PERCEIVED SOCIAL SUPPORT AND MEANING IN LIFE IN RELATION TO MENTAL ADJUSTMENT AMONG CANCER PATIENTS

ABSTRACT

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ABSTRACT

The everyday life of a number of people across the globe is being wrecked and restricted by prolonged diseases like cardiac disease, stroke, cancer, persistent breathing problems, and diabetes. People who live with a chronic disease like cancer have a greater risk of developing anxiety and/or depression. Physical health, psychological wellbeing and mental health are badly affected by chronic diseases like cancer (Carlson, Groff, Maciejewski, & Bultz, 2010).

The present study purports to investigate “perceived social support and meaning in life in relation to mental adjustment among cancer patients”. The present research endeavor is conducted to fulfill the gap in the role of perceived social support and meaning in life in mental adjustment among cancer patients. The variables selected for the present study are related with the positive psychological states. It is expected that perceived social support and meaning in life will offer cancer patients something to live for and boost their positive mental adjustment qualities and decrease their negative tendencies of mental adjustment. The practical advantage in studying these variables is that it will lead to an intervention program for cancer patients.

Objectives of the Study: The present research aimed at:

1. To examine the relationship of perceived social support and meaning in life with mental adjustment among cancer patients.
2. To examine the relationship of dimensions of perceived social support (support from family, support from friends and support from significant others) with five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.
3. To examine the relationship of dimensions of meaning in life (presence of meaning in life and search for meaning in life) with five sub-scales of mental
adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

4. To examine perceived social support and meaning in life as predictors of mental adjustment among cancer patients.

5. To examine the dimensions of perceived social support (support from family, support from friends and support from significant others) as predictors of five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

6. To examine the dimensions of meaning in life (presence of meaning in life and search for meaning in life) as predictors of five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

7. To examine the difference between the mean scores of male and female cancer patients on perceived social support and its dimensions (Support from family, support from friends and support from significant others).

8. To examine the difference between the mean scores of male and female cancer patients on meaning in life and its dimensions (presence of meaning in life and search for meaning in life).

9. To examine the difference between the mean scores of male and female cancer patients on mental adjustment and its five sub-scales (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation).

10. To examine the difference between the mean scores of cancer patients living in rural and urban areas on perceived social support and its dimensions (Support from family, support from friends and support from significant others).
11. To examine the difference between the mean scores of cancer patients living in rural and urban areas on meaning in life and its dimensions (presence of meaning in life and search for meaning in life).

12. To examine the difference between the mean scores of cancer patients living in rural and urban areas on mental adjustment and its five sub-scales (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation).

13. To examine the difference between the mean scores of cancer patients belonging to joint and nuclear family on perceived social support and its dimensions (Support from family, support from friends and support from significant others).

14. To examine the difference between the mean scores of cancer patients belonging to joint and nuclear family on meaning in life and its dimensions (presence of meaning in life and search for meaning in life).

15. To examine the difference between the mean scores of cancer patients belonging to joint and nuclear family on mental adjustment and its five sub-scales (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation).

Hypotheses:

On the basis of the understanding gained through the review of relevant research, the following hypotheses have been framed for the current study:

\( H_{A1} \): There will be positive relationship of perceived social support and meaning in life with mental adjustment among cancer patients.

\( H_{A2} \): There will be positive relationship of dimensions of perceived social support (support from family, support from friends and support from significant others) with
five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

\(H_{A3}\): There will be positive relationship of dimensions of meaning in life (presence of meaning in life and search for meaning in life) with five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

\(H_{A4}\): Perceived social support and meaning in life will predict mental adjustment among cancer patients.

\(H_{A5}\): Dimensions of perceived social support (support from family, support from friends and support from significant others) will predict five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

\(H_{A6}\): Dimensions of meaning in life (presence of meaning in life and search for meaning in life) will predict five sub-scales of mental adjustment (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation) among cancer patients.

\(H_{A7}\): There will be difference between the mean scores of male and female cancer patients on perceived social support and its dimensions (Support from family, support from friends and support from significant others).

\(H_{A8}\): There will be difference between the mean scores of male and female cancer patients on meaning in life and its dimensions (presence of meaning in life and search for meaning in life).

\(H_{A9}\): There will be difference between the mean scores of male and female cancer patients on mental adjustment and its five sub-scales (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation).
H_{A10}: There will be difference between the mean scores of cancer patients living in rural and urban areas on perceived social support and its dimensions (Support from family, support from friends and support from significant others).

H_{A11}: There will be difference between the mean scores of cancer patients living in rural and urban areas on meaning in life and its dimensions (presence of meaning in life and search for meaning in life).

H_{A12}: There will be difference between the mean scores of cancer patients living in rural and urban areas on mental adjustment and its five sub-scales (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation).

H_{A13}: There will be difference between the mean scores of cancer patients belonging to joint and nuclear family on perceived social support and its dimensions (Support from family, support from friends and support from significant others).

H_{A14}: There will be difference between the mean scores of cancer patients belonging to joint and nuclear family on meaning in life and its dimensions (presence of meaning in life and search for meaning in life).

H_{A15}: There will be difference between the mean scores of cancer patients belonging to joint and nuclear family on mental adjustment and its five sub-scales (fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation).

**Research Design**

The present study was correlational in nature, because this method allows assessment of relationships of perceived social support and meaning in life with mental adjustment. On the other hand, this research was aimed to identify predictors of mental adjustment and its five sub-scales namely, fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness, anxious-preoccupation among cancer patients.
as well. Moreover, mean differences in both predictor and criterion variables were also investigated with respect to the gender, residence and family type.

**Participants of the Study**

The sample of the present study was recruited from Dept. of Radiotherapy, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh and Dept. of Radiation Oncology, Shri Maharaja Hari Singh Hospital, Srinagar, Jammu & Kashmir (India). Purposive sampling technique was employed for the selection of the participants. The majority of the participants were males 123 (64.5%), with only 71 (35.5%) females. There were 105 (52.5%) cancer patients from rural areas and 95 (47.5%) urban areas. Similarly, 83 (41.5%) and 117 (58.5%) patients belong to nuclear and joint families respectively.

**Tools Used**

A. The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlme, Zimet, and Farley (1988). It consists of 12 items. The scale evaluates the adequacy of perceived social support from three different sources namely family, friends and significant others. The internal consistencies of the total scale and the sub-scales are high, ranging from 0.79 to 0.98 in various samples (Zimet et al., 1988).

B. The Meaning in Life Questionnaire (MLQ) was developed by Steger, Frazier, Oishi, and Kaler (2006). It is a 10-item self-report scale designed to measure meaning in life. It measures two dimensions of meaning in life: (1) Presence of Meaning and (2) Search for Meaning. The MLQ has good internal consistency, with Cronbach’s alpha levels for both sub-scales ranging from .86 to .88 (Steger et al., 2006).

C. The Mini-Mental Adjustment to Cancer Scale (Mini-Mac) (Watson et al., 1988) is a 29-item self-rating questionnaire. This questionnaire includes five sub-scales of adjustment but
fewer items for ‘fatalism’ (5 questions), ‘fighting spirit’ (4 questions), ‘cognitive avoidance’ (4 questions), ‘hopelessness/helplessness’ (8 questions), and ‘anxious-preoccupation’ (8 questions). Previous studies report that the Cronbach’s alphas for the subscales range from .58 to .86. (Hulbert-Williams et al., 2012).

D. The researcher constructed a demographic data sheet keeping in view the sample of the study on variables: Gender, Residential status, Type of Family, and Stage of the cancer were included in the data sheet.

**Procedure for Data Collection**

Cancer patients were approached individually and their consent was taken before the data collection. After taking the consent, data was taken separately from each of the participants. The background and purpose of the research endeavor was explained thoroughly to each participant so that every answer will be quite truthful, reliable and transparent.

The responses collected from the respondents were subjected to various statistical measures by using Statistical Product and Service Solutions version (SPSS 20.0). The main statistical techniques used for analyzing data were: Descriptive statistics (mean and standard deviation) and inferential statistics (correlation, regression analysis and t-test).

**Major Findings**

After analyzing the data, the main findings obtained from the present study are as following:

1. Significant positive relationship was found between meaning in life and mental adjustment among cancer patients.

2. Three dimensions of perceived social support namely, Support from family, support from friends and support from significant others are positively correlated with three sub-scales of mental adjustment namely, fatalism,
fighting spirit, and cognitive avoidance and negatively correlated with two sub-scales of mental adjustment, i.e. helplessness/hopelessness and with anxious-preoccupation among cancer patients.

3. Presence of meaning in life (dimension of meaning in life) is positively correlated with fatalism, fighting spirit, cognitive avoidance (sub-scales of mental adjustment) and negatively correlated with helplessness/hopelessness and anxious-preoccupation (sub-scales of mental adjustment) among cancer patients.

4. Search for meaning in life (dimension of meaning in life) is negatively correlated with fatalism, fighting spirit, cognitive avoidance (sub-scales of mental adjustment) and positively correlated with two sub-scales of mental adjustment namely, helplessness/hopelessness and anxious-preoccupation among cancer patients.

5. Meaning in life emerged as a significant predictor of mental adjustment among cancer patients.

6. Support from family and support from friends (dimensions of perceived social support) and presence of meaning in life (dimension of meaning in life) emerged as significant positive predictors of fatalism (sub-scale of mental adjustment) among cancer patients.

7. Support from significant others and support from friends (dimensions of perceived social support) and presence of meaning in life (dimension of meaning in life) emerged as significant positive predictors of fighting spirit (sub-scale of mental adjustment) among cancer patients.

8. Support from significant others, support from friends and support from family (dimensions of perceived social support) and presence of meaning in life,
(dimension of meaning in life) emerged as significant positive predictors of cognitive avoidance (sub-scale of mental adjustment) among cancer patients.

9. Support from significant others (dimensions of perceived social support) and the presence of meaning in life (dimension of meaning in life) emerged as significant negative predictors and search for meaning in life (dimension of meaning in life) emerged as a significant positive predictor of helplessness/hopelessness (sub-scale of mental adjustment) among cancer patients.

10. Support from friends, support from significant others (dimensions of perceived social support) and the presence of meaning in life (dimension of meaning in life) emerged as significant negative predictors of anxious-preoccupation, whereas search for meaning in life (dimension of meaning in life) emerged as a significant positive predictor of anxious-preoccupation (sub-scale of mental adjustment) among cancer patients.

11. Male cancer patients have been found high on support from friends (dimension of perceived social support), fighting spirit and cognitive avoidance (sub-scales of mental adjustment), whereas females are high on helplessness/hopelessness and anxious-preoccupation (sub-scales of mental adjustment). However, no significant mean difference has been found between male and female cancer patients on perceived social support and its two dimensions (support from family, support from significant others), meaning in life and its dimensions (search for meaning in life, presence of meaning in life), and mental adjustment.

12. Cancer patients living in urban areas experience more support from friends (dimension of perceived social support) as compared to the patients living in
rural areas. However, no significant mean difference has been found between cancer patients of rural and urban areas on perceived social support and its two dimensions (support from family and support from significant others), meaning in life and its dimensions (search for meaning in life and presence of meaning in life) and mental adjustment and its five sub-scales namely, fatalism, fighting spirit, cognitive avoidance, helplessness/hopelessness and anxious-preoccupation.

13. Cancer patients belonging to joint families have been found high on perceived social support and its dimension namely, support from family; meaning in life and its dimension, i.e. presence of meaning in life as compared to cancer patients belonging to nuclear families. However, cancer patients belonging to nuclear families have been found high on helplessness/hopelessness (sub-scales of mental adjustment) as compared to cancer patients belonging to joint families.