

https://dspace.org/

An exploration of the post-treatment psychosocial experiences of female adult cancer patients

Kraut, Lisa

2009-05-28T10:07:52Z
http://hdl.handle.net/10539/6989

Downloaded from a DSpace repository. https://dspace.org/

DECLARATION

I declare that this dissertation is my own unaided work. It is submitted in partial fulfilment of the requirements for the Degree of Master of Arts (Community-Counselling Psychology) in the Department of Psychology, University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination at any other university or institution.

_____

Lisa Kraut (née Ziegler)

5 October 2005

This dissertation is dedicated to my mother – the strongest and most courageous woman I know, and to the participants of this study who have so bravely fought cancer.

ACKNOWLEDGEMENTS

Mambwe Kasese-Hara - my deepest thanks for your supervision and guidance throughout this process. Your caring support is much appreciated.

Shaun - thank you for your unwavering love and support.

Dad - I am forever indebted to you for your help and understanding.

Nana - thank you for your support and for helping me when I needed you.

Linda - I am eternally grateful for your input and encouragement.

Debbie - I am thankful to have you as an advisor and most of all as a friend.

Margaret - I am eternally grateful for your input and advice.

Charlene - thank you for your friendship and support.

Dr Maré - thank you for your cooperation and support in completing this project.

ABSTRACT

This study explores the post-treatment psychosocial experiences of female adult cancer patients. In particular, this study aims at identifying common themes in the nature of their experiences. This research was exploratory in nature and took place within the context of the qualitative paradigm. The focus group method was utilised in collecting data. The six participants were white Christian females between the ages of 50 and 62 who had completed treatment (either chemotherapy, radiation or both) not more than four months prior to the study. Data were analysed by means of categorical content analysis.

Four out of the six participants reported relief as well as mixed emotions after discovering they had survived cancer. A major finding of this research was that all of the participants were experiencing anxiety that the cancer might recur. Five out of the six participants reported ample support from their partners and other family members. The entire group of participants admitted that their genuine friends remained supportive throughout treatment, while some friends avoided them when they had cancer, but were willing to continue the friendship after treatment. This impacted negatively on their friendship. The entire group mentioned negative social experiences due to the stigma attached to having cancer. It was also found that the participants preferred spending time with people who have insight into the meaning of life. All of the participants agreed that without their relationship with God and the social support structure including churches and acquaintances at church, they would not be able to get through their experiences during and after treatment. The entire group mentioned the experience of a greater appreciation for life after having completed treatment and survived cancer.

It is evident that the experiences of cancer survivors in the South African context necessitate further research and that an understanding of these experiences plays a crucial role in the development of successful interventions for survivors, their families and the wider social community in regard to cancer.

TABLE OF CONTENTS

DECLARATION……..…....i

ACKNOWLEDGEMENTS…..…….……...……...….ii

ABSTRACT……...……iii

TABLE OF CONTENTS……..…….…….iv

CHAPTER 1: Introduction…….…….....1

1.1. Aim……1

1.2. Motivation for the study……1

1.3. Rationale……1

1.4. Key concepts of the study…….……...……...……2

1.5. Outline of chapters…….……....…....3

CHAPTER 2: Literature review…….....4

2.1. Introduction…….....……...……....5

2.2 An overview of cancer research and the birth of psycho-oncology…..……..5

2.3. Stage models of cancer as a terminal illness……...……...7

2.4. Death is not the only outcome of cancer: the concept of cancer survival….....9

2.4.1. A crisis model of cancer survival……...9

2.4.2. Phases of cancer survival……10

2.4.2.1. Acute survival research…….....11

2.4.2.2. Extended survival research…….…….....13

2.4.2.3. Permanent survival research……...…..17

a.) Long-term survival of childhood cancer…….……....18

b.) Long-term survival of adulthood cancer……...…..19

2.5. South African research relating to cancer and psychology……....…….....20

CHAPTER 3: Methodology……. 23

3.1. Method……...……..……23

3.2. Data collection method: focus groups……..24
3.3. Reliability and validity…….……....25
3.4. Participants and sampling…….……...26
3.5. Design……..…….…27
3.6. Procedures…….…..…..……28
3.7. Focus group questions……..……..…….…..29
3.8. Data analysis……...…….…..…….…..30
3.9. Researcher reflexivity……..31
3.10. Ethical considerations……....……...…….……32

CHAPTER 4: Results and discussion…….…...…33
4.1. Presentation of results……...……...34
4.1.1. Emotional experiences……...…….…….34
4.1.1.1. Emotional experiences during acute phase of survival...……...…….…..34
a.) Shock and isolation……...……...……...34
b.) Anger……...……...35
c.) Guilt and fear of death……...……...……..36
d.) Depressed feelings……...……...……37
e.) Acceptance……...…….....37
4.1.1.2. Emotional experiences during extended phase of survival…...……38
a.) Relief……...……38
b.) Mixed emotions……...……...39
c.) The “Sword of Damocles”……...……...40
d.) Loss of sense of control……...……...42
e.) Resentment towards those who abuse their bodies……..…..……..43
f.) Humour as a coping mechanism…….....44
4.1.2. Physical effects……...……...44
4.1.3. Relationship with partner……...……..…45
4.1.3.1. Support……..45
4.1.3.2. The importance of support…….....46
4.1.3.3. Lack of support…….47

4.1.3.4. Closer bond with partner……...47
4.1.4. Relationship with family……..…48
4.1.4.1. Support……..48
4.1.4.2. Lack of support…….49
4.1.4.3. Closer family ties……..……....50
4.1.4.4. Open communication……..……..50
4.1.5. Social support……51
4.1.5.1. Support from genuine friends…….....51
4.1.5.2. The importance of social support……..52
4.1.5.3. Closer relationship with friends……....53
4.1.5.4. Avoidance during treatment but willingness to continue friendship after treatment……...53
4.1.5.5. Unexpected reactions from people……55
4.1.5.6. Stigma…….....55
4.1.6. Social life…….56
4.1.6.1. Less concern with trivial matters……..56
4.1.7. Lifestyle…….....57
4.1.7.1. Trying to carry on as usual and feeling pressurised to do more.....57
4.1.7.2. Health consciousness and avoidance of stress…….……58
4.1.8. Religious experiences…….…….....…60
4.1.8.1. Relationship with God…….……60
4.1.8.2. Finding meaning in illness through religion…….……....61
4.1.8.3. Social support from religious institutions and their members….....62
4.1.9. Outlook on life……..……...…63
4.1.9.1. Positive outlook and finding meaning in illness……...63
4.1.9.2. Focus on the present…….……..…64
4.1.9.3. Uncertainty of the future…….…….……..…64
4.1.9.4. Greater appreciation of life…….……..….65
4.2. Concluding discussion….…….……...…67

CHAPTER 5: Conclusion……...……..72
5.1. Main findings…….....72
5.1.1. Emotional experiences…….…….…....72
5.1.2. Physical effects……..……..73
5.1.3. Relationship with partner……..……...73
5.1.4. Relationship with family…….……..……73
5.1.5. Social support……..……...…..74
5.1.6. Social life……..……...74
5.1.7. Lifestyle…….……..74
5.1.8. Religious experiences……..……....74
5.1.9. Outlook on life……..……...75
5.2. Limitations of the study……..……75
5.3. Implications for future research…….……..76

References……..……...……78

APPENDIX A……88

APPENDIX B……....89

APPENDIX C……....90

APPENDIX D……91