how they interpret events and in how they respond to them, psychologists now prefer a definition of stress that takes into account aspects of the environment, aspects of the individual, and how the two interact. Psychological stress is the result of an exchange between the person and the environment, in which the person believes that the situation strains or overhelms his or her resources and endangering his or her well-being (Lazarus and Folkman 1984). Thus coping is always related to the specific demands (or stressors) of a given situation in cancer, e.g. the initial psychological impact of diagnostic procedures, the side-effects of aggressive chemotherapy and/or radiotherapy or the long-lasting challenges of rehabilitation. Weisman (1979) defined coping as "what one does about a perceived problem in order to bring about relief, reward, quiescence, or equilibrium" (p. 27). This kind of pragmatic definition excludes unconscious thoughts and links coping behaviours to favorable outcomes.

## Ways of coping with cancer

Over the years, several authors have attempted to simplify the enormous number of ways of coping with cancer. I begin by reviewing Koocher and O'Malley (1981) work. They presented three firsthand reports of the experience of having cancer in childhood. Its aim was to provide an exploration of the way people who had cancer and coped well with it. Survivors were interviewed in depth about their experiences. Each survivor (all three were men) was interviewed a number of times over period of weeks. The central question asked the survivors were: How would you tell the story of your life? How would you characterize yourself and how does having cancer fit into that? What features helped you cope than and help you cope now? What factors did not help? The questions were open, and each person was allowed to develop the answers as he saw fit. In discussion Koocher and O'Malley concluded that each survivor has coped with the stress of cancer in his own unique way. Nonetheless, there are certain common themes in the three stories. They were: importance of relationships with others in facilitating coping with cancer, the role of action following the cancer (each of the three was very active physically after recovery), the use of denial. Those histories support, according to the authors, the idea that a psychological working through the event, coming to grips with it emotionally, is indeed a part of a healthy, adaptive response to the stress of cancer.

Leventhal, Nerenz, Steele (1984) studied the adaption to cancer chemotherapy to see how inconsistencies in the regulating system can be a source of distress. When patients experience a change in their disease so that no longer fits with their coping plan, they become distressed. And when patients experience bodily sensations that are vaque, feel like sickness, and are not readily anticipated nor readily attributed to treatment, they may have difficulties making sense of their condition and become distressed. This research is especially important because it showed the importance of the medical treatment for coping with cancer.

Ray and Baum (1985) in their work on psychological aspects of early breast cancer proposed a six-fold schema describing ways of coping. According to them: There are (1) rejection-assertion: reflecting a view of the situation as unacceptable and a violation of patient's needs and expectations, leading to an active and sometimes hostile attempt to change the threatening circumstances; (2) control: where the situation is seen as a challange, and the patient attempts to deal rationally with the problem; (3) resignation-helplessness: where the patient again faces the threat but sees herself as relatively powerless, with events and their outcomes being determined by fate; (4) dependency: reflecting a reliance on others, the patient sees herself as helpless but turns to others, or to God, as a source of support;(5) avoidance: where the patient basically acknowledges the threat, but avoids situations or thoughts that make this salient for her;(6) minimization-denial: where the threat is minimized. The relative adaptiveness of specific strategies depends on the objective circumstances and on the person's needs and resources. The lack of this proposition is in the weakness of experimental verification.

Stone, Helder and Schneider (1988) focused on several important issues for understanding the coping process. These issues were exemplified with data from their own perspective, daily explorations of stress and coping. Events, mood, and coping were measured on a daily basis for about 100 consecutive days. Assessment of coping problems included information about the kind of problem being dealt with on the day, several questions pertaining to the psychological appraisal of the coping problem, and the nine categories indicating various forms of coping. They proposed a model of coping efficacy based entirely on the next day mood. This model may be worth of interest for researchers of coping with cancer, because of its different origin.

Trying to find evidence for coping styles, Burgess, Morris and Pettingale (1988) studied 178 newly diagnosed patients with breast cancer and lymphoma with respects to their cognitive responses to cancer diagnosis. The patients were examined in relation to anxiety, depression and health locus of control as well as to clinico-pathological variables. Analysis of cognitive responses and the other psychological variables combined revealed that four broad coping styles could be delineated: positive/confronting, fatalistic, hopeless/helpless, and denial/avoidance. Lower psychological morbidity was associated with positive/confronting response to

diagnosis and with high internal locus of control, while higher anxiety and depression scores were associated with a hopeless/helpless response and with low internal locus of control.

Some of the researchers tried to find different measures different approach to coping with cancer. Nelson, Friedman et. al. (1989) studied attitudes to cancer. Because they were also interested in coping responses and do not define attitudes (which seem to be rather coping styles in their work) it might be worthwhile to see their results. They studied three groups of breast cancer and nonbreast cancer patients with the use of Cancer Adjustment Survey, Affect Balance Scale and Form for coping responses adopted from Form A of the Health and Daily Living Form developed by Moos and his associates. A reliable factor structure replicated in breast and mixed cancer samples, yielding three factors: (1) Fighting Spirit or belief in the ability to fight back, conquer, and recover from cancer; (2) Information Seeking behaviour; and (3) Denial. Adequate 1-month test - retest correlations for Fighting Spirit and Information Seeking factor scores were found. A pattern of differential correlations with other measures (affect, coping, and optimism) distinguished Fighting Spirit and Information Seeking. The Denial factor appeared to be less stable and did not correlate significantly with other measures. Authors concluded that Fighting Spirits and Information Seeking might reflect coping styles.

Friedman and his associates (1991) studied the relationship of dispositional optimism, daily life stress, and domestic environment to two types of coping methods in a group of 94 cancer patients. Dispositional optimism and domestic environment made significant contributions to the predictions of avoidance coping. Dispositional optimism contributed significantly to the prediction of active-behavioural coping. Avoidance coping was negatively related to dispositional optimism. These facts are consistent with Scheier and Carver's model of behavioural self-regulation. This is particularly important for understanding the role of optimism versus pessimism in cancer patients. Dispositional optimism appears to be a mediator of how well people cope with stress. It appears that optimists are doing something differently from pessimists to allow better outcomes to occur. If, as Scheier and Carver have theorized, the mechanisms underlying this differential effectiveness involve different strategies to cope with stressors, the implications of their model for cancer patients become clearer. And this work was the first proposition in research on coping with cancer of use of theory for explaining results (as the author of this publication has found so far).

Researchers have been trying to identify reliable patterns or dimensions of coping with cancer. One of the most successful and effective works was published by Dunkel-Schetter et al. (1992). The authors identified five patterns of coping in a sample of 603 cancer patients. They were: "seeking or using social support", "focusing on the positive". "distancing", "cognitive escape-avoidance", and "behavioral escape-avoidance". Relationships of these coping patterns to socio-

demographic characteristics, medical factors, stress appraisals, psychotherapic experience, and emotional distress were tested using correlational and regression techniques. Type of cancer, time since diagnosis, and whether a person was currently in treatment had few or no relationships to coping. The specific cancer-related problem (e.g. pain, fear of future) was also not associated with how individuals coped. Perceptions of its stressfullness, however, were related to significantly more coping through social support; focusing on positive and distancing were associated with less emotional distress; whereas using cognitive and behavioral escape-avoidance was associated with more emotional distress. There was no evidence in this study for sex differences in coping with cancer,

**Conclusions**

The review of the literature has demonstrated that there are several concepts that cut across many of the studies exploring coping with cancer. The studies reviewed were of various designs, examined different samples of people, and often gave ambiguous results. There are a variety of criticism that can be aimed at these kinds of retrospective studies, criticism of which the researchers themselves are usually well aware. In the case of any single study presented in this paper, the sceptic is generally able to point to one or more imperfections.

There were rather great differences between studies with respect to design (experimental conditions and group comparability in the area of sociodemographic, medical, and psychological variables), instruments, patients selection. Due to these differences, it is difficult to draw general conclusions regarding the ways of coping with cancer. It is therefore recommended that future studies use more precise designs and more restrictive criteria in the selection of patients and outcome measure.

Many studies may be criticized on methodological grounds. For example, only a small proportion of the studies tried to follow a prospective approach. Most of them were retrospective, which means that after oncogenesis and after the cancer symptoms appeared. Thus, the ways of coping were tested several months after diagnosis. If coping is a dynamic process, it would be worth notice the changes in coping.

The coping literature was once describe as a "three-car garage filled to the rafters with junk and badly in need of rigorous housecleaning" (Taylor, 1984, p. 2313). However, we may state that there are some successes in this field of research.

Dunkel-Schetter et al. (1992) provided information on five patterns of coping with cancer within an established theoretical tradition, a practical method of assessing these patterns, and indications to the factors associated with the patterns.

We know now that situational factors - site of cancer, stage of disease, time since diagnosis, and whether the person is currently in treatment - are not very

important for coping with cancer. Nonetheless, medical factors can not be ignored - particularly in sampling, but they influence coping only as they are filtered through the person's cognitive appraisal system.

Of the personal characteristics studied, age, education, and religiosity proved to be especially important in explaining how people coped. For example, more religious people were more likely to use methods of coping involving cognitively reframing the stressful situation. Religious coping is protective in the face of cancer.

In conclusion, it may be stated that there are some factors important for coping with cancer (optimism, social support, use of denial, mood, attitude towards cancer), but their validity is still unknown. Obviously, there is as yet no pattern of results consistent across studies, and there is a need for more sophisticated measurement of both psychological and biological variables. Coping with cancer is still a challange to the research community dealing with this issue so that a greater appreciation of the complexity of coping with cancer research will lead to more sophisticated theory and methodology.

**References**

Burgess, C., Morris, T. & Pettingale, K. W. (1988). Psychological response to cancer diagnosis - II Evidence for coping styles (coping styles and cancer diagnosis). *Journ of Psychosomatic Research*, 32, 3, 263-272.

Dunkel-Schetter, Ch., Feinstein, L. G., Taylor, S. E. & Falke, R. L. (1992). Patterns of coping with cancer. *Health Psychology*, 11 (2), 79-87.

Folkman, S. & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotions and coping during three stages of college examination. *Journal of Personality and Social Psychology*, 48 (1), 150-170.

Friedman, L. C., Nelson, D. V., Lane, M., Smith, F. E. & Dworkin, R. J. (1992). The relationship of dispositional optimism, daily life stress, and domestic environnment to coping methods used by cancer patients. *Journal of Behavioral Medicine*, 15 (2), 127-141.

Heim, E. (1991). Coping and adaptation in cancer. In Coopr, C. L., Watson, M. (eds) *Cancer and Stress: Psychological, Biological and Coping Studies*. John Wiley and Sons pp. 197-231.

Koocher, J. P. & O'Malley, J. E. (1981). *The Damocles Syndrome*. McGraw - Hill Inc.

Lazarus, R. S. & Folkman, S. (1984). *Stress, Appraisal and Coping*. Springer New York.

Leventhal, H., Nerenz, D. R. & Steele, D. J. (1984). Illness representations and coping with health threats. In Baum, A., Taylor, S.E. & Singer J. E. (eds). *Handbook of Psychology and Health* Vol. IV. Social Psychological Aspects of Health. Lawrence Erlbaum Associates Publishers, Hillsdale London, pp. 219-252.

Nelson, D. V., Friedman, L. C., Baer, P. E., Lane, M. & Smith F. E. (1989). Attitudes to cancer: psychometric properties of fighting spirit and denial. *Journal of Behavioral Medicine*, 12(4), 341-355.

Ray C. & Baum M. (1985). *Psychological Aspects of Early Breast Cancer.* Springer Verlag.

Stone, A., Helder, L. & Schneider, M. S. (1988). Coping with stressful events. In Cohen, L H. (ed). *Life Events and Psychological Functioning.* Sage Publications pp. 182-210.

Weisman, A. (1979). *Coping with Cancer.* McGraw Hill New York.