Positive Attitude in Cancer: Patients’ Perspectives

Lesley M. Wilkes, PhD, MHPEd, BSc(Hons), GradDipEd(Nurs), RN, CM,
Jenny O’Baugh, RN, MN, GradDipClinNsg, OncNsgCert,
Suzanne Luke, RN, BN, DipNsg, OncNsgCert, PallCareCert, and Ajesh George, MPH

Purpose/Objectives: To describe what being positive means for patients undergoing treatment for cancer.

Research Approach: Qualitative, descriptive approach.

Setting: Specialist cancer clinic in a large metropolitan hospital in Sydney, Australia.

Participants: 11 patients with cancer currently being treated at a cancer clinic for a variety of cancers.

Methodologic Approach: Semistructured interviews that were audi-taped, transcribed, and thematically analyzed for content related to being positive.

Main Research Variables: Patients’ definitions of positive and negative attitude, their perceptions of the importance of attitude during their cancer journey, and any factors that influenced their perceived attitude.

Findings: For patients, positive attitude was defined as optimism for the day and getting through everyday events of the journey by taking control rather than focusing on the future. Factors that affected patients’ positive attitude were their relationships with their specialists, people around them being positive and supportive, and having a pleasant environment at home and at the treatment center. Patients found expectations of them to be positive as being detrimental.

Conclusions: Patients with cancer must be positive for the present rather than the future.

Interpretation: Nurses need to inspire and support patients’ positivity while undergoing treatment for cancer. Nurses should not force their own value system on them nor treat them differently if they do not conform to societal expectations to be positive and optimistic for the future.

E mbedded in anecdotal comments, much of the popular and health research literature suggests that being positive will prevent illness, make patients feel better, and possibly, cure (Godefroy, 1992; Seigel, 1986; Simonton & Sherman, 1998). People are exhorted to be positive and take control of their lives. An increasing number of books discuss the mind-body connection and how this should be harnessed by patients with cancer to increase their quality of life and even survival (Greer, 1999; Morrison, 1990; Simonton, Matthews-Simonton, & Creighton, 1992). As suggested by Sheard (1994), a developing viewpoint indicates that “illness is entirely avoidable if one eats the right food, takes the right vitamins, exercises regularly, relaxes, meditates, thinks positive, and undergoes some kind of regular psychic spring cleaning. A kind of alternative medicine superman has been created” (p. 200). However, as suggested by De Raeve (1997) and Rittenberg (1995), this may be a huge burden to bear, especially when patients have cancer, which in itself is seen to be a stigma. Both authors emphasize that a need to be positive may be courting emotional disaster for patients.

Key Points . . .

➤ For patients, positive attitude is being optimistic for the present day and taking control.
➤ Being expected to be positive is detrimental.
➤ Values and beliefs of nurses should not be imposed on patients.
➤ Nurses should support and inspire positivity in patients with cancer.

Literature Review

A significant amount of argument exists in the literature about the difference between positive attitude and positive thinking. Researchers have suggested that positive thinking is part of a call for individuals with cancer to become heroes and self-heal, become more than what they are, or be larger than life (Becker, 1973; Gray & Doan, 1990; Jung, 1968; Pearson, 1986; Simonton et al., 1992).

If patients are expected to be positive, they may speak in general terms about being positive but, in essence, feel the opposite (De Raeve, 1997). A positive attitude and positive thinking are different. A positive attitude is “a state of mind that permits the seeing of things in an optimistic way . . . [whereas] . . . positive thinking emphasizes the cognitive rather than affective dimension of mental life and thus invites the use of techniques and strategies to supposedly overcome unpleasant and unwanted, destructive attitudes and states of

Lesley M. Wilkes, PhD, MHPEd, BSc(Hons), GradDipEd(Nurs), RN, CM, is a professor of nursing at the University of Western Sydney/Wentworth Area Health Service Clinical Nursing Research Unit in Penrith, New South Wales, Australia; Jenny O’Baugh, RN, MN, GradDipClinNsg, OncNsgCert, is a clinical nurse consultant in cancer care at Wentworth Area Health Service in Penrith; Suzanne Luke, RN, BN, DipNsg, OncNsgCert, PallCareCert, is a clinical nurse consultant in clinical trials at Nepean Cancer Care Centre, Nepean Hospital in Penrith; and Ajesh George, MPH, is a post-graduate student at the University of Western Sydney in Penrith.

(Submitted May 2002. Accepted for publication August 23, 2002.)
(Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/03.ONF.412-416