

## A study on mental health and psychological well-being among cancer patients

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### Abstract

The aim of the present investigation has been to know about “A study on mental health and psychological well-being among cancer patients.” objectives of studies are to identify the differences in cancer and non-cancer patient mental health and Psychological well-being in male and female.

**Sample:** The sample comprised of total Two hundred (N=200) Cancer patients (100) non-cancer patients (100) and male ( 100 in cancer and non-cancer) female (100, cancer and non-cancer patients).

**Tool:** Mental health questionnaire by Jagadish and Psychological well-being scale by carol Ryff (1998).

**Statistical method:** Statistical method has been applied but greater reliance has been placed on statistical methods. These regarded as we used the test-mean, SD, t-test, ANOVA. Results: As a result, it is found that there is significant difference in cancer and non-cancer patient but there is no significant difference in male and female mental health and psychological well-being.

**Key words:** Mental health; Well-being; Age difference and gender; Symptoms; Physical functioning and cancer patient

### 1. Introduction

Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment". From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's

Mental health is a phrase that is often used in reference to mental health problems. But mental health is the underrated, lesser-mentioned antithesis of this.

Defining mental health isn't easy – it isn't just the absence of any mental health problems. The dictionary definition of mental health is: 'The psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment.'

Sigmund Freud's definition of health is having the capacity to work and to love. This is widely accepted by mental health specialists as a simple and accurate definition. Every other theory around mental health really just broadens and expands on this definition.

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Mental health can be interpreted as the capacity to perceive reality objectively, to be open to new situations and challenges, and to possess the ability to empathise with others and have a theory of mind.

Mental health means having the ability to think about ourselves and interpret the world around us in a way that is deemed acceptable and functional by society. It means being able to cope with change and manage a balance between having healthy relationships and independence. Mental health is the ability to be in control of your actions, thoughts and relationships.

Over the years mental health has dramatically evolved. between 1-1000 AD mental illness was blamed on demons and between 1300-1600 those with mental health problems were labelled criminals. The treatment towards those with mental health problems has improved significantly over the last century. But over the years, especially with the invention of the internet, there has been an increase in the number of mental disorders. Mental health, therefore, moves with fluidity and in accordance to society. If our interpretation of mental illness can change and evolve, mental health can also change with time.

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## 2. Psychological well-being

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some discussions are formulated in terms of contentment or happiness. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness. Positive psychology is increasingly prominent in mental health.

In the mid-19th century, William Sweetser was the first to coin the term "mental hygiene" which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Isaac, one of the thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development.

Dorothea Dix (1802–1887) was an important figure in the development of "mental hygiene" movement. Dix was a school teacher who endeavored throughout her life to help people with mental disorders, and to bring to light the deplorable conditions into which they were put. This was known as the "mental hygiene movement". Before this movement, it was not uncommon that people affected by mental illness in the 19th century would be considerably neglected, often left alone in deplorable conditions, barely even having sufficient clothing. Dix's efforts were so great that there was a rise in the number of patients in mental health facilities, which sadly resulted in these patients receiving less attention and care, as these institutions were largely understaffed.

### 2.1. Psychological mental health in cancer

A range of physical, social, psychological, and existential stressors are associated with cancer diagnosis and treatment. These multiple and often chronic stressors can cause cancer patients and survivors to experience considerable distress. Distress is a generic term that encompasses a variety of psychological responses including depression, sadness, anxiety, fear, worry, anger, or panic. The experience of distress in the immediate aftermath of a cancer diagnosis is not unexpected. Nor is it surprising that cancer patients may experience distress while undergoing treatment for their disease. Less well recognized, however, is the potential for cancer survivors to experience distress attributable to their cancer experience long after completion of primary cancer treatment and indeed across the survivorship trajectory.

Consistent with a view that good health encompasses more than simply the absence of disease, psychological health in cancer survivors encompasses more than simply the presence or absence of distress. Rather, understanding of the psychological health of cancer survivors requires consideration of the potential for survivors to also manifest psychological responses associated with enhanced psychological adjustment and well-being. In other words, psychological health in cancer survivors is determined by both the presence or absence of distress as well as the presence or absence of a variety of positive psychological responses often subsumed under the concept of "posttraumatic growth". These positive psychological responses include such things as enhanced self-esteem, greater life appreciation and meaning, heightened spirituality, benefit-finding, or greater feelings of peacefulness and purposefulness. Interestingly, some evidence suggests that distress and growth are not mutually exclusive. Rather, elements of both positive (growth, well-being) and negative (distress) psychological adjustment can be experienced concurrently by cancer survivors.

The remainder of this paper will be devoted to discussion of the psychological health of cancer survivors. We will focus upon both negative (distress) and positive (growth, well-being) psychological responses evidenced by cancer survivors. We will address the prevalence of specific psychological responses that can be important determinants of the psychological health of cancer survivors, offer a framework for understanding “risk” factors for these responses, and discuss the promotion of psychological health in cancer survivors. Due to space limitations, our discussion will necessarily be an overview rather than an in depth treatment of these topics. Furthermore, our discussion of psychological health in cancer survivors will focus upon psychological responses and consequently we will not focus upon other late or long term effects often present in cancer survivors including sexual dysfunction, sleep disturbance, fatigue, or cognitive impairment. However, these are important phenomena associated with the cancer experience and their presence or absence can certainly influence the psychological health of cancer survivors.

When considering the psychological health of cancer survivors, the research literature has typically emphasized the potential for depression and anxiety. The prevalence of depression in individuals with cancer has been estimated to range from 0% to 58%. The prevalence of anxiety disorders has been estimated to be 6% to 23%. The wide range represented by these estimates reflects the difficulties involved in identifying the prevalence of specific psychological responses associated with the cancer experience. Foremost among these difficulties is the lack of consensus about how to define when a particular response is present or absent. In order to identify cases of depression or anxiety in cancer survivors some studies employ formal psychiatric diagnostic criteria, others use cut-off scores on a questionnaire, while others might use a survivor’s response to a single item or question. Thus, the presence or absence of “depression” or “anxiety” in cancer survivors is defined in a variety of ways. Wide variability across research studies in prevalence estimates for depression and anxiety also stems from wide variability in the case mix present both within and across study samples. Risk for depression or anxiety in a cancer survivor likely varies as a function of type of cancer diagnosis, disease stage at diagnosis, type of treatment received, age, race and ethnicity, gender, and time point in the survivorship trajectory when these responses are assessed. Variability in these factors across studies limits contributes to the wide range of prevalence estimates for depression and anxiety found in the literature.

## **2.2. Symptoms and physical functioning**

Studies of quality of life in cancer survivors have examined both the physical and mental health consequences of cancer and its treatments. In general, health care providers have focused largely on patients’ physical symptoms and physical health status, and less emphasis has been placed on mental health issues. Physical symptoms vary across cancer types and treatment modalities but commonly include fatigue, sleep disturbances, pain, nausea and/or vomiting, diarrhoea, neuropathy, skin rashes or toxicity, cachexia, arthralgia’s, myalgia’s, lymphedema, impaired sexual functioning, and cognitive problems. How these symptoms impact quality of life varies depending on a number of factors, including the type and stage of cancer at diagnosis, the patient’s prognosis, the type of treatments received, the patient’s age, and comorbidities (both before and after the cancer diagnosis). Socioeconomic status and access to care also affect receipt of effective treatment and relief of symptoms.

Recent longitudinal research shows that many physical symptoms persist long beyond the initial treatment period and may influence survivors’ quality of life throughout the remainder of their lives. In addition, conditions such as cardio toxicity and accompanying symptoms can develop 10 years or more after treatment, indicating the need for long-term surveillance of and specialized care for cancer survivors. Even long after diagnosis, cancer survivors are significantly more likely than adults without cancer to be in poor health and to have multiple chronic medical conditions and functional and employment limitations.

## **2.3. Mental health and well-being**

For cancer survivors, as for individuals without a history of cancer, physical health directly influences mental health status and overall quality of life. Physical symptoms are more likely to be detected and treated by health care providers, as the mental health and social consequences of illness are less well recognized. However, poor mental health is the leading cause of disability in the United States; nearly half of US adults will develop mental illness at some point in their lives, and the economic cost of mental illness in the United States was approximately \$300 billion in 2002. Poor mental health is even more prevalent among those with chronic illnesses. In responses to the 2010 National Health Interview Survey, 10.1% of cancer survivors reported poor mental-health– related quality of life, compared with only 5.9% of adults without cancer. Population-based data suggest that cancer survivors are more than twice as likely to have disabling psychological problems compared with adults without cancer, and individuals who have both cancer and other chronic illnesses have a risk of psychological disability that is nearly 6 times higher than that of adults without cancer.

## 2.4. Statement of the problem

To assess the level of mental health and psychological well-being among cancer patients.

### Objectives

- To assess the level of mental health among cancer patients.
- To assess the level of psychological well-being among cancer patients.
- To identify gender differences in the level of mental health and psychological well-being among cancer patients.

## 2.5. Hypotheses

- H1-Mental health is low among cancer patients.
- H2-There is no significant difference between male and female in their mental health
- H3-There is significant differences in different age group.
- H4-Psychological well-being is low among cancer patients.
- H5- There is significant differences in different age group.
- H3-There is a significant gender difference exists in the level of mental health and psychological well-being among cancer patients.

## 2.6. Variables

### 2.6.1. Independent variable

- Cancer patients.

### 2.6.2. Dependent variables

- Mental health.
- Psychological well-being.

## 2.7. Design

Quasi experimental design

## 2.8. Sample size

**Table 1** The sample of cancer and non-cancer patient

	<b>Cancer patients</b>	<b>Normal population</b>	<b>Total</b>
Male	50	50	100
Female	50	50	100
Total	100	100	200

## 2.9. Tools

- Mental health questionnaire by Jagadish.
- Psychological well-being scale by carol Ryff (1998).

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## 3. Relevance of the study

The study will provide information on the mental health and psychological well-being among cancer patients.

The study would be benefited to improve the mental health and psychological well-being in cancer patients to lead their life courageously with confidence.

It also creates awareness among people in order motivate cancer patients to be mentally strong and healthy.

#### 4. Results and discussion

Below table shows that mean score of cancer patients is 148.95 and SD is 19.80 and the normal population mean score is 140.44, SD is 15.15 .the score shows that who have suffering from cancer they are have good mental health than the normal population but according to mental health norms the both result coming under poor mental health .The calculated t-value is 3.41 it I significant 0.0001 level. It's clearly shows that, there is significant difference between cancer patient's mental health and normal people mental health.

**Table 2** Mean, SD and t-value of Mental health in Cancer and non –cancer

Group	Cancer	Non-cancer
Mean	148.95	140.44
SD	19.80	15.15
SEM	1.98	1.52
N	100	100
t-value	3.4132	
P-value	0.0008	

Therefore the formulated hypothesis is accepted.

There is significant differences between cancer patients and normal population in their mental health.

##### 4.1. H1: mental health is low among cancer patients

Above result shows that cancer patient have poor mental health.

Related to this result shows researcher conducted experiment related to mental health in cancer patients. Those result shows supportively for my studies.

According to the U.S. surgeon general (1999), mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity. The term mental illness refers collectively to all diagnosable mental disorders—health conditions characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning.

**Table 3** Mental health and gender differences

Group	Male	Female
Mean	151.76	146.14
SD	25.09	12.10
SEM	3.55	1.71
N	50	50
t-value	1.4267	
P-value	0.1569 (NS)	

Above table reflex that the mean and so of male and female cancer patients. I.e. male mean score is 151.76 and SD is 25.09 .the female score of mean is 146.14 and SD is 12.10.

The score indicates that male have high mental health than the female the calculated t-value is 1.4267 it is not significant .therefore the calculated t-value is accepted. Because there is no difference men and women .those are affected with cancer .because mental health has ability to balance feelings desires ambitious and ideal since once daily living. It means the ability to face and accept the reality of life therefore they have face many responsibilities of families. When the

person affected with cancer them loss their hopes because of this reason the men and women patient they are poor in their mental health.

#### 4.2. H2: there is no significant difference between male and female in their mental health

Related to hypothesis some review shows positive result.

25 articles were identified and included in this review. It was related that female spousal can give perceived higher level negative experience in care giving such has lower mental health, lower physical health, poorer health related quality of life lower life satisfaction and decreased marital satisfaction than male spousal caregivers.

However female spousal care givers are more likely to experience personal growth than the male spousal caregivers.

This review identified that female spousal caregivers for cancer patient's hag higher level of negative experience in caregiving.

**Table 4** Mean, SD and F-value of Psychological Well-being in Male and Female (N100)

Group	Gender	Mean	SD	F-value
Autonomy	Male	51.820	7.37	6.734(.0001)
	Female	51.220	5.36	
Env.mastery	Male	50.940	6.22	
	Female	54.70	4.79	
Personal growth	Male	49.00	5.82	
	Female	50.120	5.18	
Positive relation with others.	Male	51.66	6.24	
	Female	50.780	5.44	
Purpose in life	Male	52.04	6.68	
	Female	56.16	5.61	
Self-acceptance	Male	49.56	8.56	
	Female	47.90	6.67	

Above table shows that mean, SD and F-value of psychological well-being in autonomy mean score of male 51.82 and female 51.22 the both score indicates above average in psychological well-being.

In Env.mastery mean score of male 50.94 and female 54.70.this score indicates the both have below average in psychological well-being.

In personal growth mean score of male 49 and female 50.this score reflex below average in personal growth.

In positive relations with others the mean score of male 51.66 and female 50.78.this score reflex the both are averaged positive relationship with others.

In purpose in life mean, SD of male 52.04 and female score is 56.16.this score revels average in purpose in life.

In self-acceptance mean score of male 49.56 and female is 47.90.its clearly indicates average in self-acceptance.

This score by conventional criteria there is significant difference between all dimensions of psychological well-being in male and female.

Below table shows that the mean score of cancer patients is 305.72 and SD is 28.89 respectively. And the normal population mean score is 300.80 and SD is 42.23 respectively. According to psychological well-being norms the score

indicates average psychological well-being in cancer patient as well in normal population. The calculated t-value is 0.9616. It indicates this is non-significant difference.

Therefore the formulated hypotheses is rejected.

There is non-significant difference between cancer patient and normal population in their psychological well-being.

**Table 5** Psychological well-being in cancer and non-cancer

Group	Cancer	Non -cancer
Mean	305.72	300.80
SD	28.89	42.23
SEM	2.89	4.22
N	100	100
t-value	0.9616	
p-value	0.3374(NS)	

**4.3. H4-Psychological well-being is low among cancer patients.**

According to the U.S. surgeon general (1999), this review of research confirms that cancer can affect the quality of life of family caregivers in many ways, but particularly in the psychological domain. Patient and caregiver emotional distress is evident in each phase of illness, but is greater in some phases (diagnosis) than others (survivorship). Although there are a number of research-tested interventions that can reduce the caregiver's emotional distress, a continuing challenge is finding ways to implement evidence-based interventions in the practice settings. An important first step is to assess the needs of family caregivers to assist them in reducing their emotional distress. The ultimate goal is for caregivers to continue to be effective caregivers without compromising their own health and well-being.

**Table 6** Psychological well-being and gender in patients

Group	Male	Female
Mean	304.76	306.68
SD	35.61	20.41
SEM	5.04	2.89
N	50	50
t-value	0.3308	
p-value	0.1745(NS)	

The above table reflex that the mean value of male and female cancer patients is the male mean score is 304.76 and SD is 35.61 respectively. And the female mean score is 306.68 and SD is 20.41.

According to psychological well-being norms score indicates average psychological well-being in cancer patients among male and female the calculated t-value is 0.3308 .it indicates that there is non-significant difference between male and female in their psychological well-being.

**4.4. H5- There is significant differences in different age group**

There is no significant difference between male and female in their psychological well-being.

Related to hypotheses some reviews shows the result.

According to P. S. Chandra, S. K. Chaturvedi, S. M. Channabasavanna, N. Anantha, B. K. M. Reddy, S. Sharma and S. Rao

The impact of cancer on the psychological well-being of newly diagnosed cancer patients before and during the course of radiotherapy was assessed in 70 consecutive cancer patients. Most of the patients were over 40 years of age, women, and illiterate and from a lower socioeconomic group. During the course of treatment there was a decrease in the well-being scores on some dimensions such as perceived family and primary group support. Improvements were seen in the dimensions of positive feelings, coping, social support other than the family and spiritual well-being. There were no changes in the dimensions of negative feelings and perceived ill-health.

**Table 7** Mental health and age group

<b>Group</b>	<b>Age-1</b>	<b>Age-2</b>
	<b>20-40</b>	<b>41 and above</b>
Mean	153.48	147.44
SD	36.62	8.96
SEM	7.32	1.03
N	25	75
t-value	1.3260	
p-value	0.1879(NS)	

The above table indicates mental health in different age 20-40 is 153.48 SD is 36.62 in age 41 and above mean score is 147.44 and SD 8.96 its score measure that those have 20-40 suffering from cancer they have good mental health than the age of 41 and above patients.

The calculated t-value is 1.3260 it is not significant.

The formulated hypotheses is rejected .because those are affected with cancer they loss self-confidence and self-acceptance feeling of worth and loss the realization of once potentialities. Therefore age is not reason to maintain mental health.

#### **4.5. H1: there is significant difference in different age group.**

Related to the result shows the complexity of gender differences in health (i.e. men's lower life expectancy and women's greater morbidity) extends beyond notions of either social or biological disadvantage.

Kessler et al., 2003a, b: In contract to the paradoxical gender differences in physical health, men's and women's overall mental health is similar, but specific conditions differ by gender.

**Table 8** Psychological well-being and age

<b>Group</b>	<b>Age-1</b>	<b>Age-2</b>
	<b>20-40</b>	<b>41 and above</b>
Mean	298.28	308.20
SD	43.93	21.58
SEM	8.79	2.49
N	25	75
t-value	1.4960	
p-value	0.1379(NS)	

The above table indicates psychological well-being in difference age. The age between 20-40 mean score is 298.28 and SD is 43.93 respectively. And age 41 and above mean score is 308.20 and SD is 21.58 respectively.



According to psychological well-being norm the score indicates below psychological well-being in patients between ages 20-40 them and average psychological well-being in 41 years and aged patients.

The calculated t-value is 1.4960 it indicates that there is non- significant difference between 20-40 aged patients and 41 years above aged patients.

The hypothesis is not accepted.

**Table 9** Co-relation between mental health and psychological well-being

Group	Mental health	psychological well-being
Mean	148.95	305.72
r	-26535.4	
R	-0.4686	

The value of R is -0.4686; although technically a negative co-relations, the relationship between your variables is only weak (no of the nearer the value is to zero, the weaker the relationship).The value of  $R^2$ , the co-efficient of determination is 0.2196.

Ryff& Singer, 1998.Operationalized PWB as six dimensions of distinct but related life activities that are reflective of a positive, psychological functioning life. These dimensions make up the Scales of Psychological Well-being (SPWB) and include activities associated with being independent, having a purpose in life, self-acceptance, personal growth and development, having positive relations with others, and mastering one's environment.

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## 5. Conclusion

The research finding shown that only the cancer and non-cancer patient mental health and Psychological well-being is differ,when we see the age gender and other component there is no difference were shown, therefore, the result shows that, there is no difference in Psychological wellbeing and mental health in cancer patient.

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## Compliance with ethical standards

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