

Cancer Association of South Africa (CANSA)

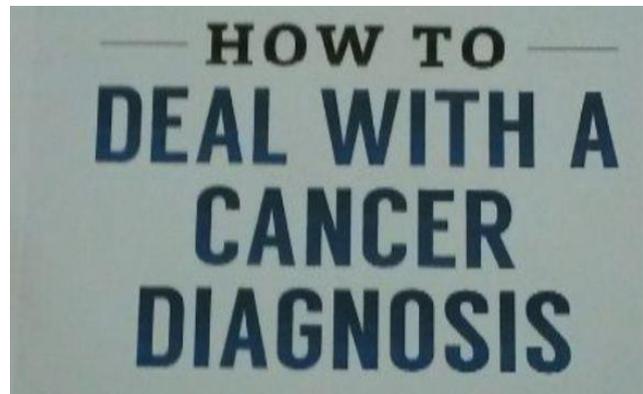


Fact Sheet on How to Cope With a Cancer Diagnosis

Introduction

According to the World Health Organization (WHO), cancer is one of the most widespread diseases worldwide. Despite the fact that cancer is one of the most prevalent diseases in the world, receiving a cancer diagnosis still comes as a shock.

[Picture Credit: Dealing with a Cancer Diagnosis]



The initial reaction to a cancer diagnosis is often shock and disbelief, followed by a period of distress characterised by mixed symptoms of anxiety, anger and depression. As patients learn about their options and begin to see a treatment plan taking form, they usually will enter into an adjustment phase. During this early time, they may experience persistent sadness, in addition to anxiety or depression; also decreased interest in sexual activity; fatigue; difficulty concentrating, remembering or making decisions; insomnia or oversleeping; weight and appetite loss; and restlessness or irritability.

Newly diagnosed individuals may also experience:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation

Many of these symptoms might be considered unhealthy, but they are a normal part of the process of dealing with a new cancer diagnosis.

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January 2021

Kirby, E.R., Kenny, K.E., Broom, A.F., Oliffe, J.L., Lewis, S., Wyld, D.K., Yates, P.M., Parker, R.B. & Lwin, Z. 2020.

Purpose: A cancer diagnosis is an emotive and challenging time for patients. This study aimed to systematically explore patients' accounts of experiencing their cancer diagnosis. The purpose of this article is to offer a typology of patient responses to receiving a cancer diagnosis as a means through which to affirm the range of patients' experiences and to guide clinicians' practice.

Methods: Qualitative semi-structured interviews were conducted between 2015 and 2017 with 80 patients living with cancer: 34 females and 46 males, aged between 31 and 85, diagnosed with a range of cancer types, stages and treatment trajectories, from two metropolitan hospitals on the east coast of Australia. Interview data were analysed thematically, using the framework approach.

Results: A typology of responses to the cancer diagnosis was derived from the analysis and included (1) the incongruent diagnosis, unexpected because it did not 'fit' with the patient's 'healthy' identity; (2) the incidental diagnosis, arising from seemingly unrelated or minor medical investigations; (3) the validating diagnosis, as explanation and confirmation of previously unexplained symptoms, pain or feelings; (4) the life context diagnosis, where the cancer diagnosis was positioned relative to other challenging life events, or as relatively inconsequential compared with the hardship of others.

Conclusions: A diagnosis of cancer is not always (or only) experienced by patients with shock and despair. Diagnosis is perceived and experienced in diverse ways, shaped by broader social or life contexts, and with important implications for the clinical encounter and communication from an oncology perspective.

Ghorbani, F., Iranmanesh, S., Razban, F. & Dehghan, M. 2020.

Background: Childhood cancer is a major challenge for parents. Parents are one of the main sources of emotional support for their child, but their ability to provide proper care during their child's illness and treatment depends entirely on the way they manage to cope with diagnosis and its outcomes. Parents' coping pattern seems to be affected by their perception of themselves or their surroundings.

Aim: To investigate parents' coping strategies with childhood cancer and its relation with self-construal.

Methods: A total of 127 eligible parents participated in this descriptive correlational study.

Results: Medical, social support, and family strategies were respectively helpful for parents. The interdependent self-construal score was higher than the independent self-construal score. A significant relationship was found between interdependent self-construal and social support ($P = .01$).

Discussion: It seems that individualists and collectivists' cultural context influence the usefulness of coping strategies. These differences should be considered in training of coping strategies.

Spirituality and a Cancer Diagnosis

It is important to never neglect the influence of spirituality among individuals who receive a cancer diagnosis.

King, S.D.W., Macpherson, C.F., Pflugeisen, B.M. & Johnson, R.H. 2020.

Purpose: The study used a cross-sectional descriptive design to explore the prevalence and correlates of religious/spiritual (R/S) coping and struggle in young adults (YAs) during the first 2 months of cancer treatment. **Methods:** Self-report measures of R/S coping, R/S struggle, depression, quality of life (QoL), intensity of treatment experience, and spiritual/religious identification and practices were obtained using REDCap Survey. Self-report of selected demographic characteristics

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(age, ethnicity, race, gender, education, occupational status, marital status, parental status, and cancer diagnosis) was also obtained. **Results:** The prevalence of positive R/S coping was high and higher compared with negative R/S coping. Female gender was associated with more R/S struggle, lower QoL, and higher depression. The Religious and Spiritual Struggles Scale and both the negative and positive R/S coping scale of the Brief RCOPE were significantly positively correlated, despite focusing on differing types of spiritual struggle/distress. **Conclusions:** Both positive R/S coping and R/S struggle occur in YAs during the first 2 months of cancer treatment. Further research to elucidate the experiences of YAs with cancer, and interventions to promote effective coping, will promote holistic cancer care for this population.

Gall, T. & Bilodeau, C. 2020.

Background: Religious/spiritual factors are important for some individuals in the context of life stress. To the authors' knowledge, the present study is the first to explore the role of women's attachment to God (anxious vs secure) in their adjustment to breast cancer.

Objective: To explore the (1) pattern of change in women's attachment to God across time and (2) relationship between attachment to God and coping behaviors and depression.

Methods: All English-speaking women who were scheduled to receive a core breast biopsy at a women's breast health center were eligible to participate in the study. Women were assessed on attachment to God, positive and negative coping, and depression at pre-diagnosis and 3, 6, and 12 months post-diagnosis. Women who received a benign diagnosis and those with a diagnosis of breast cancer participated in the study.

Results: Attachment to God remained stable across time for both diagnostic groups (cancer, benign). Women from both groups who had a more anxious attachment to God utilized more avoidance coping and reported more depression at different points across time. Breast cancer patients with a more anxious attachment to God reported engaging in less acceptance coping post-diagnosis. Finally, the association between attachment to God and depression was partially mediated by avoidance coping at pre-diagnosis.

Conclusions: Findings indicate that a more anxious attachment to God may contribute to negative patterns of adjustment while a secure attachment may help women remain more directly engaged in their coping with the threat of breast cancer and related diagnostic procedures.

Implications for practice: It is suggested that clinicians remain sensitive to and assess the role of spiritual beliefs in women's adjustment to the threat of breast cancer from pre-diagnosis up to 1 year post-diagnosis. In particular, women's belief in and experience of a secure or an anxious attachment with God or higher power may function as a potential resource or as an exacerbating factor, respectively, in their adjustment to breast cancer.

The following includes some practical ways that could help one to cope with the shock of a cancer diagnosis, and allow one to make the best decisions for oneself.

Make sure to understand the diagnosis - cancer is often surrounded by an aura of myth, and much of what one may think that one knows about it can be based on hearsay. So, an important first step is to get as much (specific and accurate) information as possible, from both one's treating doctor as well as other reliable sources.

Speak to the treating doctor - often, communication with a physician might feel tricky, since the subject of a cancer diagnosis is always a heavily loaded one. Both the patient and their doctor might find it difficult to communicate efficiently.

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Patients must communicate with their treating physician whenever they feel they are not getting the right information, or if the information is really devastating – they should be franc and open about this with their treating physician.

It is helpful to write down all questions and concerns before visiting one's treating physician and take the list of questions with when visiting the doctor. Consider asking the following:

- What kind of cancer do I have?
- Where is the cancer?
- Has the cancer started to spread?
- Can my cancer be treated?
- What is the chance that my cancer can be cured?
- What other tests or procedures do I need?
- What are my treatment options?
- How will the treatment benefit me?
- What can I expect during treatment?
- What are the side effects of the treatment?
- When should I call my doctor?
- What can I do to prevent my cancer from recurring?
- How likely are my children or other family members to get cancer?

Consider bringing a family member or close friend with to the first few doctor appointments to help remember what was said.

Find hope – even though one may hear that the rates of cancer survival have increased significantly over time, it can be hard to feel hopeful when one has just been diagnosed with cancer. Worrying about the future is natural. Treatments are improving constantly, and if the cancer cannot be controlled, symptoms can be relieved to make life more comfortable.

Often the first thing people ask when told they have cancer is: 'Am I going to die?' Talk to a health professional about what the diagnosis means and what the future may hold. By knowing more about one's illness may help ease this fear.

[Picture Credit: Dealing with Cancer]



If told that the cancer is advanced, one may find it harder to feel hopeful. In some cases, advanced cancer can be controlled for many years, allowing one to do the things one enjoys for as long as possible.

Talk about it - symptoms of depression and anxiety are often a natural outcome after a cancer diagnosis. After all, there are so many unknowns to this equation, and this is a journey that will undoubtedly turn one's life upside down. That is also why it is so important to be able to count on a strong support network.

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Some people find that giving some kind of outlet to their feelings helps. Many people feel that expressing sadness, fear, or anger is a sign of weakness. In fact, the opposite is usually true. It is much harder to express powerful emotions than it is to try to hide them. Hiding one's feelings can also make it harder to find good ways to deal with them. There are many ways to express one's feelings. Find one that fits.

Try to talk with trusted friends or relatives, or keep a private journal. Some people express their feelings through music, painting, or drawing.



Talk to friends and family - being able to rely on a good support network is always helpful, even though speaking to the people around oneself about one's diagnosis may be a challenge all on its own.

[Picture Credit: Friends and Family]

Telling friends and family one has cancer can be daunting, but many people find that having a good support network around them really helps. One may want to tell those closest to oneself first. After this, one might find it helpful to make a list of who one wants to tell. Ask someone who is trustworthy to tell

other people on behalf of oneself.

Before telling someone about the cancer diagnosis, think about what details they need to know. Writing this down might be helpful.

It is important to talk about one's diagnosis with one's nearest and dearest. It may be helpful to start with family, and then with friends. Maybe just tell one friend to begin with.

Inform one friend, a close friend, a best friend, and ask him/her to be the sounding board. This will ease contacting other friends and will help to not spend all of the time on the phone talking to everybody.

Additionally, the physical context in which one talks to others about one's diagnosis is also important. Choose a time and place where you will have time to talk without being interrupted. Try to be honest about what is known – it is OK to say if one is unsure about anything, or cannot answer all the questions.

Ask for help - it may be hard for individuals newly diagnosed with cancer to solicit support, even though they may find that friends shower them with offers of assistance.

[Picture Credit: Find Support]



It is suggested to ask for specific, pragmatic help with small things, such as a lift to a next medical appointment, or a cooked meal. Small, targeted actions can go a long way.

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When people come and say 'how can I help you,' the thing that one can do is to give them a task, ask them to do something specific, ask them to make a meal, for example.

Find a dedicated support network - locate a dedicated support group in the local community. Contact the nearest CANSA Office and join a support group. Being able to talk to someone who was, or who had been, in a similar situation is a valuable self-care resource.

Fight stigmas - some old stigmas associated with cancer still exist. Friends may wonder if cancer is contagious. Co-workers may doubt whether someone with cancer is healthy enough to do a particular job, and some may withdraw for fear of saying the wrong thing. Many people will have questions and concerns.

Determine how to deal with others' behaviours to be prepared. Remind friends that even if cancer has been a frightening part of one's life, it shouldn't make them afraid to be around.

Use anger and grief as a 'lever' - responses of grief and anger are normal feelings to experience when receiving a Cancer diagnosis, but such emotions need not be destructive.

Negative emotions can sometimes be used for leverage. For instance, anger may help one to understand that one did not want cancer to take hold of one's entire life.

One has every right to get angry, because it is that fire that is going to make one get up and say: "You know what, it is OK, I've got cancer, but I will not continue to dwell on the negative aspects of this disease any longer."

Do not let cancer take over control - cancer may be in one's body and affecting the way that one lives one's life, but continuing some old activities that one previously took pleasure in, or taking up something new, such as crafting, drawing, or writing, could help to stay in touch with who one is outside of one's health profile.

If possible, keep doing some previous favourite activities, or pick up a new hobby, to help focus on something other than the Cancer diagnosis.

Rather shift more of one's mental and emotional focus onto something pleasant and creative. Some gentle exercise, it is said, might also prove useful.

A good thing to do is to do a little bit of exercise every day. It is a work in progress to learn to live with cancer. There is no right or wrong way of coping, and what is essential is that one stays in charge of one's body and one's life.

Reach out to others - there may be times when finding strength is hard and things feel overwhelming. It is very hard for any one person to handle having cancer all alone. Try to reach out

to friends, family, or support organisations. These people can help one feel less alone. They will be there to share fears, hopes, and triumphs every step of the way.

[Picture Credit: Stop Worrying]

Try to focus on what one can control, not what one cannot - find ways to be hopeful can improve the quality of one's life, but it won't determine whether one will beat cancer. Despite what one may hear, people's attitudes do not cause or cure cancer. It is normal to feel sad, stressed, or uncertain, and even to grieve over how one's life has changed. When this happens, expressing those feelings can help one feel more in control rather than overwhelmed by one's emotions. It also frees up energy for all the other things one needs to handle.



Anticipate possible physical changes – now, immediately after a cancer diagnosis and before commencing treatment, is the best time to plan for changes. Prepare now to ensure that coping later will be easier.

Ask the doctor what changes could be anticipated. If drugs will cause hair loss, ask for advice from image experts about clothing, makeup, wigs and hairpieces may help one feel more comfortable and attractive.

Members of cancer support groups may be particularly helpful in this area and can provide tips that have helped them and others.

HEALTHY LIFESTYLE



Also consider how treatment will impact on one's daily activities. Ask the doctor whether one can expect to continue one's normal routine. One may need to spend time in the hospital or have frequent medical appointments. If the treatment will require a leave of absence from one's normal duties, make arrangements for this.

[Picture Credit: A Healthy Lifestyle]

Maintain a healthy lifestyle - this can improve one's energy level. Choose a healthy, balanced diet consisting of a variety of foods and get adequate rest in order to help to manage the stress and fatigue of the cancer and its treatment.

Exercise and participating in enjoyable activities also may help. Recent data suggest that people who maintain some physical exercise during treatment not only cope better but also may live longer.

Maintain a routine - individuals often overlook everyday tasks as their focus shifts to medical needs. Maintaining a routine can help one regain and maintain a sense of control and normalcy. This is important as one adjusts to new demands.

Remain involved with work and leisure activities as much as possible.

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Review goals and priorities while maintaining a normal lifestyle - determine what is really important in life. Find time for the activities that are most important and gives one the most meaning.

If needed, try to find a new openness with loved ones. Share thoughts and feelings with them. Cancer affects all relationships. Communication can help reduce the anxiety and fear that cancer can cause.

Maintain a normal lifestyle, but be open to modifying it as necessary. Take one day at a time. It is easy to overlook this simple strategy during stressful times. When the future is uncertain, organising and planning may suddenly seem overwhelming.

Factors that can Hinder One to Cope

Being a person who is . . .

- Generally negative toward life and its problems
- Unable to think one day at a time and worries about the future
- Pessimistic by nature and can easily feel helpless in the face of stress
- Apt to try to avoid a challenge when possible
- Prone to become nervous and distressed in the face of challenge
- Reluctant to persist in the face of stress and can easily become overwhelmed and feel hopeless
- Unable to see the funny side of a situation or to take oneself less seriously
- Feeling inadequately informed about the nature of the treatment: the need for it and its goals and side effects
- Having a medical team that communicates poorly and doesn't convey a sense of caring
- Feeling isolated, without a person with whom to share the stress
- Having no personal philosophy of life or belief system that gives one perspective on adverse events

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The Oral Cancer Foundation

<https://oralcancerfoundation.org/emotional-aspects/coping-with-it-all/>

WebMD

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