

PATIENT/DOCTOR 11

BREAST CANCER MODULE
MAY 9, 1994

PSYCHOSOCIAL ISSUES
Deane H. Shapiro, Jr., Ph.D.
Psychiatry and Human Behavior

1. Importance of Psychosocial Issues
 - 1.1 Early Detection
 - 1.2 Decisions Regarding Treatment
 - 1.3 Illness Stages: Coping, Adaptation, Sense of Control
 - 1.4 Family/ Interpersonal Context
 - 1.5 Who gets better and why: psychosocial factors as predictors, and/or mediators of impact on ways to improve perceived loss of control.
2. Psychosocial Factors in Early Detection
 - 2.1 Internal Health Locus of Control (Rotter)
 - 2.2 External Health Locus of Control (Rotter/Wallston)
3. Illness Stages (After Heim, 1992)
 - 3.1 Detection of change, of problem, medical evaluation, preliminary diagnosis
 - 3.2 Hospitalization; confirmation of cancer diagnosis; surgery
 - 3.3 Postdischarge and convalescence; resume daily activities; no additional therapy
 - 3.4 Postdischarge and adjunctive (aggressive) chemotherapy and/or radio-therapy
 - 3.5 Rehabilitation and adaptation; latency; no new signs or symptoms
 - 3.6 Metastatic disease; recurrence and advanced illness
 - 3.7 Terminal Illness
 - 3.8 Dying
4. Psychosocial Distress, Coping, Sense of Control
 - 4.1 High at time of diagnosis: 95% 5 on 5 pt scale: helplessness, loss of control: physical health and function; fear of disease recurrence; feelings of isolation; anxiety about death; body image; relationship; fear regarding future; overall uncertainty; pain of treatment.
 - 4.2 20-30% of patients continue to have clinically significant distress and poorer psychological health
 - 4.3 Some studies: 50% of variance in psychosocial adjustment to breast cancer is accounted for by non-medical individual variables.
 - 4.4 Why do some do better: Psychological factors?
 - 4.5 In a study of psychological adaptation among survivors of cancer, through multiple regression shown that the only psychosocial factor related to adaptation at six months was sense of control (Ell, Nishimoto, Morvay, 1989)

5. Nature of Sense of Control: Positive Assertive, Fighting Spirit
 - 5.1 Early Literature: Fighting Spirit vs. helplessness, fatalism (quadrants four and one).
 - 5.2 Lack of control and depression, anxiety
 - 5.3 Feelings of personal control related to positive quality of life (even in late stage cancer patients). (Lewis, 1982; Cunningham, 1990)
 - 5.4 Watson and Greer (1991) denial and fighting spirit: 75% recurrence free at five years; 55% at ten years; vs. 35% and 22% for helpless/hopeless.
 - 5.5 Spiegel: overcontrol of emotions: positive assertive. Increase in morbidity/mortality in psychotherapy group.

6. Overcontrol.
 - 6.1 Too strong pendulum shift. Shapiro and Shapiro: NEJM 1979; Helpless patient, omnipotent doctor: too much individual responsibility.
 - 6.2 Gray and Doan (1990); Spiegel, 1991: too much emphasis on "beating" cancer through psychological transformation

7. Positive Accepting Mode of Control
 - 7.1 Cultural bias re: Control: Shapiro, Evans, Science, 1987
 - 7.2 Little help from my friends: Taylor at UCLA: Control by a powerful benevolent other: Doctor.
 - 7.3 Cameron et al (1987) religiosity: vicarious control: interpretive control:

8. Integrating Sense of Control Modes at Different Illness Stages: Our Research

9. Applying lessons personally: females; mothers, sisters, and/or spouses.

FIGURE 1
A Four Quadrant Model of the Modes of Control

Quadrant 1 Positive Assertive Altering, Change Mode of Control	Quadrant 2 Positive Yielding Accepting, Yielding Mode of Control
Quadrant 3 Negative Assertive Overcontrol	Quadrant 4 Negative Yielding Too Little Control

1) Regarding breast cancer, psychosocial issues can be relevant for which of the following:

- a) early detection
- b) decisions regarding treatment
- c) coping and adaptation during treatment
- d) family and interpersonal context
- e) all of the above

answer: e

2) Regarding psychosocial factors in early detection and screening, research on control and internal/external views of health, has shown

a) high internal belief in one's ability to influence one's own health is associated with high use of self-breast examination.

b) high external belief in the physician's efficacy is related to use of mammogram screening.

c) high external belief is related to more risk taking behavior.

d) Neither a nor b

e) Both a and b.

answer: e

3) At what age is it no longer necessary to discuss sexual aspects of breast cancer

a) 18

b) 30

c) 45

d) 60

e) none of the above

answer: e

4) What percentage of individuals diagnosed with breast cancer continue to have clinically significant anxiety and/or depression and poorer psychological health:

a) 5%-10%

b) 20-30%

c) 30-40%

d) 40-50%

e) over 50%

answer: b

5) A positive sense of control can be obtained by

a) self-reliance, fighting spirit and positive assertive mode of control

b) belief in the Doctor's competence and efficacy

c) Religious beliefs

d) Social support

e) all of the above

answer: e

**CONTRIBUTED PAPERS
CONCURRENT SESSION II
CHAIR: Sid Saltzstein, M.D., M.P.H.
Friday 11:00am - 12:15pm**

Table of Contents:

**FACTORS AFFECTING REGIONAL VARIATIONS IN BREAST CONSERVING
SURGERY UTILIZATION IN CALIFORNIA**
Debra L Gilliss, M.D.,M.P.H.; Carin Perkins, M.S.; Kurt Snipes, Ph.D.;
William Wright, Ph.D.; John Young, DR.PH. 15

**UTILIZATION OF SCREENING MAMMOGRAPHY IN CALIFORNIA:
HOW WELL ARE WE REACHING GROUPS AT
HIGH RISK FOR BREAST CANCER?**
Carin Perkins, M.S.; William Wright, Ph.D. 17

**BREAST CANCER IN THE GREATER BAY AREA:
A REVIEW OF 18 YEARS OF REGISTRY DATA AND
ITS CANCER CONTROL IMPLICATIONS**
Dee W. West, Ph.D; Pamela Horn-Ross, Ph.D.; Connie Cady 19

**A LONGITUDINAL STUDY OF PSYCHO-SOCIAL COPING
AND SENSE OF CONTROL IN WOMEN DIAGNOSED WITH BREAST CANCER**
Deane Shapiro, Ph.D.; Hoda Anton-Culver, Ph.D.; Anne Marie Breuer, B.S.;
Tom Taylor, Ph.D.; Tom Kurosaki, M.S.; Jim McQuade, M.D. 21

**PROSTATE CANCER: TRENDS IN MORTALITY AND
STAGE-SPECIFIC INCIDENCE RATES IN LOS ANGELES COUNTY**
Kathleen L. Danley, M.S.; Jean L. Richardson, Ph.D.; Leslie Bernstein, Ph.D.;
Bryan Langholz, Ph.D.; Ronald K. Ross, M.D. 23

**A LONGITUDINAL STUDY OF PSYCHO-SOCIAL COPING
AND SENSE OF CONTROL IN WOMEN DIAGNOSED WITH BREAST CANCER**

**Deane Shapiro, Ph.D.; Hoda Anton-Culver, Ph.D.; Anne Marie Breuer, B.S.; Tom Taylor, Ph.D.;
Tom Kurosaki, M.S.; Jim McQuade, M.D.**

In a previous study, a cross-sectional control profile of women recently diagnosed with breast cancer was assessed. This current study follows up on these initial data by determining their control profile and psycho-social status four months later. The group as a whole showed a significant increase in their quality of life score, and a significant decrease in reliance on "others" as a source of a sense of control. There was also an overall decrease in anxiety and depression. However, their health lifestyle was significantly lower, particular in the area of exercise. Further, a comparison of time one and time two showed that 12 areas continued to remain a concern for over 40 % of the individuals, and a new concern, sexuality, was a concern of nearly 50% at time two. More detailed investigation revealed that on the Shapiro Control Inventory, 25.4% of individuals had the same number of scales/items in a non-psychologically healthy direction at time one and time two, 32.2% showed an increase in the number of scales/items in a non-psychologically healthy direction and 42.3% showed a decrease in the number of scales/items in a non-psychologically healthy direction. These shifts were not related to the severity of the disease. Adaptation and coping styles to maintain a sense of control were consistent for 60% of the individuals, but the remaining 40% showed bi-directional shifts from and to "self-efforts" and "other efforts." The discussion focuses on the intriguing question of why some individuals improve, some stay the same, and some move in a less psychologically healthy direction.