

“EFFECTIVENESS OF NARRATIVE THERAPY TO ENHANCE PSYCHOLOGICAL WELL-BEING AMONG CANCER PATIENTS ATTENDING RADIATION THERAPY AT CANCER HOSPITAL.”

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ABSTRACT

BACKGROUND: Anxiety, dread, and emotional instability are common psychological symptoms experienced by cancer patients undergoing radiation therapy. These psychological difficulties can have a negative impact on patients' mental health and treatment outcomes. Non-pharmacological therapies, such as narrative therapy, may help patients cope with emotional stress.

METHODS: A quantitative research approach with a quasi experimental research design was employed. The study was conducted at cancer hospital in Belagavi. The sample was selected by non-probability convenient sampling technique (n=30). Psychological well-being was assessed by standardised “Ryff's psychological well-being scale”. After pre-test Narrative therapy was administered. After completion of narrative therapy sessions, a one-week gap was given before conducting post-test to assess the psychological well-being.

RESULTS: Majority of participants (76.7%) were classified as having poor psychological well-being in the pre-test assessment, showing a consistently low baseline state. Only 16.7% of participants remained in the poor category after the intervention, while the majority (66.7%) moved to the average level and another 16.7% attained a good level of psychological well-being. The same subjects (n = 30) had a mean pre-test score of 137.6 (SD = 33.17), which significantly increased to 194.63 (SD = 10.49) in the post-test. Following the intervention, well-being scores significantly increased, as evidenced by the mean paired difference of -57.03 (SD = 31.92). The observed improvement was not the result of chance, as the paired t-test value (t = -9.785) was very significant (p < 0.05).

CONCLUSION: This significant improvement shows that the Narrative therapy was successful in raising the majority of participants psychological well-being.

KEYWORDS: Cancer hospital, Cancer patients, Narrative therapy, Psychological well-being, Radiation therapy

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INTRODUCTION

Globally, an estimated 18.6 million fatalities and 30.5 million new cancer cases are anticipated in 2025, indicating a rising, substantial disease burden caused by aging populations and lifestyle factors.^[1] Tobacco use, which continues to be the leading cause of death, is one of the preventable, modifiable risk factors associated with almost 40% of these deaths.^[2] By 2050, there will be a 75% rise in cancer-related mortality.^[3] According to Liv Hospital, Australia has the highest cancer rate, with more than 450 cases per 100,000 people.^[4] 21% of cancer deaths worldwide are caused by tobacco use, which is the main risk factor.^[5] In low-income nations, dangers including unsafe sex come next.^[6]

Cancer is still a major worldwide health concern. Together, prostate, pulmonary, and carcinoma of the colon account for about half of all cancer cases in males, whereas breast, lung, and colorectal cancers make for around 51% of newly diagnosed cases in women.^[7] An estimated 2,041,910 new cases of cancer would be identified in the US in 2025, according to the 2025 annual cancer report.^[7] It is encouraging to note that the total oncological mortality rate was dropped by 34%

between 1991 and 2022, preventing over 4.5 million deaths.^[7] Reduced tobacco use, timely recognition, and improvements in therapy were the main causes of this decline.^[7]

Cancer indicates any of a broad range of medical conditions characterized by the appearance of aberrant cells that proliferate uncontrolled and have the power to invade and kill healthy body cellular structures.^[8] It is common for cancer to spread to other bodily parts. Carcinoma ranks second among the cause of decease.^[8]

Uncontrolled cell proliferation in the body, which can spread to neighbouring tissues and other places, is the hallmark of cancer.^[9] Since the human body is formed by one thousand billion of cellular units, cancer can start almost anywhere.^[10] With 18.4% of all fatalities worldwide, cancer is the second most common cause of death and one of the most dangerous diseases.^[6] Regretfully, 18.1 million individuals receive a cancer diagnosis each year, and the disease's global growth is increasing.^[11] There are more than 200 different forms of cancer, which are brought on by the body's cells proliferating endlessly.^[10]

Psychological well-being can be severely disrupted by a cancer diagnostic finding and intervention, resulting in worry, despair, fear, and other emotional suffering that affects quality of life and treatment compliance.^[12] Numerous emotional states like terror, anxiety, grief, anger, and a sense of helplessness, can be triggered by a cancer diagnosis and the ensuing therapy.^[13] Cancer patients frequently struggle with anxiety and depression as a

result of worries about their prognosis, recurrence, and the psychological and physical effects of their treatment.^[14] For many cancer patients, one of the main causes of psychological discomfort is the worry of cancer returning or the potential for death.^[15] Psychological distress can have a detrimental effect on a cancer patient's overall quality of life, making it more difficult for them to maintain relationships, participate in daily activities, and manage their condition.^[16] Financial strain can worsen psychological discomfort, and cancer treatment can be costly.^[17]

A major worldwide health concern, cancer is a complex illness that has a considerable impact on both physical and psychological well-being.^[6] Furthermore, the psychological effects of cancer affect not just the client, as well as their family members & caregivers. A cancer diagnosis frequently causes a range of affective responses, such as dread, anxiety, and future uncertainty.^[12] These psychological loads may be made worse by dealing with therapeutic challenges, potential adverse effects, and the likelihood of relapse.^[18] It

is true that people with cancer may feel depression, anger, grief, and helplessness.^[18] A cancer diagnosis can cause people to experience extreme worry and anxiety.^[14] Anxiety is mostly caused by a worry of the actual course of treatment.^[18] Physical discomfort, adverse reactions, and possible consequences are frequently linked to cancer therapies (such as surgery, chemotherapy, radiation therapy, and immunotherapy).^[19] Anxiety levels can also be raised by a fear of pain, a loss of control, and the possible effects on one's body image.^[18]

Every year, radiation therapy is administered to at least 350,000 cancer patients.^[20] Fear and worry are among the most frequent emotional difficulties that patients face during radiation therapy.^[21] Concerns regarding side effects, the course of treatment, or the results of therapy may be present in patients.^[22] Extreme stress brought on by a dread of the unknown can cause sleep issues, changes in appetite, and physical discomfort.^[23] Another typical emotional problem that patients may encounter following radiation therapy is depression.^[14] Extreme melancholy and pessimism can result from the psychological and physical strain of the treatment process, as well as from uncertainty about the future and dread of the unknown.^[14] Patients may experience feelings of anger, helplessness, and melancholy as a result of feeling worn out and unable to do their everyday chores.^[24] During radiation therapy, patients may also experience rage and dissatisfaction.^[25]

A therapeutic method known as "narrative therapy" encourages patients to rewrite their life stories and transform negative narratives into ones that are more powerful by treating them as distinct from their

problems.^[26 27 28] Problem and Person Separation: According to narrative therapy, people are not their problems; rather, they are distinct from the issues that impact them.^[26 27 28] Emphasis on Narratives: The therapy focuses on the narratives individuals tell themselves about their life, which influence their sense of self and identity.^[26 27 29] Re-authoring: Clients are urged to rewrite narratives that are restrictive or negative and replace them with ones that are empowering and positive.^[26 29 30] Externalization: People are able to disassociate themselves from problems by viewing them as distinct things that may be contested and externalized.^[26 27 30] Capabilities and Values: In order to foster resilience and self-assurance, the therapy focuses on the client's values, abilities, and capabilities.^[27 29 32]

One postmodern treatment that could help cancer patients with their issues is narrative therapy.^[26 29] According to story therapy, individuals are specialists in their own lives and possess abilities, attitudes, and beliefs that can lessen the impact of issues in their life.^[26 27 30] Narrative therapy

actually advocates for people to alter their own narratives.^[26 27 30] The issue is that therapeutic interaction is required to rewrite the narrative.^[30 31 32] Deconstructing the power of the person's story is the first step in the therapeutic process, which then shifts to creating a new meaning.^[26 30 32] The problem is externalized during this treatment, and the patient does not see himself as a victim of his surroundings since he feels that he can alter both the environment and the problem.^[26 30 32] According to research, narrative therapy is a useful treatment for a number of psychiatric issues.^[31 33 34]

Through narrative therapy, clients can gain new insights and interpret difficult life events in new ways.^[30 31 32] They encourage their clients to reconnect with their inner resources and abilities by allowing them to examine their tales.^[27 30 32] Through artistic expression, it enables people to change difficult situations and feel more in charge of the difficulties they face in life.^[31 32 35] It gives clients the chance to actively participate in rebuilding or altering their sense of self as well as their life.^[26 30 32] The tales we tell about ourselves and our life to ourselves and to others help us make sense of the world.^[26 31 36] Because it forms our identities and our perception of the world and our role in it, the narratives we tell about our experiences are incredibly potent and significant.^[26 31 36] Patients might somewhat separate themselves from the fear of cancer by assuming the author's role in themselves and narratives.^[26 27 31]

THE OBJECTIVES OF THE STUDY ARE:

1. To assess the level of psychological well-being among cancer patients.

2. To assess the effectiveness of narrative therapy on psychological well-being among cancer patients.
3. To find out the association between the pre interventional level of psychological well-being and sociodemographic variables.

MATERIALS AND METHODS

The research technique specifies the overall pattern of structuring the approach for collecting accurate and reliable data for examination. The entire study is based on it.

Literature review:- Researcher searched as electronic database such as library, PubMed, google scholar.

The study involved 30 participants who were suffering from cancer those who were attending radiation therapy, at KLE Cancer hospital. Samples were selected by non-probability convenient sampling technique. The study design was based on quantitative experimental research design. A quasi experimental research

design was employed. The 42 questionnaire Ryff's Psychological Well-being scale was used to gather information about psychological well-being. Data was collected by administering the questionnaires. Analysis of the results were done using descriptive statistics such as: frequency, percentage, mean and inferential statistics such as: paired-t test, chi-square test.

Ethical approval for this study was obtained from the institutional Ethics committee. Prior permission was obtained from the concerned authority of Cancer hospital. Consent was taken from study participants. The researcher gave a brief introduction, selected the samples who were attending radiation therapy based on inclusion criteria, and informed the samples of the study's goal. Applied socio-demographic tool to obtain information. Ryff's Psychological Well-being Scale was used to measure psychological well-being levels in radiation therapy clients prior to implementing Narrative Therapy. Total 5 sessions of narrative therapy were conducted on alternative days, with each session lasting for 45minute. Various narrative techniques were administered to increase effectiveness and participation, including-externalizing the problem, mapping the influence of cancer, spotting sparkling moments, re-authoring the narrative, letter writing for healing, sharing the new story & closure and future identity anchoring. After all sessions ended, a post-test was given to determine the psychological well-being level after a one-week interval. Data was gathered, collated, and examined.

INCLUSION CRITERIA:

1. The patients who are willing to participate in the study.

2. The patients undergoing radiation therapy with 1st or 2nd stage cancer.

EXCLUSION CRITERIA:

1. The patients who are terminally ill.
2. The patients who had previous narrative therapy intervention.

RESULTS

The Sociodemographic variables of participants follows, Majority (63.3%) of participants were of 41-60 age group. Thirty participants with an equal gender distribution—50.0% male and 50.0% female—were included in the study. Hindus made up the majority of participants (70.0%), followed by Muslims (23.3%) and others (6.7%). A little percentage were widowed (6.7%) or divorced (3.3%), whereas the vast majority were married (90.0%). The most frequent educational level was secondary education (30.0%), followed by illiteracy (26.7%) and primary education (23.3%). Graduates (16.7%) and postgraduates (3.3%) were less common.

In terms of occupation, self-employment and housewives made up the largest groupings (40.0% each), while government employment (6.7%) and private employment (13.3%) were less prevalent. The majority of families made less than ₹20,000 per month, with equal percentages earning less than ₹10,000 (40.0%) and between ₹10,001 and ₹20,000 (40.0%). The majority of participants lived in rural areas (66.7%), and there were slightly more joint families (53.3%) than nuclear families (43.3%).

Clinically, malignancies of various locations were found; the most prevalent ones were tongue cancer (16.7%) and cervix cancer (20.0%). 36.7% had a stage I diagnosis, while 63.3% had a stage II diagnosis. The majority of the time since diagnosis was between one and two years (30.0%). A minority of patients had diabetes mellitus (3.3%) and hypertension (10.0%), while the majority (86.7%) had no comorbidities. **Table 1** No statistically significant association was found with any of the factors examined ($p > 0.05$), according to the examination of the relationship between Ryff Psychological Well-Being Scale scores and sociodemographic and clinical characteristics. Only a tiny percentage of participants reported average psychological well-being across all age groups, with the majority having low psychological well-being, especially in the 41–60 years old (73.7%) and >60 years old (77.8%) categories. The majority of both males (73.3%) and females (80.0%) were classified as poor, with no discernible gender difference. Poor well-being continuously predominated across religion, marital status, education, occupation, income, family type, and place of living.

Clinically, various cancer types and stages, the length of time since diagnosis, the number of radiation sessions performed, and the existence of

comorbidities were all associated with low psychological well-being. These variations were not statistically significant, despite the fact that several subgroups displayed comparatively larger percentages of average well-being. Overall, the results indicate that the research population's psychological well-being levels were mainly unaffected by clinical and sociodemographic traits.

Table 1 Sociodemographic data with association between pretest Ryff Psychological Wellbeing Scale with socio demographic variable.

		Ryff Psychological Wellbeing Scale				Chi-square (Sig.)
		Poor		Average		
		N	%	n	%	
Age	<40	2	100.0	0	.0	0.496 (1.000)
	41-60	14	73.7	5	26.3	
	>60	7	77.8	2	22.2	
Gender	Male	11	73.3	4	26.7	0.186 (0.500)
	Female	12	80.0	3	20.0	
	Other	0	.0	0	.0	
Religion	Hindu	16	76.2	5	23.8	0.606 (1.000)
	Muslim	5	71.4	2	28.6	
	Christian	0	.0	0	.0	
	Other	2	100.0	0	.0	
Marital status	Single	0	.0	0	.0	1.649 (0.564)
	Married	21	77.8	6	22.2	
	Widowed	1	50.0	1	50.0	
	Divorced	1	100.0	0	.0	
Education	Illiterate	8	100.0	0	.0	5.174 (0.257)
	Primary	5	71.4	2	28.6	
	Secondary	5	55.6	4	44.4	
	Graduate	4	80.0	1	20.0	
	Postgraduate	1	100.0	0	.0	
Occupation	Self-employment	9	75.0	3	25.0	0.707 (1.000)

	Private	3	75.0	1	25.0	
	Government	2	100.0	0	.0	
	Housewife	9	75.0	3	25.0	
Monthly family income	<10,000	9	75.0	3	25.0	0.731 (1.000)
	10001-20000	9	75.0	3	25.0	
	20001-50000	4	80.0	1	20.0	
	>50000	1	100.0	0	.0	
Type of family	Nuclear	10	76.9	3	23.1	0.558 (1.000)
	Joint	12	75.0	4	25.0	
	Extended	1	100.0	0	.0	
Residence	Rural	16	80.0	4	20.0	0.373 (0.657)
	Urban	7	70.0	3	30.0	
Type of cancer	Breast cancer	1	50.0	1	50.0	14.259 (0.561)
	Cancer of Cervix	4	66.7	2	33.3	
	Cancer of Glottis	0	.0	1	100.0	
	Cancer of Hypopharynx	0	.0	1	100.0	
	Cancer of Vagina	1	100.0	0	.0	
	Esophageal Cancer	2	100.0	0	.0	
	Left Breast Cancer	1	100.0	0	.0	
	Left Buccal Cancer	2	100.0	0	.0	
	Mouth Cancer	1	50.0	1	50.0	
	Oral Cancer	1	100.0	0	.0	
	Prostate Cancer	1	100.0	0	.0	
	Right Breast Cancer	1	100.0	0	.0	
	Soft tissue Sarcoma of left thigh	1	100.0	0	.0	
	Throat Cancer	1	50.0	1	50.0	

	Thyroid Cancer	1	100.0	0	.0	
	Tongue Cancer	5	100.0	0	.0	
Stage of cancer	1	8	72.7	3	27.3	0.151 (1.000)
	2	15	78.9	4	21.1	
Duration since diagnosis	1	7	77.8	2	22.2	6.744 (0.197)
	2	8	88.9	1	11.1	
	3	3	50.0	3	50.0	
	4	4	100.0	0	.0	
	5	0	.0	1	100.0	
	6	1	100.0	0	.0	
Number of radiation sessions completed	2.00	1	50.0	1	50.0	13.853 (0.649)
	3.00	1	100.0	0	.0	
	4.00	0	.0	1	100.0	
	5.00	1	100.0	0	.0	
	6.00	4	100.0	0	.0	
	7.00	1	50.0	1	50.0	
	8.00	3	100.0	0	.0	
	9.00	1	100.0	0	.0	
	10.00	1	100.0	0	.0	
	11.00	1	50.0	1	50.0	
	12.00	1	100.0	0	.0	
	13.00	2	66.7	1	33.3	
	15.00	1	100.0	0	.0	
	18.00	0	.0	1	100.0	
	19.00	1	100.0	0	.0	
	20.00	4	80.0	1	20.0	
Comorbidities	No disease	19	73.1	7	26.9	1.070 (0.661)
	Hypertension	3	100.0	0	.0	
	Diabetes Mellitus	1	100.0	0	.0	

*<0.05 significance is obtained by fisher exact test

Table 2 According to the Ryff Psychological Well-Being Scale, there was a statistically significant improvement in psychological well-being after the intervention. The same subjects ($n = 30$) had a mean pre-test score of 137.6 ($SD = 33.17$), which significantly increased to 194.63 ($SD = 10.49$) in the post-test. Following the intervention, well-being scores significantly increased, as evidenced by the mean paired difference of -57.03 ($SD = 31.92$). The observed improvement was not the result of chance, as the paired t-test value ($t = -9.785$) was very significant ($p < 0.05$). Overall, the results show that the intervention significantly improved the participants' psychological well-being.

Table 2 shows Pre & post comparison of Ryff Psychological Wellbeing Scale among participants

Ryff Psychological Wellbeing Scale	Mean	n	SD	Paired difference		t	Sig.
				Mean	SD		
Pre-test	137.6	30	33.17	-57.03	31.92	-9.785	<0.05*
Post-test	194.63	30	10.49				

*<0.05 significance is obtained by paired t test

Table 3 Participants' psychological well-being clearly improved from the pre-test to the post-test, according to the distribution of Ryff Psychological Well-Being Scale scores. Majority of participants (76.7%) were classified as having poor psychological well-being in the pre-test assessment, showing a consistently low baseline state. Only 16.7% of participants remained in the poor category after the intervention, while the majority (66.7%) moved to the average level and another 16.7% attained a good level of psychological well-being. This significant improvement shows that the intervention was successful in raising the majority of participants' psychological well-being.

Table 3 Pre & post level of Ryff Psychological Wellbeing Scale among participants

Ryff Psychological Wellbeing Scale		n	%
Pre-test	Poor	23	76.7
	Average	7	23.3
Post-test	Poor	5	16.7
	Average	20	66.7
	Good	5	16.7

DISCUSSION

This study evaluated the impact of Narrative therapy on psychological well-being among patients attending radiation therapy at cancer hospital, Belagavi. Inferential and descriptive statistics were both employed in the data analysis. The pre-test results showed that majority of participants (76.7%) experienced poor psychological well-being, followed by average psychological well-being (23.3%). However, the post-test revealed that only 16.7% of participants remained in the poor category, while the majority (66.7%) moved to the average level and another 16.7% attained a good level of psychological well-being. Psychological well-being levels and no sociodemographic category showed a statistically significant correlation. Several subgroups demonstrated relatively higher proportions of average psychological well-being.

CONCLUSION

It can be concluded that there is a statistically significant difference between the pre-test and post-test levels of psychological well-being scores among the patients attending radiation therapy and there is no statistically significant correlation between chosen sociodemographic characteristics and psychological well-being scores. The results of this study showed that narrative therapy significantly increases psychological well-being in the cancer patients attending radiation therapy. Thus, we can conclude that Narrative therapy is beneficial to improve psychological well-being.

The study's conclusions were corroborated by a study done on all obese and overweight women in Tabriz city to ascertain the effectiveness of Narrative Therapy on Social Physique Anxiety in Obese and Overweight Women. The experimental group's mean and standard deviation of social physical anxiety in the pre-test were 44.33 ± 2.289 , whereas the control group's was 43.67 ± 3.063 . The experimental group's social physique anxiety scores at the post-test stage were 36.33 ± 3.117 , while the control group's scores were 43.80 ± 3.385 . Narrative therapy was found to be helpful ($p < 0.001$). Based on the findings, it can be said that narrative can help obese and overweight women feel less anxious about their bodies.³⁷

RECOMMENDATION:

- Experimental investigations with control and comparison groups are recommended to establish more casual links between narrative therapy and psychological well-being.
- Similar research can be undertaken with a bigger sample size to improve the generalizability of outcomes.
- The prolonged effects of story therapy on cancer patients' psychological well-being

may be examined through longitudinal research.

LIMITATIONS OF THE STUDY:

- The study used a limited size of sample, which may restrict the findings generalizability.
- The short follow-up period prevented from assessing the long-term impact of story therapy on psychological well-being.
- The scientific investigation was carried out at a single oncology hospital, which may limit the data application to other contexts.

DECLARATIONS

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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