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SOCIAL SUPPORT AND COPING WITH CANCER

DUNKEL-SCHETTER, CHRISTINE ANNE, PH.D.  
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Seventy-nine individuals diagnosed with breast or colon-rectal cancer six to 20 months previously were interviewed concerning their social support networks and interactions, and the impact of the cancer. The major issues addressed were: (1) what actions on the part of others are perceived to be helpful and unhelpful in coping with the stress of cancer? (2) to what extent are support problems evident among cancer patients? (3) do they have opportunities to express negative feelings to others, and is this helpful? (4) does the quantity of support available correlate with the quality of support received? And, which is more strongly associated with positive outcomes? The outcomes assessed were: cancer-related changes (functioning, symptoms) and effects (perceived stress, difficulty adjusting), level of psychological well-being (self-esteem, affect, life satisfaction), and global physical and mental change. (5) what are some of the subjective effects of cancer, i.e., specific stresses, concerns, and changes in one's life view? Constructs were assessed through the use of standardized scales, interviewer ratings, and self-report measures contained in a semistructured interview and in a followup survey administered an average of five months post-interview.

Emotional support (love and concern), while seen by respondents as particularly helpful from all sources, was not often received in response to sharing a concern with spouse or significant other. Information was especially helpful from physicians, but provision of it was sometimes lacking. Support problems occurred in about a quarter of the sample, a lower percentage than expected. The majority of subjects had opportunities to ventilate, and felt talking was helpful, but many also kept feelings to themselves at times. The reasons given corresponded to those proposed, and included frequent concerns about the effects of ventilating on others. Quality and quantity of support were not strongly correlated, and quality of support evidenced stronger and more consistent relationships to positive outcomes than did quantity of support. The stresses and concerns of the sample varied by prognosis. Unexpectedly, many subjects expressed positive illness-related changes in life views. The discussion focuses on the interpretation and implications of the findings, the methodological problems in the study, and the effects of the interview on respondents.