

Psychosocial Care

CANCER PATIENT STEREOTYPES

Garnet J. Lau, MSc(A) Student, CIHR/PORT Fellow, School of Nursing, McGill University;
Linda E. Carlson, PhD, CIHR/PORT Mentor and Co-Investigator, Enbridge Research Chair in Psychosocial Oncology;
 Professor, Department of Oncology, University of Calgary.

TRIAL SUMMARY: Self-concept of patients with head and neck cancer.

Devins GM, Wong JC, Payne AYM et al. Disease-specific self-concept, defensive distancing, and subjective well-being in head and neck cancer. CAPO 2012, abstract S255

Head and neck cancer (HNCa) outpatients (n = 522) participated in structured interviews in which they completed a semantic differential measure of disease-specific self-concept and self-report measures of illness intrusiveness, self-esteem, depressive symptoms, and psychologic well-being. Negative cancer stereotypes were represented by the number of semantic differential dimensions (0-3) along which respondents evaluated the stereotypic “cancer patient.” Hypothesized 2- and 3-way interactions involving disease-specific

self-concept, negative valence, and illness intrusiveness via hierarchical multiple-regression analysis were tested, controlling for empirically identified covariates. This study showed that negative stereotypes (i.e. negative valence) correlated significantly with all 3 psychosocial outcomes. Disease-specific self-concept did not correlate significantly with any of the outcomes, but its effects were evident in 3 statistically significant interaction effects: self-concept x negative valence (outcome = self-esteem); self-concept x illness intrusiveness; and negative valence x illness intrusiveness (outcome = emotional distress). The authors concluded that these results support the defensive distancing hypothesis wherein people preserve self-esteem and maintain subjective well-being by construing themselves as dissimilar to negatively stereotyped groups.

COMMENTARY: When faced with cancer, a person is forced to reconcile previous conceptualizations of self as “normal” or “healthy” with the new cancer-related experiences of symptoms, treatment side effects, dysfunction, stigma and threat of death. In this study, Dr. Devins et al examined the phenomenon of self-concept among HNCa patients. This population is highly stigmatized, since the major causal factors for this type of cancer are high-risk behaviours, such as smoking and high levels of alcohol consumption. Devins et al hypothesized that people with HNCa who hold negative cancer-stereotypes (i.e. beliefs that cancer patients are stigmatized, symptomatic and fatigued individuals who are unable to continue their previous ways of living due to long-term time-consuming treatments) distance themselves from the “cancer patient” self-concept (i.e. “I’m not that kind of person”), and that this distancing serves to preserve self-esteem and subjective well-being, especially when there is a high level of cancer-induced disruptions to personally-valued activities and interests. The idea is that when individuals are faced with situations in which they may look and behave somewhat like the stereotypical stigmatized “cancer patient,” they will more strongly dissociate from that stereotype to preserve wellbeing.

To test these hypotheses, individual structured interviews were conducted with HNCa patients. In addition to self-report measures of symptom assessment, stressful life events, social networks, illness intrusiveness, self-esteem, psychologic well-being and depressive symptoms, participants also completed a semantic differential task measure of disease-specific self-concept and negative cancer stereotypes. In this task, participants were presented with 13 bipolar pairs (i.e.

sociable/unsociable, active/passive) and for each pairing, participants were asked to select the most fitting descriptor to describe their current experiences as cancer patients and valuations of the “cancer patient” stereotype. From this task, a score on disease-specific self-concept could be calculated, which then allowed for the determination of a multivariate distance score reflecting a person’s own perceived similarity or dissimilarity to the “cancer patient” stereotype. A score for the negative cancer stereotype, termed “negative valence,” was based on how negatively a participant evaluated the stereotypic “cancer-patient.” These measures allowed the investigators to analyze interactions between disease-specific self-concept, negative valence and illness intrusiveness, and the corresponding effects on self-esteem, psychologic well-being and emotional distress.

Devins et al found that negative cancer stereotypes (i.e. stigma) motivated distancing from the “cancer patient” self-concept. This suggests that the more negatively one perceives the “cancer patient” stereotype, the more likely one would see oneself as dissimilar. Interestingly, post-hoc analysis showed that participants who evaluated the “cancer patient” stereotype less negatively and experienced more cancer-related disruptions tended to report higher emotional distress, perhaps because they identified more closely with the stereotypic “cancer patient.” Conversely, participants who evaluated the “cancer patient” stereotype more negatively tended to report lower emotional distress, even if they experienced more cancer-related disruptions. These findings suggest a potential protective mechanism against cancer-related disruptions related to how one evaluates the “cancer patient” stereotype.

IN BRIEF

Already known

- Cancer can profoundly affect self-concept by forcing one to reconcile previous conceptualizations of self as “normal” or “healthy” with new cancer-related experiences, such as symptoms, stigma and threat of death. The HNCa population is particularly stigmatized due to behavioural causal effects, such as smoking and alcohol consumption.

What this study showed


- Individuals who perceived the “cancer patient” stereotype more negatively tended to see themselves as more dissimilar from this stereotype. This distancing behaviour may be a protective mechanism that ensures the preservation of self-esteem and well-being when faced with cancer-related challenges.

Next steps

- Further studies are needed to explore the phenomenon of distancing behaviour over time throughout the illness trajectory and to assess whether its relationship to overall well-being also changes over time.

The investigators also found that distancing behaviour preserved self-esteem and subjective well-being. Participants who perceived themselves as dissimilar from the stereotypic “cancer patient” maintained self esteem, even if they evaluated the “cancer patient” stereotype as very negative. Consistent with the interaction noted above between “cancer patient” stereotype evaluation and distress levels, participants who saw themselves as dissimilar from the “cancer patient” tended to display lower levels of distress, regardless of the extent that their cancer disrupted their valued activities and interests.

The findings from this study suggest that when people are faced with cancer, they experience an “identity crisis” that challenges their conceptualizations of self. The more negatively one evaluates the “cancer patient” stereotype, the more motivated one is to distance oneself from the “cancer patient.” The process of distancing oneself from the “cancer patient.” or construing oneself as dissimilar from the negative cancer stereotypes is a mechanism that potentially serves to preserve self-esteem and subjective well-being.

The findings from this study can potentially guide clinicians in their interactions with individuals whose self-concepts have been challenged by cancer-related stressors. Clinicians can be mindful that distancing behaviour is a possible protective mechanism. Clinicians can assist these individuals in transforming their meanings of self by emphasizing a positive cancer-related identity (i.e. “survivor” vs “patient”), introducing downward social comparisons (i.e. “At least my situation isn’t as bad as...”), and encouraging group activities that promote positive self-image. In addition, clinicians can promote the self-enhancement of individuals with cancer through techniques emphasizing benefit-finding, post-traumatic growth and self-acceptance. 

Disclosures: Ms. Lau reports no conflict of interest relevant to her article.