Comparison of emotional adjustment between ordinary people and patients with gastrointestinal cancer

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Abstract

Cancer not only causes some challenging problems in human life but it also deteriorates socioeconomic factors, the diagnosis of which would considerably improve life condition of patients with cancer. Is there any significant difference between emotional adjustment in ordinary people and those with cancer? The present research is aimed at comparing the emotional adjustment between ordinary people and patients with cancer. Population included all patients who suffered gastrointestinal cancer in Masoud Clinic in Tehran, from which a sample of 50 ordinary people and 50 patients with gastrointestinal cancer were selected through convenience sampling. The applicants filled in the Bell Adjustment Inventory. Findings of Multivariate Analysis of Variance (MANOVA) showed that the mean and standard deviation of scores in patients with cancer were higher than those of ordinary people but there was no significant difference between them \((P>0.05)\). It would be concluded that there existed no difference in emotional adjustment between two groups.

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Key words: emotional adjustment; gastrointestinal cancer; patients;

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1. Introduction

Cancer is a chronic disease, which reminds humans of pain, limitation and finally death. It is, based on the reports released by World Health Organization, considered as a global disease which not only has the roots in social, cultural, economic conditions but it is largely depends on personal features and out-of-control cell growth. Moreover, cancer is regarded as the second and the third leading cause of death in the United States and Iran respectively. Every day, nearly 101-105 people die of cancer and one out of three people suffers from this fatal illness.

Being diagnosed with cancer is a life-changing experience for most people. Many thoughts usually come to mind. Cancer can have a huge effect on person’s emotions, as well as on the practical aspects of life. The person may experience shock, fear, anger, sadness, loneliness or depression. Most people face some degree of depression, anxiety, and fear when cancer becomes part of their lives because they know about the unwanted changes cancer will bring to their life. Regarding the impacts cancer can have on people emotionally; it is of crucial importance to fight against its emotional challenges like distress, unhappiness, upset, worry and especially fear about the future (Kazemi, 2005). Brunner & Sudderth (2000) believe that cancer can have impacts on emotional adjustment in patients by intervening in communicational patterns and sexual functioning.

Researches by Young (2005) demonstrated that 20 per cent of people diagnosed with cancer suffer from frustration and disbelief which is attributed to behavioral pattern-breaking. In addition, psychological consequences of cancer diagnostics and treatment can be very significant. On the physical level, cancer can cause great changes in body image and in the way patients perceive their body. Also, emotional liability problems, changes in future perspectives and feelings of solitude can occur as the result of changes in emotional pattern-breaking and emotional adjustment in people with cancer (Seif & Khosravi, 2008).

Mac Danld (1985, as cited in Gharacheh, 2011) believes that emotional adjustment is not provided unless the person learns to react properly to environment. Thus, emotional adjustment can be generally defined as person’s psychological health, life satisfaction and finally coordination between emotions, thoughts and activities. In the other words, emotional adjustment is kind of mechanism through which the person can gain emotional stability.

Seif & Khosravi (1984) states that emotional adjustment plays a considerably important role in providing person with psychological and physical health, because it enables him/ her to make progress gradually based on new environment conditions and behaviours.

2. Method

The present research is a descriptive-comparative study and carried out in an applied framework in order to yield useful implication in determining the differences of emotional adjustment between ordinary people and patients with cancer. Research population included 1) all people with Gastrointestinal Cancer in The Center for Gastrointestinal and Hepatic Disease at Masoud Clinic, Tehran, Iran in 2011 and 2) all staff of The Hospital of Petroleum Company who were the same as those with cancer people regarding age, gender and education. Applicants were randomly selected and divided into two groups, each including 50 applicants (table 1).

<table>
<thead>
<tr>
<th>Group</th>
<th>F</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary people</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>People with cancer</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
2.1. Measure

**The Bell’s Emotional Adjustment Inventory:** This inventory which includes 160 items was designed by Hugh M. Bell in 1961. It has five components: home adjustment, health adjustment, social adjustment, emotional adjustment and occupational adjustment. The reliability of inventory is reported 91 per cent using Spearman-Brown formula.

Ghasemi (1998) has conducted the inventory on 200 applicants who were selected through cluster sampling method. Considering the components of inventory like health, social, occupational, home and emotional adjustment, He reported the reliability of inventory via Cronbach’s Alpha as 98 per cent.

2.2. Data analysis

To gather data, the applicants (including ordinary and the people with cancer) received the questionnaire of emotional adjustment; also, the applicants were ensured about the privacy and conditions of the questionnaire. Data were analyzed through Univariate Analysis of Variance.

3. Results

Table 2 shows the mean, standard deviation, maximum and minimum of variables in groups. As the table represents, the mean and standard deviation are higher for the group of patients with cancers compared to that of ordinary people.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Groups</th>
<th>F</th>
<th>Minimu</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Adjustment</td>
<td>With cancer</td>
<td>50</td>
<td>3</td>
<td>25</td>
<td>13.6</td>
<td>6.02</td>
</tr>
<tr>
<td></td>
<td>Ordinary</td>
<td>50</td>
<td>1</td>
<td>24</td>
<td>13.42</td>
<td>5.71</td>
</tr>
</tbody>
</table>

As shown in table 3, the difference of emotional adjustment scores between two groups is significant (P> 0.05).

<table>
<thead>
<tr>
<th>Variance</th>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Emotional adjustment</td>
<td>0.81</td>
<td>1</td>
<td>0.81</td>
<td>0.24</td>
<td>0.878</td>
<td>0.0001</td>
</tr>
</tbody>
</table>
4. Discussion

Considering the descriptive statistics (i.e., mean and standard deviation) of emotional adjustment, it was revealed there would be no difference between two groups. This issue can be attributed to the fact that body like other stressors can adjust to cancer and its outcomes. Nevertheless, cancer does not seem so frustrating compared to incurable diseases as AIDS or addiction since human beings can normally adjust to cancer and consequently it is more likely to find a cure for cancer in future.

Furthermore, due to this fact that religious beliefs play crucial role in Iranian society the non-difference of emotional adjustment between two groups can be expected. Also, Iranian families strongly support the patients with cancer, so it can be inferred that people with such disease would be able to adjust to cancer (Abolmeali, 2009).

Taking into account the review of literature, it is emphasized that adjustment is to be formed in early childhood. In addition, the role mothers play in family is of great importance in enhancing children’s adjustment in future society.

References


