

Psychosocial characteristics of breast malignancy



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Substantial resources have been shared out to research into the psychosocial characteristics of breast malignancy in the last twenty years. Initial studies in this field mainly focused on describing the emotional experience of women with breast malignancy and also attempted to develop interventions which can reduce psychosocial distress and prepare them to cop-up with the situation. Ferlic M, Goldman A, & Kennedy BJ (1979) conducted a study titled “ Group counseling in adult patients with advanced cancer” and reported a noteworthy enhancement in participants “ perception and self-concept” and a similar benefit reported by Heinrich and Schag (1985). These two studies were referred as the early intervention studies among women with breast cancer.

David Spiegel et al. (1989) found that women with metastatic breast malignancy can extend their survival by a psychological intervention (“ supportive-expressive group therapy”). David Spiegel’s this report had various impacts on psychosocial intervention studies in 1990s. After Spiegel’s surprising findings in 1989, the researchers shifted their focus from describing emotional experience of women with breast malignancy to survival outcomes of psychosocial interventions. Cunningham et al., (1998); Edelman et al., (1999a); Goodwin et al., (2001); and Classen et al., (2001) conducted different studies to find out the favorable outcome of psychological interventions on survival of women with metastatic breast malignancy. None of the succeeding studies in metastatic breast malignancy have recognized a survival effect of a series of psychological interventions. Several similar findings were reported among different cancer studies with

the intention of survival outcome from their metastatic malignancy (Linn et al., 1982; Fawzy et al., 1993; Ilnyckyj et al., 1994; Kuchler et al., 1999).

All these observations, from studies held in 1990s, forced the members of psycho-oncology research group to change their focus of assessment to the mental status and personal satisfaction of women with breast cancer, and to the recognition of interventions that positively influence their mental and social functioning, instead of metastatic breast cancer survival and their in-between biomedical outcomes. From 2000, a good number of psychosocial oncology researchers concentrated on focusing their research in the area of mental status, wellbeing and quality of life of women during and after their active treatment for breast cancer.

Antoni et al. (2001) explained “ Cognitive-behavioral stress Management intervention decreases the prevalence of depression and enhances benefit finding among women under treatment for early-stage breast malignancy”. The writers observed the effects of ten-week group “ cognitive- behavioral stress management intervention” in the midst of 100 women recently undergone treatment for stage 0-II breast malignancy and reported positive benefits after the intervention. Cruess et al. (2001) studied the impacts of a “ cognitive-behavioral stress management (CBSM)” group intervention on “ serum cortisol” stages in women being undergone treatment for breast cancer with stage I or II. Women who were in the Intervention group demonstrated improved benefit finding and decreased “ serum cortisol” levels, whereas women who were in the control group not experienced any change.

The statement by Kissane and colleagues (2003) of a randomized, controlled trial of cognitive-existential group therapy for women with early breast cancer is an example. In that research they found that women in the intervention group reported considerably lowered ' anxiety", and enhanced " family function". The authors further reported self-growth and increased knowledge of cancer and its treatment.

During this period numerous excellent reviews of psychosocial interventions in breast cancer have been published (Rimer et al., 1985; Fawzy et al., 1995; Meyer and Mark, 1995; Wallace, 1997; Burke and Kissane, 1998; Newell et al., 2002) and most of these reviews suggested that there are significant advantages associated with the use of psychological interventions during and after their active treatment. Further, these reviews suggested various intervention approaches such as: education, cognitive and behavioral training, individual psychotherapy, group interventions, and made more specific suggestions concerning incorporation of psychosocial interventions into the treatment setting. They emphasized that there was proof of benefit for all of these approaches, reporting that cancer patients may benefit from a variety of psychological intervention programmes, and recommending accurate interventions at different points along the cancer trajectory.

Newell et al. (2002) conducted one review and achieved fairly different conclusions. The authors of this review attempted a broad survey of psychological treatments in various sorts of cancer. Further that they applied a sequence of thorough methodological standards and retained only those researches that achieved their standards of inclusions. This brought about the rejection of the greater part of published research. This review was

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comprehensive, but it did not focus on a specific type of cancer or a specific type of treatment, and the effects of interventions among different types of cancers did not differentiate by the reviewing team and that was considered as one of the major drawback of their review. Because of its strict inclusion criteria many important effects of psychosocial interventions being missed or undervalued. For the assessment of benefits they took an exceptionally progressive methodology in which at least half of the effective measures for the particular characteristic need to account significant outcomes for the impact to be categorized as a significant one.

The reviewing group observed the acute, intermediate, and durable effect of interventions on a huge number of results together with “ anxiety, depression, hostility, stress or distress, general or overall affect, general or overall functional ability or quality of life, vocational or domestic adjustment, coping or coping skills, interpersonal or social relationships, sexual or marital relationships, pain, nausea, vomiting, fatigue, overall physical symptoms, conditioned nausea and vomiting, survival, and immune” effects.

Newell et al., (2002) concluded that the support of the effectiveness of psychological management on distress and quality of life among people with cancer is uncertain. They also noticed a total lack of support for the effectiveness of the interventions for enhancing social functioning, even though this is a key feature of how patients outlook their revival and life after treatment (Schag et al., 1993; Carver et al., 2003).

Antoni et al. (2004) reported that their outcomes are very much at odds with those conclusions. Then the question arises what is the cause of the

disagreement? One major distinction between this study and those in Newell et al.'s (2002) review is the samples. Studies in that review scrutinized patients dealing with different cancers at different stages of illness and treatment, whereas Antoni groups sample was all women with breast cancer who were at the beginning of treatment. Other research on breast cancer has also revealed encouraging influences from such interventions (Andersen et al., 2004). For example, one trial of women with Stage II-III breast cancer explained that a group-based intervention that was paying attention on stress management, reduced anxiety, improved social support, enhanced diet, and reduced smoking (Andersen et al., 2004). That study, although valuable, exemplifies a major limitation in this field: a lack of evidence for the durability of the effects (Newell et al., 2002). Only one follow-up evaluation was accounted, which was right at the conclusion of the intervention. Here the new question arises whether the intervention effects last beyond the time of involvement, as patients go back to their home, their daily life, and their responsibility as partners, parents, and employees? Studies using more follow-ups are exceptional, even though outcomes of these interventions sometimes come out well after adjuvant treatments end (Andersen, 1992).

The work of Antoni et al. (2006a) helps advance the field by reporting that a "CBSM intervention" can construct significant and long-lasting effects on measures representing an improvement of social functioning, decrease of negative effect, and enhances positive experiences. Certainly, it is remarkable that a number of the effects actually solidified from 6 months to 12 months. A comparable pattern also has been found in the trial utilized a

different intervention that was put into practice at a different point in the active medical treatment (Scheier et al., 2006). It is significant to observe whether such consolidation is a consistent occurrence and how sturdy it is across time. Antoni et al., (2006a) strongly advocated that more studies track participants for longer times subsequent to the psychosocial intervention move towards to its conclusion.