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Posttraumatic Growth and Related Factors Among Postoperative Breast Cancer Patients

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Abstract

Breast cancer is the most common cancer type among women which is a highly-challenging and traumatic situation for women which threatens some psychological aspects such as femininity, motherhood and sexuality and therefore differs from other cancer types. Recently, rather than focusing on negative consequences of breast cancer after diagnosis and treatment, researchers focus on possible positive consequences after experiencing a trauma which refers to posttraumatic growth. The aim of the present study was to assess the relationship between social support, dispositional hope, internal-external locus of control and posttraumatic growth among postoperative breast cancer patients. The study was conducted with 31 postoperative breast cancer women (mean age=50.48, SD=11.59) who were undergoing postoperative treatment. Participants were from different cities in Turkish Republic of Northern Cyprus. "Posttraumatic Growth Inventory (PTGI)", Multidimensional Scale of Perceived Social Support "(MSPSS)", "The Hope Scale (HS)" and "Rotter's Internal-External of Control Scale (IELCS)" were administered to test the hypothesis of the study. Posttraumatic growth was found to be positively related with social and dispositional hope. Besides, the results did not reveal any significant relationship between posttraumatic growth and locus of control. Understanding the contributing factors to the development of posttraumatic growth among breast cancer patients is an important issue in the posttreatment process of breast cancer to improve psychological health of women with breast cancer.

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Keywords: Breast Cancer, Posttraumatic Growth, Dispositional Hope, Social Support, Internal-External Locus of Control

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1. Introduction

Cancer is one of the most important and current health problems in the world and it is generally associated with fear, hopelessness, guiltiness, being abandoned, anxiety, pain or death. It is a chronic and life-threatening disease which has both physical and psychological effects on the patients. Although many preventive and medical treatment methods have been developed with the advances in technology and medicine, cancer is still perceived as a life-threatening disease which impairs many domains of life of the patients such as family relations, sexuality, work and self-care (Gumus, 2006; Ozkal & Arıkan, 2014).

Breast cancer is the most prevalent cancer type among women. Breast is associated with concepts of maternity and femininity among women. In most cultures, breast is perceived as a symbol of motherhood, womanhood and sexuality. In addition, breast cancer requires highly stressful medical and surgical procedures. The possibility of losing breast increases the anxiety about the disease. These situations make the treatment process more traumatic for women. Therefore, it can be indicated that breast cancer is perceived as a threat for women's feminine and maternal identity, body image, sexuality, self-confidence, self-esteem, psychological status and relationships with the environment (Lantz & Booth, 1998). Breast cancer is the most common type of cancer among women which constitutes twenty-three percent of all cancer diagnosis in women (Tahan, Ziauddin & Soran, 2009). According to the statistics reported by World Health Organization, 7.6 million people died in the world because of cancer in 2008 and breast cancer was the fifth common cause of cancer deaths, accounted for 458.000 of these deaths (World Health Organization, 2014).

Since it is the most prevalent cancer type among women and makes women more anxious and traumatized due to the perceptions and meanings about breast for them, there are many research in literature about the psychological consequences of breast cancer among women such as trauma and especially posttraumatic stress disorder, depression or other anxiety disorders. However, in the recent years, there is more interest about positive psychological consequences of breast cancer in the literature. Posttraumatic growth is one of the most studied concepts among women with breast cancer after the term proposed by Tedeschi and Calhoun in the 1990s (Tedeschi & Calhoun, 1996). In general terms, posttraumatic growth can be defined as positive psychological, cognitive and emotional changes after experiencing a struggle with a highly challenging life crisis (Tedeschi & Calhoun, 2004). As a concept, posttraumatic growth is related with positive consequences of traumatic life events and individuals' coping processes after facing with traumatic life situations. Accordingly, there are several factors reported in the literature such as personality characteristics like locus of control (Cummings & Swickert, 2010) dispositional hope (Ho et al., 2011) and perceived social support (Bozo, Gundogdu & Buyukasik-Colak, 2009) which contribute to the development of posttraumatic growth. Locus of control was firstly proposed by Rotter and it is considered as an important aspect of personality. It basically refers to the extent in which individuals believe that they can control events that affect them and attribute accomplishments and failures to internal or external factors (Rotter, 1966; Chalak, Nasri & HeidariTabrizi, 2014). There are two dimensions of locus of control, internal and external. Individuals with higher internal locus of control believe that his/her behavior is guided by his/her personal decisions and efforts. Individuals with higher external locus of control believes that his/her behavior is guided by fate, luck, or any other external circumstances (Dereceli & Dorak, 2011). Another personality factor related with posttraumatic growth is dispositional hope. Snyder and colleagues (1991) stated that hope is a positive motivational state and important personal resource which is formed by an interaction of a sense of successful agency and pathways.

The last factor which contributes to the development of posttraumatic growth is perceived social support. Social support could be defined as information which leads an individual to perceive that he/she is loved, valued, cared for and belongs to a network of communication (Cobb, 1976; Campbell & Gilmore, 2014). When individuals with chronic diseases such as cancer and asthma (Muhbes & Alyeassery, 2014) experience lack of social support especially family support, they perceive their situation even worse.

As mentioned before, these three psychological constructs are found to have a contribution to the development of posttraumatic growth. In the light of the literature mentioned above, if these psychological constructs contribute to the development of posttraumatic growth among postoperative breast cancer patients are examined in this study.

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