



## Review

## Positive psychological functioning in breast cancer: An integrative review

Anna Casellas-Grau <sup>a</sup>, Jaume Vives <sup>a</sup>, Antoni Font <sup>a</sup>, Cristian Ochoa <sup>b, c, \*</sup><sup>a</sup> Universitat Autònoma de Barcelona, Spain<sup>b</sup> Institut Català d'Oncologia, Spain<sup>c</sup> Universitat de Barcelona, Spain

## ARTICLE INFO

## Article history:

Received 24 August 2015

Received in revised form

29 March 2016

Accepted 2 April 2016

## Keywords:

Positive psychology

Breast cancer

Psycho-oncology

Posttraumatic growth

Well-being

Integrative review

## ABSTRACT

This integrative review aimed to analyze the research into positive psychological functioning after breast cancer, and to integrate the most relevant findings relating to sociodemographic, medical and psychosocial factors.

Relevant outcomes were identified from electronic databases (Medline, PsycINFO, Web of Science, Scopus, Cochrane, CINAHL, and Wiley Online Library) up to July 2015. A Google search was performed to identify unindexed literature. Dissertations and theses were searched on Proquest Dissertations and Theses, DIALNET and TDX. Selection criteria included empirical studies assessing relationships between breast cancer and positive functioning, without restrictions on type of participants.

In total, 134 studies met the inclusion criteria. The sociodemographic, medical, and psychosocial characteristics associated with well-being, posttraumatic growth, finding benefit and meaning were being young, undergoing chemotherapy, and having social support. The last two of these characteristics were time-oriented. The culture of the different samples and positive dispositional characteristics like optimism had an influence on the women's coping styles. Socioeconomic status and level of education were also associated with positive psychological functioning.

The perceived impact of breast cancer on patient, as well as the perceived support from significant others can result in better functioning in women with breast cancer. The results highlight that oncology health professionals should take into account not only the individual and medical characteristics, but also the stage of the oncological process and the psychosocial environment of patients in order to promote their positive functioning.

© 2016 Elsevier Ltd. All rights reserved.

Serious illnesses like cancer are adverse experiences with a high psychological impact on patients. Breast cancer is the most frequently diagnosed cancer among women [1] and is the most frequently studied in psycho-oncology research [2]. Many studies have analyzed the negative psychological responses among those who have suffered from cancer and have found associations with fatigue, distress, and depression [3–5]. However, more recently, there has been growing interest in patients' positive psychological functioning (PPF) during their experience of cancer (e.g. Dunn, Occhipinti, Campbell, Ferguson and Chambers, 2011 [6]) as well as in other conditions like coronary heart disease [7] or AIDS [8]. This widening focus towards positivity has resulted from an emerging

branch of psychology, known as *positive psychology*. Specifically in oncology, positive psychology has prompted research and psychological interventions focused on assessing positive resources, such as positive emotions, strengths, and personal meanings, in addition to the traditional focus on psychopathological symptoms and emotional distress [9,10]. According to Gable and Haidt's [11] definition, PPF in cancer is the study of the conditions and processes that contribute to the flourishing or optimal functioning of cancer patients. *Flourish* means to live within an optimal range of human functioning, and it is related to positive dispositional characteristics like optimism, hope and resilience, as well as to the capacity of experiencing positive life changes (posttraumatic

\* Corresponding author. Psycho-oncology Unit, Duran i Reynals Hospital, Av. Gran Via de l'Hospitalet 199-203, L'Hospitalet de Llobregat, 08908 Barcelona, Spain.  
E-mail address: [cochoa@iconcologia.net](mailto:cochoa@iconcologia.net) (C. Ochoa).

growth [PTG] and benefit finding [BF]) or finding meaning in the adversity [12]. PPF is usually understood as the result of these conditions and processes and it is assessed by asking patients about their positive subjective states like well-being (WB) or happiness. There have been significant efforts to operationalize what is meant as PPF. The most notable efforts are following explained, but since there is not a conceptualized PPF in breast cancer available, we have applied this concept to this disease.

A relevant theory that explains positive subjective states is Seligman's Well-Being Theory [13]. It holds that the main topic of positive psychology is WB, and that this construct can be assessed using its five components: positive emotions, engagement, relationships, meaning, and accomplishment, which are termed PERMA. Each of these components is clearly described by Seligman ([13]). *Positive emotions* are subjective variables of WB, and include happiness, satisfaction with life, and pleasure. *Engagement* refers to the commitment to activities that facilitates *flow*, a mental state in which the person is fully involved in an activity [14]. Subsequently, given that humans are social beings, it is not surprising that building *positive relationships* is an important issue when facing difficulties in life. Finally, when talking about *meaning*, Seligman refers to relating experiences to the community, religion, or family, while *accomplishment* refers to the achievement of one's goals. Seligman argues that people apply their personal virtues and strengths in order to achieve these five components and, thus, to achieve WB [13]. Peterson and Seligman [15] classified the most universal strengths and grouped them into six virtues [16]: courage, justice, humanity, temperance, wisdom, and transcendence, which have been a focus for psychotherapeutic interventions [9,10] in the field of breast cancer as well. For example, attempts have been made to enhance optimism, resilience, or personal growth (including PTG and BF) in patients and survivors of breast cancer: *optimism* is a general disposition or tendency to hope that good will happen more often than bad [17], while *resilience* is defined by Stewart and Yuen [18] as the cognitive capacity to regain or maintain mental health when facing significant adversity, including physical illness. Finally, the discovery of positive life changes after the cancer experience provides an excellent example of the value of positive psychology in the context of adverse life events [10]. *Post-traumatic growth* and *benefit finding* are the most studied constructs when referring to positive life changes after an oncological experience. Although some authors use them synonymously (e.g. Zoellner and Maercker, 2006 [19]) PTG specifically refers to a person's transformation, after some time elapsed from trauma, to gain a better appreciation of life, an improvement in their relationships with others, an increase in their personal strengths, a spiritual change and development, and to gain new life opportunities following negative experiences [20,21]. Conversely, BF focuses on finding the benefits from an adversity (e.g. a disease), which can itself result in better relationships, enhanced

emotional strengths, or the desire to live one's life fully [22]. In the case of cancer, many authors have focused on the development of these positive life changes [23–25].

This integrative review aims to provide an exhaustive analysis of the results published to date regarding the conditions and processes that contribute to the optimal functioning of breast cancer patients. More specifically, our research aims to explore which conditions (sociodemographic, medical and psychosocial) and positive issues (dispositional characteristics, subjective states and life changes) are related to PPF in breast cancer. Given that many studies have found that people are capable of developing personal growth, finding benefits, or achieving higher levels of meaning in life in the aftermath of cancer in a variety of sites, we hypothesize that, in the specific case of breast cancer diagnosis, some women will also be capable of developing positive functioning, especially those who perceive their cancer as more disruptive.

## Methods

### Literature search strategy

Electronic literature searches were performed using the following databases: Medline, PsycINFO, the Web of Science, Scopus, Cochrane, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Wiley Online Library. In addition, a search was performed on Google for unindexed literature, as well as on Proquest Dissertations and Theses, DIALNET and Doctoral Theses Online (Tesis Doctorals en Xarxa; TDX) for theses and dissertations. A list of positive psychology-related keywords was used to identify relevant studies through an iterative process of search and refine. There was no restriction to the year of publication, and the searches were performed by subject headings, keywords, titles, and abstracts, using the terms and Boolean operators shown in Table 1 (up to July 2015). The reporting follows the PRISMA guidelines.

### Study selection criteria

The following selection criteria were applied to the identified articles.

**Type of studies.** Empirical primary studies that had been published were eligible for inclusion, and reviews, editorials, letters, and case reports were excluded. Given that the review aimed to focus on the study of PPF without interventions, those articles assessing an intervention were excluded. No other limitations were placed on study design or outcome measures. Only studies published in English and Spanish were included.

**Type of participants.** All studies that clearly specified the inclusion of patients or survivors of breast cancer in the title, keywords, or abstract, were included in the review. There were no restrictions to the age or the number of participants or to the phase of disease or its treatment.

**Table 1**  
Descriptors used for the articles research.

Descriptors	
OR	"positive psychology", "flow", happiness, "well-being", flourish*, "positive emotions", engagement, "positive relationships", meaning*, accomplishment, pleasure, pleasant, savoring, blessing, "life satisfaction", wisdom, knowledge, curiosity, "love of learning", "open-mindedness", creativity, courage, bravery, persistence, authenticity, zest, vitality, humanity, love, kindness, generosity, "social intelligence", justice, citizenship, fairness, equity, leadership, temperance, self-regulation, prudence, humility, modesty, forgiveness, transcendence, "appreciation of beauty", "excellence", gratitude, hope, spirituality, playfulness, humor, kindness, religiousness, optimism, resilience, "posttraumatic growth", "personal growth", "benefit finding"
AND	Breast cancer
NOT	mice, mouse, CK19, CK-19, cytokeratin-19, mrna, nucleic acid, tumor metabolism, androgen receptor, estrogen receptor, progesterone receptor, positive tumors, HER2*, cytoplasm*, node, nodal, circulating tumor cells, protein, BRCA*, molecular, phenotype, biopsy, hormone receptor, CYP2D6, skin, tissue, tumor size, HER-2*, cyclophosphamide, ondansetron, cell*

Download English Version:

<https://daneshyari.com/en/article/6169408>

Download Persian Version:

<https://daneshyari.com/article/6169408>

[Daneshyari.com](https://daneshyari.com)