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Original research article

Characteristics of oncology patients and their management strategy as a possible predictor of help in oncology social work

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ABSTRACT

The aim of this study is to point to the concept of the c-coping style of oncological patients, towards whom the attention has been shifted in the research sphere in the last few years. The preferences in coping strategies of oncological patients were identified and compared to the respondents who did not suffer from this serious disease. The result of the statistical comparison within the research group shows the differences in selected coping strategies, as well as differences in personal characteristics. The results of this study point to the fact that respondents diagnosed with oncological disease prefer, on the larger scale, selected coping strategies, which are generally considered to be more effective (Minimization, Distraction, Substitute gratification, Reaction control). At the same time, however, they possess the dimension of personal characteristics, through which the feelings of insecurity, hopelessness, and so on, can be defined. (Restlessness and Resilience dimension). Respondents diagnosed with oncological disease are also dominated by the need for social support and assistance strategy. On the other hand, respondents who have not been diagnosed with an oncological disease often show much higher intensity of the personal attribute called “Openness”.

The authors respect the importance of using gender-sensitive language. For the purpose of clarity of the paper they are using the non-specific gender terms of patient or respondent, referring to both genders.

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Introduction

Since the mid-1960s, attention has been paid to the idea of looking for a link between risk personality characteristics and oncological disease. During the 1950s, theories were developed to identify the psychosocial factors that influence the development of cancer. Particular attention was paid to a personality type that is thought to have an increased risk of developing cancer – the C type personality (Cancer Prone Personality). Based on many empirical studies such as those of Kune et al. [1], Eysenck [2], Fox [3] and Contrada et al. [4], the basic features of a carcinogenic personality have been defined: e.g. C type personalities suffer from the syndrome of helplessness, hopelessness, and tend to suppress negative emotions that are considered socially unacceptable (such as anxiety, anger, hostility). Suppressing and displacing emotions, as well as avoiding emotional conflicts, are the “backbone” of their personality and this can develop into a state of clinical depression. Through this approach, conflicts are merely somatized, as hostility is turned into the inside of their organism [5].

The concept of C type personality (Cancer Prone Personality) focused mainly on defining the so-called risky personality traits and characteristics that could potentially affect the development of cancer. The current view is based on the fact that specific relationships to specific personality characteristics have not been confirmed, so the C type personality concept is generally questioned by many [6]. There is no doubt, however, that psychosocial determinants are an important risk factor for cancer, and that they integrate synergistically with other risk factors such as genetic predispositions, environmental factors – diet, smoking and viral diseases, etc.

The psychologist, Temshok, first introduced the concept of C-coping style in 1981. At the same time, she highlighted that it is essential to monitor the behaviour of the oncological patients, as well as their response to the stress that the individual has acquired during life. This can affect their biological defence against cancer. In her empirical study, she developed the so-called the concept of a C-coping style that identifies a way of dealing with stress in oncological patients. The critical factor is related to the immune system. In this sense, the individual does not focus on himself, he does not follow the stress signals of his own body, but tends to convince other people that everything is OK with regard to what others want [7].

The main features of this C-coping style are [8]:

- trying to be a rescuer;
- assuming that one is himself/herself in excellent health condition;
- trying to avoid conflicts;
- trying not to express negative emotions;
- excessive co-operation with other people;
- feeling insecure;
- subordination to other people;
- attempting to have a higher degree of subjectively assessed social adaptation and anxiety regulation.

In this context, we can therefore conclude that personality traits dynamically apply under load conditions. Personality is

the stressogenic situational conditions reflected in compensatory processes (coping), so that it decisively influences the choice of balancing strategies, and these strategies counterbalancing influence the subsequent mental processes (e.g. lead to negative emotions). Certain personality characteristics predispose people to a particular style of coping with stress – the level of resistance. According to Bolger and Schilling [9], a person can influence his or her health and psychological well-being in three ways:

- personality can be an explanation of why some people get into stressogenic situations and others do not;
- personality can affect the way people respond to situational stressogenic conditions;
- personality can affect health and psychological mechanisms that are not related to stress induced by the internal environment.

The management of oncological diseases and the possibilities of improving the quality of life of an oncological patient have long been addressed, for example by Nezu [10], Tschuschke [11], Angenendt [12] and Žiaková [13,14]. Based on the resulting studies, it has been shown that the diagnosis of cancer itself causes large scale disruption in the lives of individuals, which consequently causes a failure in their way of life. The reality of the disease and its treatment is bearing the consequences of the diagnosis, the aggressive treatment, and the psychological pressure on the individual's social status in society. Oncological patients may experience various negative symptoms, such as the interruption of life roles and goals, side-effects of the treatment, financial difficulties, failure in work, but also the disruption of family ties, changes in the social networks and uncertainty about the future. These facts suggest that oncological disease enters the life of an individual as a huge burden. The way to handle the burden is individual for each person as it is related to how individuals perceive stressful situations.

What can be helpful is the individual's resilience that develops due to unfavourable situations and disturbing effects. In this sense, it results in controlling the situation, effective coping, and positive adaptation to a particular unfavourable (stressful) situation. Developing the concept of resilience is potentially important for promoting mental health. However, the level of resilience, with regard to oncological disease and vulnerability, is significantly reduced. According to the authors [15], it is necessary to focus on two facts regarding resilience issues. The first is recovery, or how people “bounce back” or completely recover from the challenge. Resilient people have a greater ability to quickly gain physiological, psychological, and social balance after a stressful event. A second, equally important fact is sustainability or the ability to move forward in the face of an unfavourable situation. In this context, it is important for individuals to maintain a healthy psychological well-being in a dynamic and challenging environment. In this area we perceive self-care to be an important concept, which in its practical form, also aims to promote resilience and healthy aspects of human life [16]. This concept is important not only for patients, but also for helping professionals whose work in oncological social work represents a lifetime mission [17].

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