

I'm Coping as Fast as I Can: Psychosocial Adjustment to Cancer and Cancer Treatment

Lillian M. Nail, PhD, RN, FAAN

Concerns about understanding and promoting coping with cancer permeate the research and clinical literature in oncology nursing, psychology, social work, medicine, and other healthcare disciplines. This interest in coping also is apparent in the lay literature in first-person accounts of the cancer experience, guidebooks, cancer-specific magazines, and information resources on various types of cancer. Despite extensive interest in understanding coping with illness, clinical application of the results of existing research often is limited by lack of clear implications for practice, questions about assumptions underlying the research and the approach to practice, the diversity and complexity of the conceptual models and theoretical positions used to guide research on coping, and difficulty evaluating the clinical significance of various interventions and approaches to care. Because coping occurs across the phases of the cancer experience and is not something that appears only during encounters with the cancer-care system, care providers may not have access to information about outcomes of coping over time and surely do not have the opportunity to observe the moment-to-moment changes in coping processes or the complexity of variables that influence outcomes. The purpose of this paper is to review some common concerns about psychosocial adjustment to cancer and provide guidance for clinical practice.

Background

As with most life-threatening illnesses, the diagnosis of cancer is accompanied by a set of concerns and worries that range from fear of dying to fear of dying in pain, fear of hair loss, fear of leaving loved ones, and fear that one will not be able to “get through it” or will not be viewed as someone who is “coping well” (Adelbratt & Strang, 2000; Bush, 1998; Hinds, 2000). People with cancer experience many changes in their day-to-day lives, including incorporating numerous diagnostic testing and treatment visits into their routines, monitoring and managing treatment side effects, learning the language and rituals of having cancer, and dealing with future uncertainty. The idea of having cancer is widely accepted as being stressful, as evidenced by the catastrophic or cloaking language used to describe a cancer diagnosis (e.g., “the big C”), the process of coping with cancer (e.g., a desperate battle), and those diagnosed with cancer (e.g., victims).

Stress, Coping, and Adaptation

Research on the process of coping with physical illness draws upon a number of theoretical perspectives. Perhaps the most widely used of these are the cognitive approaches derived from the work of Johnson and Leventhal and Lazarus and Folkman (Johnson, 1999; Johnson, Fieker, Jones, Wlasowicz, & Mitchell, 1997; Lazarus & Folkman, 1984). These theoretical

perspectives contribute to the framework that guides psychosocial care because they recognize the importance of the individual's perception of the situation (Lazarus' concept of appraisal) in directing coping efforts, point out the need to assess coping outcomes in a variety of domains (e.g., emotion, function, social activity, health), acknowledge that each individual will have his or her own unique experiences to draw upon in dealing with a stressor like cancer, and are based on the idea that coping is a process that changes over time.

Cancer and cancer treatment as stressors: The idea of being diagnosed with cancer or undergoing cancer treatment seems to be universally accepted as stressful. So, unlike other situations in day-to-day life where people end up explaining why they view a situation—such as interacting with family members—as a stressor, people with cancer can be asked “How come you are so calm about this?” or “How can you handle this so well?” Folkman and Lazarus approached the problem of identifying a stressor within the framework of cognitive appraisal (Folkman & Greer, 2000; Folkman & Moskowitz, 2000; Lazarus & Folkman, 1984). In this view, a stress appraisal occurs when the individual recognizes a situation where the demands exceed the customary automatic resources for dealing with it, and additional resources have to be mobilized. The two types of appraisals that are most relevant to people dealing with a possible cancer diagnosis are threat (the potential for harm) and challenge (the potential for mastery or learning from a new situation). Appraisal changes over time as the results of actions taken to deal with the stressor are evaluated and integrated and the situation is reappraised. People with cancer experience both threat and challenge appraisals at the same time. In clinical practice, it is common to hear patients focus on threat appraisals during a diagnostic workup, staging, and initial selection of a treatment while challenge appraisals may be verbalized more often after treatment is established or following the completion of treatment. Threat appraisals often take the form of statements like “I don't know what is going to



Lillian M. Nail, PhD, RN, FAAN, is the Dr. May E. Rawlinson Endowed Professor of Nursing at the Oregon Health and Science University and a member of the Oregon Cancer Institute, both in Portland. Preparation of this paper was partially supported by a Career Development Award (K24 CA91442) from the National Cancer Institute and research grants R01 NR04571 (L. Nail) and R01 NR04573 (A. Barsevick) from the National Institute of Nursing Research. Nail presented this address at the Mara Mogensen Flaherty Memorial Lecture at the Oncology Nursing Society's 26th Annual Congress in San Diego, CA. Nail is the 20th recipient of this lectureship, which recognizes a healthcare provider who has made a substantial contribution to the psychosocial aspects of cancer care.