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Evaluation of the self-management of psychological stress in patients with oncologic diagnostic

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Abstract

The clinical literature posits a significant relation between the personality and cancer onset and progression. The two most frequently noted characteristics of the cancer-prone personality are: suppression of emotional expression and denial of strong emotional reactions, on the one hand, failure to cope successfully with stress, and a reaction of giving up, linked with feelings of hopelessness and helplessness, on the other hand. This paper presents the cases of two cancer patients, following their evolution before and after the onset of the disease, in relation to the two above-mentioned personality characteristics.

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1. Introduction

The cancer –prone personality sometimes called “Type C“, has often been described as appeasing, unassertive, overcooperative, overpatient, harmony seeking and conflict avoiding, compliant and defensive. The two most frequent noted characteristics are: 1) suppression of emotional expression, as anxiety and anger and denial of strong emotional reactions, and 2) failure to cope successfully with stress, linked with feelings of hopelessness and helplessness (Eysenck, H.J., 1988).

The assumptions are: 1) cancer patients’ failure to cope with psychic stress before and after the cancer onset is associated with a relational pattern in which they situate the „locus of control“, exclusively in themselves 2) in

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cancer diagnosed individuals, the poor capability to cope with stress, both before and after the diagnosis, is associated with the introjection of unrealistic expectations from the environment which inhibit personal emotional expression in relationships.

The subjects proposed in this paper are: a 35 years old woman (R.M.) and a man (M.I.) 65 years old. Medically, in March 2014, R.M. was diagnosed with gastric and liver metastases. She is getting treatment in Turkey and Romania, but following chemotherapy, the gastric metastases have reduced insignificantly and the hepatic ones have developed. Currently she cannot be operated and the prognosis is guarded.

M.I. was diagnosed in September 2012 with colorectal neoplasm. A 41 cm length of the colon was removed and has anus “against nature“. Five days after the operation he had a hernia, inoperable because of the major risks involved.

2. Psychological assessment of stress self-management and emotional expression capability

Subject I:

2.1. Assessment of stress self-management and emotional expression capability before the diagnosis

In order to understand the relational pattern of this subject and define her “introject“, it was used the clinical interview. The data from the clinical interview show that RM considers she “had a quiet life, except for the last five years“. Her life history before the five years that she deemed „critical“, points to her being compliant, over-cooperating, conciliatory and non-assertive.

She was the youngest, unexpected child in a family with three other children: two girls and a boy. Her parents were delighted that she arrived, but the age difference between her and her siblings was an obstacle to her adaptation; the parents tried to compensate by “inflating” her persona: she was the princess capable of achieving everything, with a special potential, doing everything better than the grown-ups.

Her siblings not accepting her merely based on her “potential” placed her in the position of making an objective effort to adapt to their requirements, in order to win over their friendship. Most often, this meant her obeying them, helping out in various activities, making herself likeable, demonstrating she was worthy of their trust. To match the image proposed by her parents, she operated based on this compliant pattern for her entire life: she married at the age of 20, had a baby and went to study in England. The child was left in care of the parents. It may be interpreted that she had a baby for the benefit of her parents.

In as far as communicating emotions in social relations, she believes it a success that she has built “an impeccable image” of herself: “I have always been a hard working person; I have never let anyone down, and all this at the cost of neglecting myself. Everybody loved me, and this has always been very important for me. I’ve never had any conflicts with my supervisors or work mates; I’ve always known how to yield out“.

Introjecting an inflated self-perception makes her believe the cancer to be only the reverse of the medal, “because maybe this is God’s Law, a kind of balance; I’ve had it all, and now I’m paying the price“. We appreciate that this is a “false self”, since she doesn’t manage to make contact with her own suffering, stemming from the unconscious renunciations caused by the fear of losing the others’ love, from the difficulty in relating to others that occurs when the locus of control permanently resides in one’s self. This relating pattern involves reluctance to demand some adjustment from others to her own needs and desires, for fear of being abandoned and, consequently, “exposed“ as imperfect, incapable, unwanted, picture that would contradict her parents.

Before getting ill, over the past five years, RM’s capability to deal with stress was seriously put to test. To quantify the emotional tension involved by the events R.M. refers to, it was used the Life Events Scale of Holmes and Rahe – LES. The events that R.M. lived through in the last year before being diagnosed, events that, according to the Life Events Scale of Holmes and Rahe, have stress potential are:

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