

**SELF CONCEPT OF CANCER PATIENTS :
A COMPARATIVE STUDY****Anjana Bhattacharjee**Assistant Professor, Department of Psychology,
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Vol. 1 Issue 4,

March 2013

ISSN No. 2277-7733

Abstract

The objective of the present study was to ascertain the self concept among male and female cancer patients. The study also attempted to compare the cancer patients and non cancer individuals in regard to their self concept. For the said purpose the study was carried out among 100 cancer patients. Among them 50 were male cancer patients and the rest were female cancer patients. All of them were selected from Regional Cancer Center, Agartala following purposive sampling technique. A group of matched non cancer individuals (N=100) were also selected purposively to fulfill the objectives of the study. Data were collected by Back Ground Information Schedule and Self Concept Scale. Findings revealed significant difference among male and female cancer patients in regard to their self concept. Again self concept of cancer patients also differed significantly from the self concept of non-cancer individuals.

Keywords: *Self Concept, Cancer***Introduction**

Self-concept is the way people think about themselves. It is unique, dynamic, and always evolving. This mental image of oneself influences a person's identity, self-esteem, body image, and role in society. As a global understanding of oneself, self concept shapes and defines who we are, the decisions we make, and the relationships we form. Self-concept is perhaps the basis for all motivated behavior (Franken, 1994). The concept of self has three major components: the perceptual, the conceptual and the attitudinal. The perceptual component is dependent upon the physical self concept which includes the image of one's appearance, attractiveness and sex appropriateness of body and the importance of different parts of body. The conceptual component is dependent upon the 'psychological self concept' which relates to the origin of the individual, his abilities and disabilities, his social adjustment and traits of personality. The attitudinal component refers to attitudes of a person about his present status and future prospects, his feelings about his worthiness, his attitudes of self esteem, pride and shame. It includes his beliefs, convictions and values also. Theories on the development of self-concept tend to focus on an individual's view of self in comparison to others. For instance, symbolic interactionism argues that the self-concept is constructed through social interaction with others. Other theorists have posited the idea of the "looking-glass self" where our self-concept is constructed through our imagination of how others perceive us (Campbell & Fehr, 1990). Self concept has great impact on our personality and behavior. A person's self-concept is composed of evolving subjective conscious and unconscious self-assessments. Physical attributes, occupation, knowledge, and abilities of the person will change throughout the life span, contributing to changes in one's self concept. Individuals with positive self-

concept are more assertive and confident. High self-view individuals have more positive impressions of themselves. An individual with positive self-concept is more likely to change unhealthy habits (such as sedentary lifestyle and smoking) to promote health than an individual with negative self-concept. Not only this, the positive feeling about oneself helps individual to overcome any crisis situation even when they are suffering from any life-threatening disease like cancer. Positive emotions and a positive mental attitude can improve quality of peoples' life and heal their bodies of illness and stresses (Wong, 1989) and are protective in developing serious ailments and beneficial in treating serious medical illnesses such as Cancer (Irving et al., 1998).

Cancer is perhaps the most dangerous disease of all diseases. It may be defined as any new growth of tumour. The term 'psychooncology' is used in the psychological study of persons who develop cancer. Cancer can develop in people of all ages, but it is more common in people over 60 years of age. The incidence of cancer is increasing day by day which may be due to life style and increasing age of the population (Gabriel, 2004). Cancer is often viewed as an acute and usually fatal disease. Cancer is not the most common cause of death, but it is often seen as a progressive, fatal condition that cannot always be successfully treated. Poor adjustment to cancer can lead to depressed mood and feeling of hopelessness about self and future. Psychological and social morbidity among cancer patients is high. Anxiety, isolation, anger, depression and negative self image are especially common in patients with advanced stages of cancer. Cancer patients also experience different levels of stress and emotional upsets. Important issues in the life of any person with cancer may include the fear of death, interruption of life plans, changes in body image, self-esteem changes in social role and life style. Cancer specific



distress has been recognised on a diagnostic level since 1994 when cancer diagnosis was listed as a potential traumatic event in the Diagnostic and Statistical Manual of Mental Disorders (DSM- IV).

Cancer is one of the leading causes of adult deaths worldwide. In India, the International Agency for Research on Cancer estimated that about 635000 people died from cancer in 2008, representing about 8% of all estimated global cancer deaths and about 6% of all deaths in India (Ferlay et al., 2010). The absolute number of cancer deaths in India is projected to increase because of population growth and increasing life expectancy. Rates of cancer deaths are expected to rise, particularly, from increases in the age-specific cancer risks of tobacco smoking, which increase the incidence of several types of cancer (Jha, 2009). India is a culturally diverse country, with huge regional and rural-to-urban variation in lifestyles and in age-specific adult death rates. Most of the deaths in India (and in most low-income or middle-income countries) occur at home and without medical attention (Registrar General of India and Centre for Global Health Research, 2009). About three-quarters of Indians live in rural areas. However mortality for specific cancers is estimated mostly with data from India's 24 urban population-based cancer registries, with only two registries representing rural areas (NCRP, 2010).

A study done by the National Cancer Registry Programme has shown that certain pockets of the north eastern region have the highest cancer incidences rate compared to that of the rest of the country. Mizoram capital Aizwal has the maximum number of tongue cancer cases, where as Nagaland and Manipur showed the highest age adjusted incidence rate for nasopharyngeal cancers. For cancer of tonsil, Darrang, Kamrup, Dibrugarh, Barpeta and Nalbari districts of Assam have the highest incidences. Mizoram ranked third in the country in these types. The study showed that tobacco is responsible for 50 per cent of cancer incidences in men and 25 per cent in women in the north eastern region. The study by researchers at the Centre for Global Health Research at the University of Toronto, Canada, and Indian institutions has shown large variations in cancer risk across the states. Their analysis also showed that a 30-year-old man in Northeast India had the highest chance (11 per cent) of dying from cancer before the age of 70 years in contrast to the risk of less than 3 per cent for men in Bihar, Jharkhand and Orissa. Like other parts of North East, Tripura being a very small state, is not far behind in respect of cancer incidence. There has been an alarming 36 per cent rise in incidence of cancer in Tripura in the last five years. According to data available with the Regional Cancer Center, Agartala, the number of patients registered in this center during 2006 was 1,263. But the figure increased to 1,386 in 2007, 1,444

in 2008, 1,524 in 2009 and 1,726 in 2010. In spite of this vulnerability in the north east part of our country, not much study has been carried out in the field of psycho-oncology in this region particularly in Tripura. Taking these facts into consideration, the investigator made an attempt to study the self concept of cancer patients.

Objectives: The objectives of the present study is To understand the socio-economic profile of the cancer patients.

To ascertain the self concept of male and female cancer patients.

To compare the self concept of cancer patients with their normal counterparts (non cancer individual).

Hypotheses

There exists significant difference in self concept among male and female cancer patients.

There exists significant difference in self concept among cancer patients and non cancer individuals.

Research Design: The Present study was carried out among 200 subjects. Among them 100 were cancer patients and 100 were normal population (non cancer individuals). The cancer patients were selected from the Regional Cancer Center, Agartala and the normal subjects were selected from Agartala town. In both group of subjects 50% were male while the rest 50% were female subjects. All of them were selected purposively and they were matched in terms age and education. In the present study Back Ground Information Schedule, a specially designed semi structured questionnaire was used to gather detailed information regarding the study subjects. Again Self Concept Scale developed by Dr. Mukta Rani Rostogi (1979) was also used to ascertain the self-concept of the study subject. It is a Likert type of scale. It consists of 51 items- 29 negative and 22 positive items. Maximum score in this inventory is 255 and minimum score is 51. Here high score indicates high self concept and conversely low score indicates low self concept. Data were collected from the subjects in two phases. In the first phase, data were collected from the cancer patients following face to face interview method and in the second phase data were collected from normal subjects (non cancer individuals) following self administered method. For data analysis, descriptive statistics i.e. mean and SD was used and for testing the hypotheses inferential statistics i.e. *t* test was employed.

Results and Interpretations

The term psycho-oncology refers to "diverse psychological, social, behavioral and psychiatric issues related to cancer prevention, cancer illness, treatment and cancer survivorship" (Breitbart & Chochinov, 1998). It concerns itself with "emotional responses of patients at all stages of disease, their families and caretakers as well as



psychological, behavioral and social factors that may influence cancer morbidity and mortality” (Holland, 1992). So far as socioeconomic profile of the cancer patients is concerned the findings showed that (on the basis of Back Ground Information Schedule) all the cancer patients (N=100) belonged to the age group of 25-74 years. Among them male cancer patients (50 in No) were mostly in the age group of 45-54 years (34%), followed by 55-64 years (32%), 35-44 years (14%) and 25-34(12%). Only 8% of male cancer patients belonged to the age group of 65-74 years. However among 50 female cancer patients, most of them belonged to the age group of 35-44 years (46%) followed by 45-54 years (32%), 25-34 years (18%) and 55-64 years (4%). All most all the cancer patients (82%) were Hindu while 16% were Muslims and only 2% were from Christian religion. Among the 100 cancer patients 62% were from socio economically backward community that is SC, OBC, ST, 28% were from general category while 10% were from minority groups. In total 84% cancer patients were residing at rural areas and the rests were residing at urban areas (16%). In case of male cancer patients 92% were married while in case of female cancer patients 96% were married.

The educational profile of the cancer patients revealed that most of the male cancer patients (38%) were studied up to class V, 30% studied up to class X, 10% were madhyamik passed and only 4% were graduates. The rest of the male cancer patients were illiterate (12%) and literate (6%) respectively. Among the female patients 32% were totally illiterate where as 18% were literate that means they were able to read and write their names only. Again 28% female cancer patients studied up to primary section and 20% studied up to class X. Out of 50 female cancer patients only 1(2%) was madhyamik passed. This indicates that female cancer patients have poor educational standard than their male counterparts. So far occupational profile of the cancer patients is concerned the findings revealed that out of 50 male patients 32% were self employed (including Businessman, auto driver, carpenter etc), 30% were farmers, 18% were daily laborers, 14 % were service holders while 2% and 4% were pensioner and unemployed respectively. Most of the male cancer patients earned below Rs.2000/ month (52%) while only 1 patient earned more than 15000/ month. Among the others 36% patients were earn up to Rs 5000/ month and the monthly income of the rest of 10% patients rages from Rs. 5000-15000. On the contrary, the occupational profile of the female cancer patients revealed that out of 50 female cancer patients 78% were house wives, 16% were daily laborers and the rests were Pvt. Employee (6%). Their income profile shown that only 2 (4%) female cancer patients earned more than Rs 5000/- month while the rest used to earn less than Rs.1000/ month (96%).

The term self-concept refers to an individual’s perceptions regarding himself or her self. From table 1 it is evident that

male and female cancer patients differed significantly at 0.01 level of significance in respect to their self concept. This further indicates that female cancer patients possessed more negative self view than their male counterparts. Basically when a woman is diagnosed with cancer particularly with breast cancer it affects their body image very negatively. The term body image pertains to the person’s perception about his/ her body. It is partly about appearance and partly about the perception of ones body as an intact and properly functioning entity. The concern about body image create vulnerability to problems in adjustment such as emotional distress, withdrawal from social activities, a sense of loss of attractiveness and sexual desirability (King et al., 2000; Rossman, 2004; Fobir et al., 2006; Dubashi et al., 2010), the subjective experience of alienation (Howard et al., 2007) and altered sense of self and loss of identity (Bertero and Chamberlain, 2007; Beatty et al., 2008; Rosedale, 2009).

Table -1 : Comparison of Male and Female Cancer Patients in regard to Self Concept

Subjects	Number	Mean	SD	t value	Level of Significance
Male Cancer Patients	50	131.84	19.21	2.51	Significant at 0.01 level
Female Cancer Patients	50	123.29	14.58		

So far as self concept of the cancer patients and normal subjects is concerned the findings revealed significant difference at 0.01 level. This further indicates that cancer patients possessed low self concept than their normal counterparts. Therefore the second hypothesis i e, “There exists significant difference in self-concept among cancer patients and non-cancer individuals” has been accepted (Table 2). The study of Palat et al. (2005) indicated that a person with cancer often faces many difficult issues like death, disfigurement, disability, dependence, disruption of social relationship, disruption of sexual life, loss of femininity, and social isolation. Cancer is seen as the worst of all illnesses and a majority of the patients equate with death (Moorey, 1989). Cancer and its treatment have tremendous impacts on the patients and his/ her family (Draper, 2006). Cancer not only affects the physical aspects of patient’s life but also the social, financial and psychological aspects of both patients and their families. (Banning et al., 2009; Gurm et al., 2008; Nosarti et al., 2002). As a result they often perceive them selves very negatively. Thus feeling of significant devaluation of self esteem and social inferiority and guilt of social invalidity is found in most of the cancer patients. After developing cancer often people are not able to create a clear sense of a future self, they experience anxiety and become unsure how to act (Bandura, 1977). Hence individuals who have cancer may



change in identity and self-concept after cancer.

Table - 2 : Comparison of Cancer Patients and Normal Subjects in regard to Self Concept

Subjects	Number	Mean	SD	t Values	Level of Significance
Cancer Patients	100	127.57	17.06	20.54	Significant at 0.01 level
Normal Subjects	100	175.63	15.98		

Conclusion: So finally it can be concluded that cancer patients possessed low self concept than the non-cancer individuals. Further female cancer patients also possessed low self concept than their male counterparts.

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