

Positive Attitude in Cancer: Patients' Perspectives

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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 audio-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.

Embedded 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

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mind” (De Raeve, p. 250). In this sense, a positive attitude is a way that people have of looking at things with a good feeling, whereas positive thinking occurs when people actively look at something that may be “bad” but actively tell themselves to cognitively see it as good, as in the saying “to pull up your socks and you will feel better.” Wilkinson and Kitzinger (2000) argued that positive thinking is not an accurate report of internal cognitive state but rather a conversational idiom characterized by vagueness and generality and summarizing a socially normative moral requirement. They agreed with De Raeve in that people say they are positive as a way of saying what is socially acceptable.

Bruckbauer and Ward (1993) explored the general public’s beliefs related to positive mental attitude in a study involving 167 people. The participants were asked what positive mental attitude meant to them and whether they considered such an attitude to be helpful or harmful. Common themes derived from the study were optimism, hope, happiness, health, and improved relationships. Ninety-four percent of the sample said that a positive attitude could aid in recovery from illness, whereas 88% agreed that it could prevent illness. Some cancer researchers have a great quest to determine a relationship between attitude, disposition, and cancer onset or progression.

Some studies have demonstrated a relationship among psychosocial factors, including attitude, social support, and cancer survival (Creagan, 1999; Spiegel, Bloom, Kraemer, & Gottheil, 1989). However, much of the work has been criticized in the literature, particularly in relation to methodologic issues such as sampling difficulties (Sheard, 1994). For example, in a clinical trial that showed significantly better survival in patients with cancer who used positive imagery, the researchers urged caution because of the small sample size (Fawzy et al., 1993). Most critics of such research, along with psychiatrists and psychologists, suggest that the interventions contribute to quality of life rather than quantity (Levenson & Pettrei, 1994).

No studies have explored the direct relationship between positive attitude and quality of life for patients with cancer; however, studies have suggested that having hope can enhance quality of life for patients with cancer (Herth, 2000). As a number of authors have suggested, a positive attitude influences hope and may have an indirect effect on quality of life (Bunston, Mings, Mackie, & Jones, 1995; Douville, 1994; Fehring, Miller, & Shaw, 1997; Saleh & Brockopp, 2001). Hope is much more frequently noted in the cancer literature than positive attitude, and much of this literature speculates that religious practices, spirituality, and support from family, friends, and healthcare professionals enhance hope in patients with cancer (Bunston et al.; Post-White et al., 1996; Saleh & Brockopp). This hope is seen as something that healthcare professionals, especially nurses, should inspire in their patients (Herth; Lindwall, 1995; Rustoen & Hanestad, 1998). Similarly, patients with cancer are exhorted to be positive to survive cancer. Much of this writing is speculative, and very little is reported from patients’ perspectives on the meaning of being positive while undergoing treatment (Creagan, 1999; Spiegel et al., 1989).

Purpose

This study aimed to explore the meaning of being positive for patients undergoing cancer treatment. The patients’ definitions of positive and negative attitude, their perceptions of the importance of attitude during their cancer journey, and

whether particular factors that influenced their perceived attitude were examined.

Methods

This study was conducted using a qualitative, descriptive approach consisting of in-depth, semistructured interviews with patients with cancer at a specialist cancer clinic in Sydney, Australia. The research was conducted within the constructivist paradigm that holds that each person constructs his or her own meaning of reality, which may be common with or different from others if they have shared life experiences (Lincoln & Guba, 1985). This reality can be understood to some extent by exploring phenomena in the natural setting but cannot be used to determine cause and effect.

Sample

The sample consisted of patients at the cancer clinic who volunteered to be interviewed. Information regarding the study was displayed on a notice board in the clinic, and patients were asked to contact one of the researchers if they were interested in being involved in the study. Eleven patients volunteered within 24 hours of the notice being posted. Because the student on the team was available for only six weeks to complete the project, no other patients were invited to participate.

Data Collection

The interviews were semistructured and addressed key concepts in the study, including definitions of positive and negative attitudes, the importance of attitude to the patients, and factors influencing their attitude. The same researcher interviewed all the participants, and the interviews were audiotaped. Each interview took 20–30 minutes and was conducted in a comfortable and private setting at the cancer center. Participants were advised that counseling was available and they could terminate the interviews at any time. None of the interviews were terminated prematurely, and no participants required counseling. Demographic information was collected using a brief, preinterview questionnaire that included questions about age, gender, type of cancer, treatment received, and educational background.

Data Analysis

The data from the interviews were transcribed and entered into the Ethnograph v4.0™ (Qualis Research Associates, Salt Lake City, UT) software program to assist in the sorting of coded segments of the text. Transcripts were read repeatedly and analyzed for emerging themes related to attitude and cancer (Seidel, Friese, & Leonard, 1995). The four members of the team coded the text independently and formulated an agreed list of themes. This process added to the rigor of the study and the choice of themes listed. Themes were compared and contrasted, and a description of the patients’ perceptions of positive attitude evolved. The researchers collated the participants’ demographic details and calculated frequencies and percentages to provide a contextual description of the patients.

Ethical Considerations

The institutional ethics and research committee where the study was conducted approved this project. All participants were fully informed about the purpose of the study, and consent was obtained before commencing the interview. Only the

research team knew the names of the individual participants. The transcripts were allocated a numeric code, and no participant was identified during the analysis and report writing.

Findings

Sample

A total of 11 patients, three men and eight women, were interviewed. The average age of the group was 55 years and ranged from 38–71 years. Eight patients were retired, and none lived alone. The types of cancers included were breast (n = 3), lung (n = 2), Hodgkin’s lymphoma (n = 2), prostate (n = 2), bowel (n = 1), and meningioma (n = 1). Treatment regimens included surgery, chemotherapy, and radiotherapy.

Definition of Positive Attitude

The list of themes associated with the patients’ definitions of positive attitude is depicted in Table 1. The most common themes that resonated in the patients’ definitions were keeping normalcy in their lives and not letting the cancer have a detrimental effect on their lives. Only three patients talked of positive attitude as not dying, recovering, or beating the cancer. For all, getting on with each day allowed them to be positive. As one patient said, “A positive attitude was focusing on the treatment and getting better, feeding myself with positive thoughts like this is one step closer to getting better. Thinking about my family, having something to live for.”

Similar to this patient, most saw a positive attitude as getting through the present with some normalcy and being able to look at the bright side of things. As one patient stated, “I suppose positive attitude to me is that . . . [cancer] . . . is not going to affect me today.” However, one patient suggested that living each day still is not easy.

It can be a problem living for the moment, not trying to work out where it is going. You would think you would get over the hump but then it would come again. You just work it out for the day.

Table 1. Major Themes

Concept	Themes
Definition of positive attitude	Maintaining normalcy Not letting cancer have a detrimental effect on patient’s life Recovering and beating the cancer Taking control Positive attitude essential to survival
Definition of negative attitude	Hopelessness Helplessness
Impact of attitude on the patient	Being positive helped patient to beat cancer Helped each patient get through the day
Factors affecting patient attitude	Sense of own self Negative people Negative stories about cancer Support of family, friends, other patients, and health professionals Relationship with their specialists Environment of treatment facility

All of the patients felt that a positive attitude meant taking control. The attitude they needed to assume was not so much one of beating the cancer but that the cancer was not going to beat them. They felt that this came from themselves and could be manifested by finding out about the cancer, meditating, actively controlling negative thoughts of dying and not surviving, focusing on what was happening, joking, laughing, and seeing the funny side of everyday events. For example, one patient reflected on how meditation helped him. “Meditation helped me with a lot of positive thinking. It taught me a lot about positive thinking. How to take control of negative thoughts and that really helped.”

When asked if their attitude had changed during the cancer trajectory since diagnosis, all of the patients spoke of the shock of diagnosis as a time when being positive could not be considered. A patient commented, “I was stunned.” However, all patients felt that they needed to control negative thoughts to get through the journey. Not being negative was important to all of the patients. This does not mean the patients were positive all of the time, but they felt that they needed to be positive to live the journey regardless of whether they survived. One patient said, “If you are in pain, you are not going to be positive. Positive and negative are instant things. You can be positive one minute, negative the next. It depends on the circumstances happening.”

Permeating the stories was the issue that being positive was essential to surviving the day-to-day cancer journey. The words of one woman reflected the general feeling of the others: “I think I would go downhill really fast. I believe if I thought in a negative way I would die; I really think I could almost will myself to die if I felt negative.” Only two patients stated that they saw the cancer as being positive in that it had been the best thing that happened to them and it changed their lives for the better.

Definitions of Negative Attitude

Interestingly, patients talked of hopelessness as a negative attitude but they did not appear to equate hope with a positive attitude. This hopelessness or helplessness was seen as looking to death, seeing cancer as a death sentence, and looking at the bad side of things. As one patient reflected, “Things go wrong, go downhill . . . no hope . . . you don’t bother doing the treatment. You go back into yourself; you can’t let that happen.”

Very few of the patients admitted that they had a negative attitude at any time during the cancer journey. Although they did see the original diagnosis as a shock, this was not the same as having a negative attitude toward what was happening to them and they did not equate it to negativity. Other patients felt that the negative attitude of those around them could make them feel negative, especially if people were trying to “put them down.”

Impact of Attitude on Patients

All of the patients felt that they had to be positive or fight to be positive. They felt that getting through, beating the cancer, and not letting it beat them was important. Reflecting the feelings of most participants, one patient stated,

I was determined to beat it, and I was determined to get over it, and so there was no room for negativity. I was determined not to wallow in negativity as it would not help my treatment; it won’t help my family.

For all of the patients, this sense of winning was for the present day rather than in the context of surviving in the future.

Factors That Affect Positive Attitude

The patients highlighted a number of factors that affected their attitude. Their sense of self had a dominant effect on how they manifested an attitude toward their cancer. Significantly, the patients noted that when they were diagnosed a number of people told them that they had to be positive about their illness. Amid the shock of the diagnosis and even during treatment, this did not help. Some suggested that these comments could be detrimental and make them angry. As one patient reflected, "The issue is that people don't know what you are going through and equate all cancers together as being the same all the way through." The patients felt that when people were negative about the cancer and negative stories about cancer were portrayed in the media, the experience was more difficult for them.

Although patients did not want others to tell them to be positive, they needed to feel that others were demonstrating positivity. Patients felt that they could not get support from people who did not have a positive attitude, and the support of family, friends, other patients, and healthcare professionals was essential to maintain their own positive attitude. One patient said,

If I didn't have the support, you can't keep that positiveness going. It feeds on other people. It is a little like a parasite. If I feel negative and I get positive feedback, I can draw on that, whereas if I feel negative and I get negative feedback, I draw on that. If I get positive help, if I get support from others, it helps me.

A dominant factor in maintaining a positive attitude appeared to be patients' relationships with their specialists. They needed to be confident and feel that the doctors were taking a personal interest in them. In this context, one patient stated that being positive often meant that "I just say to myself, you know you are going to be all right, just do what the doctor tells you to do." Most of the patients did not seek information about cancer and felt that their most reliable source of such material was their specialist. Some patients felt that the doctors could help by being more positive and not talking about statistics of morbidity or mortality.

The environment in the treatment facility also had an effect on the positive attitude of the patient. One patient equated it to going shopping.

If you go into a shop to buy something, and someone is there and they have a sad look on their face and you don't get a word out, so they are so negative in their attitude, it has a terrific effect on you. You don't go back to the shop.

However, the patients had to go back to the treatment facility. The patients felt that they needed to be in a pleasant place for the long and often arduous treatments. The attitude of the staff in the treatment facility made a difference and supported the patients' positive attitude.

If you have a down day, [the staff] will help and then, happily, it's fine. There are times you cry and others when you have a good day, and they will come and pat you on the back and say "good, you've done it." Having people like that is very positive.

Discussion

Maintaining some normalcy and winning the fight against cancer today were important messages that came through the

stories of the patients in this study. This conception of positive attitude is different in many ways to what is professed in the literature, where attitude is seen as a heroic fighting spirit seeking long-term survival or cure. The patients did not state that this positive attitude increased their long-term survival from cancer or helped to cure the cancer but had a greater influence on getting through the everyday events of the journey.

Consistent with information in the literature, patients in this study indicated that positive attitude was affected by meditation, spirituality, humor, and the environment, whether at home or in the treatment center (De Raeve, 1997; Gray & Doan, 1990; Walker, Wilkes, & White, 2000). Although Dunkel-Schetter, Feinstein, Taylor, and Falke (1992) found young age and religiosity to be determinants of positive attitude in a study of 668 patients with cancer, these factors were not evident in this study's sample. The data from this study did not suggest that gender or type of cancer made any difference to the meaning of positive attitude for the patients. Positive attitude was a much more personal sense of reality.

As noted in the literature review, an implied similarity of interconnectedness sometimes exists between hope and positive attitude. This was not directly evident in this study, although the patients equated a negative attitude to hopelessness. In addition, the patients did not directly state that having a positive attitude affected their quality of life; however, as with the studies on hope and as has been suggested by some authors, the patients felt that having a positive attitude helped them to cope better with their treatment and the cancer (Owen, 1989; Saleh & Brockopp, 2001).

The patients' stories may reflect a social, moral requirement that is confirmed when they state that they have to be positive rather than negative (Wilkinson & Kitzinger, 2000). These statements also confirmed Wilkinson and Kitzinger's thesis that nurses should examine "talk" more carefully to determine what statements actually mean for the speakers in their context, rather than as a route to cognition. When examining people's stories of difficult experiences, nurses should not see them merely as an unproblematic report but as "talk" that may need fuller analysis and intervention. Thus, much of peoples' "talk" of trouble may be constructed normatively and may need further analysis to determine what was its purpose (De Raeve, 1997).

The patients' stories highlight the issue discussed by Rittenberg (1995) that the purveyors of positive mental attitude who insist that patients believe in its power to cure may be courting emotional disaster. This issue is symptomatic of the patients' stories in the current study that they dare not be negative for any length of time. As speculated by Gray and Doan (1990), patients may have felt that they would be rejected by staff and others if they were negative, particularly if patients thought that staff members felt that caring for patients who were positive was easier and insisted on this state of mind (De Raeve, 1997).

The findings of this study highlight patients' needs for support not only from family, friends, and other patients, but also from healthcare professionals. Patient-identified needs for support mechanisms have been linked to increased survival rates from previous studies (Edelman, Lemon, Bell, & Kidman, 1999; Fawzy et al., 1993; Spiegel et al., 1989). The current study's findings also confirm the need for healthcare professionals, especially nurses who spend a significant time with patients in treatment centers, to encourage—but not

tell—patients to be positive. As suggested by Chalmers, Thomson, and Degner (1996), communicating positivity to patients is important to help them feel more positive. These findings support other research that patients' positive attitudes correlate to their social support rather than situational factors such as disease state or degree of stress (Dunkel-Schetter et al., 1992). Healthcare professionals need to inspire and support a positive attitude rather than profess it to patients with cancer. As Gray and Doan (1990) contended, healthcare professionals must be nonjudgmental and set aside their opinions in favor of patients' well-being. As stated clearly by the patients in this study, the self, not others, determines a positive attitude. Others can help and support a positive attitude, but they cannot force it on patients without causing significant emotional distress.

Implications for Nursing Practice

This study was limited in that it explored the "talk" of only 11 patients. However, the findings have given nurses much to reflect on in their clinical practice related to patients with cancer.

Nurses should

- Allow patients to determine their own attitude and support them while caring for them.

- Not give patients the unfair burden of having to enact and verbalize an attitude that reflects the accepted social idea that the right attitude can beat cancer.
- Allow patients to discuss negative feelings because this may help them to verbalize their true feelings and better cope.
- Take time to listen and support patients even when they say that they are positive because they may be hiding their true feelings.

One small section of time in these patients' journey through the course of their cancer was captured in this study. A longitudinal study that follows the patients during the cancer journey may be more accurate in determining the changes and effects of patient attitude on the journey's destination. Such a study also may help in elucidating the real interactional meaning of the patients' "talk." In addition, an exploration of the meaning of being positive for oncology nurses and its importance in cancer care is needed, and the authors are pursuing this.

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