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COMPARISON OF POSITIVE THINKING, ATTACHMENT STYLE AND ADJUSTMENT A CANCER PATIENTS AND NORMAL PERSONS

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ABSTRACT

The aim of this study was to compare the positive thinking, attachment styles and adjustment in patients with cancer and normal person. The present research is a causal-comparative study and carried out for comparing two groups of cancer patients and normal persons. The study sample consisted of 600 people in cancer patients in hospital of 20th regional hospital in Tehran and the second groups of the normal persons, including 340,861 people have been living in 20th Region in Tehran. The sample size of 60 is considered as a group of 30 cancer patients and 30 normal people who have been selected. Sampling for cancer patients was normal and for normal patients were random cluster for data collection is used documentary method or library research and field study (implementation of the questionnaire). Data collection tools include standard questionnaires (The *Adult Attachment Scale* (AAS) Nancy L. *Collins*, positive scale review Khodayarifard and Ghamari Bonab therefore, the Bell Adjustment Inventory used. In this study, to obtain reliable test-retest reliability, internal consistency to the way they look positive results (0.69), compatibility Bell (0.68), attachment (0.69), respectively. To analyze the data used the independent t test and U Mann-Whitney were used. Results showed positive between Positive Thinking and its components (with their relationship with God, with others and with nature) in

normal persons and cancer patients, there is a significant difference in the component attachment styles (secure; ambivalent or avoidant) is also important. There is a difference in the components of the adjustment and its components (health, social, emotional, occupational) but consistent among individuals with cancer at home there.

Keywords: cancer patients, Positive Thinking, Attachment Style, Consistency

INTRODUCTION

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. 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. Cancer can have impacts on emotional adjustment in patients by intervening in communicational patterns and sexual functioning[2], The breast cancer is assumed as an important factor in women's mortality so that 6.7 million or 13% of total mortalities in 2005 pertains to this cancer .It is obvious that when the cancer is identified as disease, may have unavoidable psychological, emotional and physical effects on the patient and he/his family member and leads to change as well as often negative emotional reactions in many life aspects such as physical, mental and even intellectual and financial factors. It affects the social relations of the patient[12],Breast cancer is a malignant tumor that starts in the cells of the breast. A malignant tumor is a group of cancer cells that can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body. The disease occurs almost entirely in women, but men can get it, too[14],The aim of this study was to compare the positive thinking, attachment styles and adjustment in patients with cancer and normal person.

MATERIALS AND METHODS

The present research is a causal-comparative study and carried out for comparing two groups of cancer patients and normal persons. The study sample consisted of 600 people in cancer patients in hospital of 20th

regional hospital in Tehran and the second groups of the normal persons, including 340,861 people have been living in 20th Region in Tehran. The sample size of 60 is considered as a group of 30 cancer patients and 30 normal people who have been selected. Sampling for cancer patients was normal and for normal patients were random cluster .for data collection is used documentary method or library research and field study (implementation of the questionnaire).

Data collection tools include standard questionnaires (The Adult Attachment Scale (AAS) Nancy L. Collins, positive scale review Khodayarifard and Ghamari Bonab therefore, the Bell Adjustment Inventory used. In this study, to obtain reliable test-retest reliability, internal consistency to the way they look positive results (0.69), compatibility Bell (0.68), attachment (0.69), respectively. To analyze the data used the independent t test and U Mann-Whitney were used.

RESULTS

Results showed positive between Positive Thinking and its components (with their relationship with God, with others and with nature) in normal persons and cancer patients, there is a significant difference in the component attachment styles (secure; ambivalent or avoidant) is also important. There is a difference in the components of the adjustment and its components (health, social, emotional, occupational) but consistent among individuals with cancer at home there. In this research, men and women were equally. In this research, normal people and cancer patients were equally. 37% of respondents are in the bachelor's level of education (maximum frequency) and 3% of has respondents doctoral education level (lowest frequency).

40% of the respondents of the cancer patients were at the age of 30 to 40 years (maximum frequency) and 10% of the respondents aged 20 to 30 years (lowest frequency).

40% of the respondents were at the age of 30 to 40 years (maximum frequency) and 10% of the respondents' age was 50 years and older normal people (lowest frequency).

Differences can be seen between Mean of the two groups, it can be said that there is difference between two groups in the three main variables and sub-variables which normal people have more attachment style, positive-thinking and are attachment than cancer patients. (Table 1).

Given that, in most variables, the p-value is greater than the significance level 0.05, we

conclude that the variables are normal and in some variables, (Secure attachment, adjustment of health, social adjustment), the p-value, the less is the significant level of 0.05, concluded that their data is abnormal, therefore, to examine the research hypothesis parametric test, (T test) were used. The first hypothesis, the positive thinking is different in cancer patients and normal individuals (Table 3).

Table 3. Table Test t (compared two groups in the rate of positive thinking) Examination of positive thinking (self-relationship, relationship with Allah, with others and with nature) in patients with cancer and normal people is different (Table 4).

The second hypothesis: The attachment style is different in the cancer patients and normal people (Table 5). Each components adjustment (secure attachment, ambivalent attachment, and attachment) in patients with cancer and normal people is different. According to the non-normality of ((Table 6 this variable, non-parametric tests (Mann-Whitney u- of independent t-test) was used. Mean ranks of normal people and patients with cancer showed significant difference. So that, mean rank of normal people was 16.27 and mean ranks of cancer patients were equal to 44.73 (Table7).

Table 8: t-test of evaluation of the attachment components (ambivalent or avoidant) in cancer patients and normal people.

Third hypothesis: the adjustment in cancer patients and normal people is different. (Table 8) Evaluation of the adjustment components (at home, emotional and job) in cancer patients and normal people is different. (Table 9).

According to the non-normality of this variable, non-parametric tests (Mann-Whitney u- of independent t-test) was used.In other adjustment components (health and social) in patients with cancer and normal people is different. (Table 10).

Table 1. Descriptive statistics for variables such as attachment, positive thinking and adaptability in both groups

Research Variables	Patients		normal people	
	MD	SD	MD	SD
Attachment style	17.01	1.46	24.75	1.23
Secure attachment style	23.43	1.90	16.56	2.41
ambivalent attachment style	18.10	1.26	26.03	1.62
Avoidant attachment style	16.36	2.39	24.80	2.51
positive thinking	21.16	2.25	28.75	2.44
Self-relationship	39.60	4.36	56.56	4.25
Relationship with Allah	17.06	2.72	23.60	2.37
Relationship with others	9.73	2.09	12.40	2.22
Relationship with Nature	17.40	2.04	24.53	2.09
Adjustment	55.42	2.73	52.86	1.19
adjustment in home	54.67	2.23	54.73	1.63
health adjustment	57.47	1.94	56.06	1.14
social adjustment	55.53	5.17	50.60	0.49
emotional adjustment	54.36	3.28	51.23	1.99
job adjustment	55.06	3.80	51.66	1.89

Table 2: Kolmogorov–Smirnov test **(K–S** test **or KS** test**)**

Research Variables	p-value	Test Results
Attachment style	0.054	Normal
Secure attachment style	0.039	Abnormal
ambivalent attachment style	0.340	Normal
Avoidant attachment style	0.377	Normal
positive thinking	0.429	Normal
Self-relationship	0.248	Normal
Relationship with Allah	0.333	Normal
Relationship with others	0.286	Normal
Relationship with Nature	0.152	Normal
Adjustment	0.051	Normal
adjustment in home	0.053	Normal
health adjustment	0.013	Abnormal
social adjustment	0.000	Abnormal
emotional adjustment	0.143	Normal
job adjustment	0.026	Normal

Table 3

positive thinking	Sample	MD	SD	DF	critical t table	calculated t	α	p-value
Cancer patients	30	21.16	2.25	58	2.000	12.49	0.05	0.000
Normal people	30	28.75	2.44					

Table 4: t test of the Evaluation of Components of the positive thinking in patients with cancer and normal people

Components of positive thinking	people	sample	MD	SD	DF	critical t table	calculated t	α	p-value
Self-relationship	Cancer patients	30	39.60	4.36	58	2.000	15.23	0.05	0.000
	Normal people	30	56.56	4.25					
Relationship with God	Cancer patients	30	17.06	2.37	58	2.000	9.89	0.05	0.000
	Normal people	30	23.60	2.72					
Relationship with others	Cancer patients	30	9.73	2.09	58	2.000	4.77	0.05	0.000
	Normal people	30	12.40	2.22					
Relationship with nature	Cancer	30	17.40	2.04	58	2.000	13.34	0.05	0.000
	Normal	30	24.53	2.09					

Table 5: T Test (comparison of two groups in the degree of Attachment styles

Attachment style	sample	MD	SD	DF	critical t table	calculated t	α	p-value
Cancer	30	2754.	1.46	58	2.000	22.08	0.05	0.000
Normal	30	17.01	1.23					

Table 6: t-test to assess adjustment components in cancer patients and normal people

Component attachment	People	N	MD	SD	DF	critical T Table	Calculated t	α	value-p
Self-relationship	Cancer	30	39.60	4.36	58	2.000	15.23	0.05	0.000
	Normal	30	56.56	4.25					
Relationship with God	Cancer	30	17.06	2.37	58	2.000	9.89	0.05	0.000
	Normal	30	23.60	2.72					
Relationship with others	Cancer	30	9.73	2.09	58	2.000	4.77	0.05	0.000
	Normal	30	12.40	2.22					
Relationship with nature	Cancer	30	17.40	2.04	58	2.000	13.34	0.05	0.000
	Normal	30	24.53	2.09					

Table 7: Mann–Whitney U test (comparison of the two groups in rates of secure attachment(

Secure attachment	N	Mean Ranks	Total Ranks	Mann-Whitney U test	Wilcoxon	p-value	α
Cancer	30	44.73	1342.00	23.00	488.00	0.000	0.05
Normal	30	16.27	488.00				

Table 9: T Test t (compared two groups of adjustment)

adjustment	N	MD	SD	DF	critical Table	Calculated t	α	p-value
Cancer	30	52.86	1.19	58	2.000	4.70	0.05	0.000
Normal	30	55.42	2.73					

Table 10: t test of adjustment components (at home, emotional and job) in cancer patients and normal people

adjustment components	People	N	Mean Ranks	Total Ranks	Mann-Whitney U test	Wilcoxon	p-value	α
Health	Cancer	30	23.98	719.50	245.50	719.50	0.003	0.05
	Normal	30	37.02	1110.50				
Social	Cancer	30	23.20	696.00	231	696.00	0.001	0.05
	Normal	30	37.80	1134.00				

Table 11: Mann–Whitney U test (comparing two groups of in health and social adjustment

adjustment components	people	N	MD	SD	DF	critical Table	Calculated t	α	p-value
Adjustment in home	Cancer	30	54.73	1.63	58	2.000	0.132	0.05	0.896
	Normal	30	54.66	2.23					
Emotional adjustment	Cancer	30	51.23	1.99	58	2.000	4.46	0.05	0.000
	Normal	30	54.36	3.28					
Job adjustment	Cancer	30	51.66	1.89	58	2.000	4.37	0.05	0.000
	Normal	30	55.06	3.80					

CONCLUSION

From the results of the first hypothesis can be concluded, Cancer patients, in terms of mental, severe hypotension and death statistics with regard to the promotion of media and stems of cancer patients experience the feeling of death, as a result, cancer patients have a calling in life, so that A sense of purpose in life, unwillingness to work, impatience, and the disease is called of God and His blessings. However, nicely feel closer to God, but hope not to return. . People with cancer don't trust to relatives and community, and they feel each member of his/her family trying to escape from them, So that, they show more withdrawal, because they want to show that they don't like to bother others.

These people are pessimistic about the nature and the damaging and destruction of human perception, because, they are considered the end of his/her life as the end of the world. In general, positive thinking amongst these patients than the normal persons will decrease

seriously.The results of this research with study of([4], [5], [13]) was aligned.From the findings of the second hypothesis could be concluded; when the affected person is diagnosed with cancer, the dimensions could be psychological, emotional and physical health of cancer patients and their family members be influential, and many aspects of life, including physical, mental, spiritual and change their financial and social relationships be influential()Schmer, 2010(). People with cancer can make less reliable and stable than the normal persons.So, cancer patients are showing heterogeneous behaviors in making various conditions in their attachment styles.

The result of this research have been aligned with study of [1], [3], [9].It could be concluded from the findings of the third hypothesis that some cancer patients have difficulty in attachment with the problem of psychological distress and the future course of their disease are effective[7],The results showed that cancer patients for solving related problems of illness face with more challenges which cause the threshold of tolerance and decrease their patience and in the end will reduce capacity and their social integration, Often show poor response, bored and low power, sometimes even avoid talking about the disease to others, and can adapt emotionally to others. Due to a lack of understanding of other people's in work environment can't make good relationship with their jobs then are isolated. Due to the length of surgeries and tough treatments have complaints and weepy on the health and well-being. Families of these people have more understanding and compassion to these individuals and for this reason, their adjustment in the house count the best compatibility for numerous people. The results of this research with study of ([5], [6], [8], [10], [13], [15], [16]) was aligned.

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