Role of Social Support on Cancer Distress among Breast Cancer Patients
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Abstract
The purpose of the study is to assess the role of social support on cancer distress among breast cancer patients. A sample of 235 breast cancer patients was taken from Calicut Medical College, Kerala. Instruments used were Berlin’s social support scale and Distress Inventory-Cancer (DI-C) version-2. The study revealed that there is significant difference in cancer distress among the breast cancer patient based on the level of social support.

Keywords:
Brest Cancer, Cancer distress, Social support.

Social support is a powerful coping resource for those stressed by crisis or severe illness. Social support and breast cancer were found to be a complex multidimensional constructs. Multiple myths and stigmas associated with cancer and breast amputation impeded the women’s mobilization of support and support attempts by members of her social network. Social support appears to play an important role in a women’s adjustment to breast cancer (Glanz & Lerman, 1992).

Social support is defined as the exchange of resources between at least two individuals, the provider and the recipient. There are four types of social support emotional, instrumental, appraisal and informational. Family members offer emotional, support life esteem, trust, concern and listening. Instrumental support consist of aid in kind, money, labor and time. Peers offer appraisal support that enhances individual self-esteem. Informational support consists of advice, suggestion for problem solving, directives and information (Gotay & Wilson, 1998).

Social support has been found to reduce stress associated with a cancer diagnosis (Israel & Schurman, 1990). Distress in specific reference to cancer, is defined as an unpleasant emotional experience of psychological (Cognitive, behavioural, emotional), social and/or spiritual nature that interfere with the ability to cope effectively with cancer and its treatment. The time around the diagnosis of cancer is acknowledged as a period of increased distress for majority of breast cancer patients. Social support has been known to moderate the impact of distress caused by breast cancer.

Social support plays a key role in how woman who are awaiting or have received a diagnosis adjust to the prospect of living with breast cancer and its treatment (Liao et al, 2007; Blow et al, 2011). Women with breast cancer who lack social support or have a limited social support are at a increased risk of experiencing distress. By providing social support the family can smooth the patients adjustment, and it promotes good psychological adjustment. It is found that the availability of someone with whom one can get mind’s off and relax may enable women to forget for a while the distress of being a cancer patient. Effective support is important for several reason. When a woman perceives that she has adequate social support from her family and friends, she is more likely to have less distress which intern leads in better coping and adjustment to the diagnosis. Support may also provide immunologic responses to cancer as well.
The incidence of breast cancer in Kerala is increasing alarmingly and there are many psychological and social problems undergone by women who had been diagnosed of breast cancer. Keeping this in mind a study was conducted among breast cancer women of Kerala to know the role of social support on them. The study focuses on the role of social support on cancer distress among breast cancer patients.

**Objective**

1. To find the role of social support on Cancer distress among breast cancer patients.

**Hypothesis**

1. There is significant difference in Cancer distress among the cancer patients based on the social support.

**Method**

**Participants**

The participants of the present study consist of 235 breast cancer patients from the outpatient clinic of department of surgery and breast cancer clinic, Calicut Medical College, Calicut. The age of samples ranges from 20 to 50 years. All patients were married and having children.

**Instruments**

1. Berlin social support scale: Berlin Social Support Scale is used to measure cognitive and behavioral aspects of social support; to assess quantity, type and function of social support in general and in stressful circumstances; to investigate dyadic support interaction in stress full situation. This scale consist of six subscales such as Perceived social support, Need for support, support seeking, Actually received support, Provided support and Protective buffering scale. Participants indicate their agreement with the statements on a four-point Liket type scale. Internal consistency for sub scales in validation sample was found to be .83 for Perceived social support, .63 for Need for support, .81 for support seeking, .82 for Protective buffering and .75 for Provided social support.

2. Distress Inventory – Cancer (DI-C) version – 2. This inventory measures preclinical distress. The scale provides an insight into identifying or screening cancer patients who not yet clinically in need of psychiatric assistance but how much distress they have in their near future.

**Procedure**

After getting the permission from the authorities and concern from the patients they were personally met. The test materials were administered one by one after establishing a rapport and confidentiality of the data was maintained. The patients were requested to read all the statements carefully and respond them honestly.

The responses of the patients were scored according to the norms and guidelines of each scales and analysed statistically. To study the objectives of the investigation, one-way analyses were done.

**Results and Discussion**

To study the objectives of the study, one-way analysis was done. Distress and its dimensions among different group based on the level of social support (low, moderate and high) are given in the Table 1 and 2.
Table 1
Analysis of variance of cancer distress for groups based on social support

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Groups</th>
<th>Between groups</th>
<th>Within Groups</th>
<th>F-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variables</td>
<td>Sum of squares</td>
<td>Mean squares</td>
<td>Sum of square</td>
</tr>
<tr>
<td>1.</td>
<td>Emotional Domain</td>
<td>41.30</td>
<td>20.65</td>
<td>3120.46</td>
</tr>
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<td>2.</td>
<td>Spiritual Domain</td>
<td>91.85</td>
<td>45.93</td>
<td>2244.44</td>
</tr>
<tr>
<td>3.</td>
<td>Social Domain</td>
<td>7.88</td>
<td>3.94</td>
<td>1854.74</td>
</tr>
<tr>
<td>4.</td>
<td>Medical Domain</td>
<td>54.94</td>
<td>27.47</td>
<td>2441.25</td>
</tr>
<tr>
<td>5.</td>
<td>Activities of Daily Living</td>
<td>3.92</td>
<td>1.96</td>
<td>236.82</td>
</tr>
<tr>
<td>6.</td>
<td>Familial Domain</td>
<td>54.32</td>
<td>27.26</td>
<td>2410.57</td>
</tr>
<tr>
<td>7.</td>
<td>Overall Cancer Distress</td>
<td>326.89</td>
<td>163.44</td>
<td>9023.88</td>
</tr>
</tbody>
</table>

*p< .05, **p< .01

Table 2
Result of Duncan’s multiple range for cancer distress variables for groups based on social support

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Groups</th>
<th>Low (n=56)</th>
<th>Moderate (n=123)</th>
<th>High (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variables</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
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<td>Emotional Domain</td>
<td>32.80</td>
<td>3.55</td>
<td>32.18</td>
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<td>2.</td>
<td>Spiritual Domain</td>
<td>10.48</td>
<td>3.27</td>
<td>11.49</td>
</tr>
<tr>
<td>3.</td>
<td>Social Domain</td>
<td>12.19</td>
<td>2.45</td>
<td>12.62</td>
</tr>
<tr>
<td>4.</td>
<td>Medical Domain</td>
<td>9.89</td>
<td>3.06</td>
<td>10.65</td>
</tr>
<tr>
<td>5.</td>
<td>Activities of Daily Living</td>
<td>2.69</td>
<td>0.99</td>
<td>2.39</td>
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<tr>
<td>6.</td>
<td>Familial Domain</td>
<td>17.50</td>
<td>3.84</td>
<td>16.46</td>
</tr>
<tr>
<td>7.</td>
<td>Overall Cancer Distress</td>
<td>41.96</td>
<td>5.15</td>
<td>42.02</td>
</tr>
</tbody>
</table>

Distress and its dimensions among different groups based on level of social support (low, moderate and high) were analysed. Results show significant difference among the three groups on spiritual domain (F=4.75), Medical domain (F=2.61), Familial domain (F=2.62) and overall cancer distress (F=4.202).
The mean stress in the spiritual domain for low, moderate and high social support group were 10.48, 11.49 and 10.07 respectively. DMRT analysis stress in spiritual domain in the moderate social support group significantly differs from that of the other two groups. Spirituality and spiritual care are the concepts of meaning, wholeness, or completeness, the absence of which results in spiritual distress. From the result it can be seen that the spiritual distress is more in moderate social support groups. This may be mainly because both people with cancer and their family caregivers have doubts about their beliefs or religious values and cause much spiritual distress. They feel that they are punished by God and may have a loss of faith after being diagnosed.

Spiritual disequilibrium compels women to reach outwardly towards faith and towards other people for support and information to decrease their fear and loneliness.

From the table it can be seen that the familial domain also found to very significantly. Mean scores of familial domain is 17.50, 16.46 and 16.23 respectively for low, moderate and high group based on social support. It can be seen that the mean score of women in low support group has more stress in the familial domain when compared to the other two groups. This is because patients with low social support perceived high levels of familial distress as a result of their illness.

The burden of care giving can compromise the quality of life in the spouse partner and in turn negatively effect the family life, physical and psychological adjustment of the patient. Conflicts between a spouse or partner and patient during the cancer experience are common, although for some couples, the challenges confirm their feeling for each other and strengthen their relationship. For others the opposite occurs with a gap in care for the patient and the caregiver which results in significant distress in the cancer trajectory. All the above actions leads to family distress when the social support is low.

Considering the overall cancer distress mean stress was 41.96, 42.02 and 39.23 for low, moderate and high social support group respectively. It can be seen that the high support group differ significantly from the low and moderate support group. This means there is significant difference in cancer distress among the three groups on the basis of level of social support. Women in the high support group had less cancer distress when compared to the other two groups.

An important determinant of cancer patient’s ability to live with their illness is their social environment. Breast cancer can experience distress as a result of diagnosis and treatment. Higher levels of social support are associated with less distress in cancer patients. Social support is important when dealing with breast cancer. A woman relies on her family, friends, faith community, and medical team to provide her with the support she needs to deal with her illness. When a woman perceives she has adequate social support from loved ones and health professionals, she is more likely to have less distress, cope better and adjust to her diagnosis. These findings are consistent with result of a study conducted by Israel and Schurman, (1990). They found that a strong social support is found to reduce the distress associated with a cancer diagnosis. Thus the hypothesis that there is significant difference in cancer distress among the cancer patients based on the social support they obtain is accepted.

**Conclusion**

The results point out the need of social support in breast cancer patients to reduce the distress associated with diagnosis and treatment. From the results of the present study it can be concluded that a women who had high social support had less cancer distress. The finding of the present study is consistent with the result of a study conducted by Israel and Schurman (1990).
References


