

Cancer Association of South Africa (CANSA)

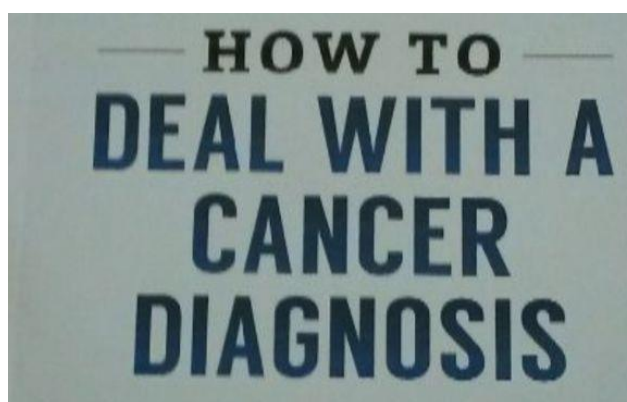


CANSA Fact Sheet on How to Cope With a Cancer Diagnosis

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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Howell, D.M., Metcalfe, K., Kong, S., Stephen, J., Olivotto, I.A., Baxter, N., Friedenreich, C.M., Warner, E., Akbari, M.R., McBain, K., Narod, S. & Quan, M.L. 2022.

Purpose: Young women with breast cancer (YWBC) are an understudied population and there are limited data on risk factors for psychological morbidity early in diagnosis. We examined psychological morbidity (anxiety, depression, stress symptoms), well-being and associated risk factors.

Methods: A total of 845 women from a pan-Canadian, multicentre inception cohort study of YWBC (age ≤ 40) who completed Patient Reported Outcome Measures (PROMs) after their initial surgical consultation and prior to surgical or other treatments were included. Multivariate regression analyses identified risk factors (i.e. parenting young children) associated with psychological morbidity and whether coping self-efficacy was protective.

Results: Rates of clinically significant anxiety (n = 683, 69.1%) and depression (n = 422, 42.7%) were high but lower for stress symptoms (n = 67, 6.8%). Probability of anxiety was high for women with a previous history of depression (OR 2.02, P = 0.03, CI 1.09-3.74) and working full-time (OR 1.76, P = 0.05, CI 1.02-2.77). Whereas, pre-existing depression (OR 2.91, P = 0.01, CI 1.36-6.01), younger children (age ≤ 10) (OR 1.69, P = 0.05, CI 1.01-2.93), and income > \$100,000 (OR 2.06, P = 0.02, CI 1.18-3.64) were risk factors for depression. Coping self-efficacy was protective with a decreased risk of anxiety (OR 0.11, P ≤ 0.01, CI 0.04-0.28), depression (OR 0.03, P ≤ .01, CI 0.01-0.16), stress symptoms (OR 0.17, P ≤ .01, CI 0.04-0.65) and higher psychosocial well-being with a gain of 19.68 points (P < 0.01) for high levels of CSE (> mean plus 1 SD). Those with lower levels of neurosis had less negative outcomes.

Conclusion: Young women with breast cancer are vulnerable to psychological morbidity early in diagnosis, particularly those with low coping self-efficacy and may benefit from earlier supportive care.

Bradford, N., Cashion, C., Holland, L., Henney, R. & Walker, R. 2022.

Objectives: Cancer can have long-term biopsychological impacts for young people that persist for years. To promote adjustment, it is essential to understand how young people cope, yet this is relatively understudied.

Methods: This study explored the coping strategies using semi-structured interviews with 16 young people with cancer aged 15-24 years. Eligible participants were diagnosed within the previous 24 months and recruited through Australian Youth Cancer Services. Transcribed interviews were analysed using content analysis.

Results: Coping strategies included: seeking support; controlling the focus; avoiding negatives and staying positive; meaning making and; changes with time. During treatment, seeking support, focussing on the present, distraction and avoidance were commonly applied. Following treatment, planning for the future, avoidance of re-traumatising situations and meaning making were used.

Conclusion: Findings support the concept of coping as a dynamic process where different strategies are used depending on the stressor, available resources and previous experiences.

Practice implications: Comprehensive, developmentally appropriate psychosocial assessments, open communication, education and information provision, as well as appropriate referral for support are essential, particularly for young cancer survivors identified at risk.

Amirshamsi, M., Shahrbabaki, P.M. & Dehghan, M. 2022.

Background: Cancer is one of the most important diseases of the present century worldwide. Patients and their spouses can find more difficulty accepting the diagnosis of cancer than its phases of treatment. Both the physical health and mental health of the patient and spouse are important in the process of recovery from cancer and its treatment.

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Objective: The aim of this study was to determine the relationship between coping strategies for stress and self-efficacy in patients with cancer and that of their spouses.

Methods: In this descriptive-analytical cross-sectional study, 91 patients and their 91 spouses completed the Endler and Parker Coping Inventory, the Sherer General Self-Efficacy Scale, and a demographic information questionnaire.

Results: The problem-oriented coping style was used more than the other strategies by patients with cancer and their spouses. The least used coping style by patients and their spouses was the avoidance style. The self-efficacy of patients and their spouses was above average. Self-efficacy was directly and moderately correlated with problem-oriented coping style ($P < .001$) and inversely and moderately correlated with emotion-oriented coping style ($P < .001$).

Conclusions: Adoption of strategies like training and consulting may enhance the problem-focused coping style and reduce emotion-focused coping style and therefore lead to increased self-efficacy in patients and their spouses.

Implications for practice: Healthcare providers', especially nurses', knowledge and sensitivity about the coping strategies of patients with cancer and their spouses may help providers select more effective interventions for improving patients' and their spouses' effective coping styles and self-efficacy.

Hinton, T., Burns-Nader, S., Casper, D. & Burton, W. 2022.

This study examines adult childhood cancer survivors' memories about diagnosis, coping, and life effects of cancer.

This qualitative study used inductive content analysis to analyze open-ended responses completed in a survey conducted in 2018.

27 adult survivors (15 male, 12 female) of childhood cancer, ranging in age from 20-39, who were at least 5 years post treatment.

Participants recruited through Amazon Mechanical Turk responded to a survey which included open-ended questions about experiencing childhood cancer to examine their: (1) memories of initial reactions to cancer; (2) memories of coping during cancer; and (3) reflections of the cancer experience on who they are today.

Inductive content analysis was performed to reveal categories related to the stories shared by participants regarding their memories of childhood cancer experiences. Participants' memories of diagnosis reflected categories such as psychological reactions and family support. Memories of coping reflected themes of family support and distraction. Participants' reported strength and resilience as impacts of cancer on their present lives.

These findings indicate that survivors of childhood cancer have strong, specific memories about diagnosis and coping during cancer and highlight the potential long-term implications of having cancer. The findings also illustrate the importance of appropriate psychosocial support for childhood cancer patients and survivors.

Spirituality and a Cancer Diagnosis

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

Leão, D.C.M.R., Pereira, E.R., Silva, R.M.C.R.A., Rocha, R.C.N.P., Cruz-Quintana, F. & García-Caro, M.P. 2022.

Background: The breast cancer diagnosis causes a high level of suffering and distress in patients who experience difficulties in coping. There is a need to improve knowledge of emotional and spiritual coping in response to the stressful situation of women who must face this diagnosis.

Objectives: The aims of this study were to map women's spiritual and emotional coping experiences reported after a breast cancer diagnosis and examine the proposed interventions and suggestions for clinical practice.

Methods: A scoping review was performed by searching the Scientific Electronic Library Online, Scopus, Cumulative Index to Nursing and Allied Health Literature, Latin American & Caribbean Health Sciences Literature, Medical Literature Analyses and Retrieval System Online, Spanish Bibliographic Index of Health Sciences, PSYCINFO, and Google Scholar databases using Medical Subject Headings terms. Additional pertinent studies were identified by reviewing the bibliographies of the included studies. Twenty articles were included according to the recommendations for scoping reviews.

Results: Study findings regarding emotional and spiritual coping with the diagnosis and proposed interventions were synthesized. A thematic list of interventions and recommendations for clinical practice is also provided.

Conclusions: The studies demonstrated that women with breast cancer are challenged by their emotions and experiences. The review highlights the importance of spiritual coping for redefining women's meaning in life. In clinical practice, caring for women's inherent needs when they are coping with a diagnosis is important to establish integral care.

Implications for practice: Nurses can evaluate coping strategies, offer support for adaptation to the disease, provide qualified listening, help women in their search for significance while coping with cancer, and help them identify ways to overcome this stressful situation. Similarly, they can encourage patients to find spiritual comfort and emotional support.

Atlas, M. & Hart, T.L. 2022.

Purpose/objectives: To examine the extent to which religious/spiritual coping moderates the association between stress appraisals and hope among patients with colorectal cancer.

Design/research approach: A longitudinal, prospective examination of hope, stress appraisals of cancer, and religious/spiritual coping through self-report questionnaires at baseline, 6-months, and 12-months post-surgery.

Sample/participants: One hundred thirty-nine newly diagnosed patients with colorectal cancer recruited from tertiary medical centers.

Findings: Challenge and threat appraisals predicted hope. Only the relationship between hope and challenge appraisals was significantly moderated by coping through religion/spirituality, such that those who were both low on challenge and low in religious/spiritual coping reported the lowest hope.

Conclusions/interpretation: Hope is predicted by how people appraise their cancer. Hope was lowest among participants who reported both low challenge appraisals and religious/spiritual coping.

Implications for psychosocial providers: Understanding how patients appraise their cancer and use religion/spirituality to cope may help providers understand which patients are at risk for low hope.

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.

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



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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.

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.

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.

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.

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

Medical Disclaimer

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