Affective and Cognitive Processes in Cancer Narratives

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Abstract

Research on cancer narratives has not contextualised emotional and cognitive processes in stages of coping. The study examined linguistic indicators of affective and cognitive processes in narratives of 31 Malaysian cancer survivors. The analysis of the 58,787-word transcript using Linguistic Inquiry and Word Count (LIWC) software revealed that coping with cancer is a case of mind over emotions, with 12.52% of words related to cognitive processes and 4.17% to affective processes. Frequently used words linked to cognitive processes indicated the cancer survivors' rationalisations of

their denial of the diagnosis and explanations of treatment. Frequently used positive affective words reflect their optimism after reaching acceptance. Frequently used negative affective words indicate their trauma and uncertainty about the prognosis and treatment. Linguistic indicators of emotional and cognitive processes may be useful in identifying stages of coping so that appropriate support can be given to cancer patients and survivors.

Keywords

cancer narratives – linguistic markers – emotional process – cognitive processes

1   Introduction

Over the years, there has been a growing interest in understanding the experiences of cancer patients, as cancer affects their physical and mental health not only during treatment but also during survivorship (Naughton and Weaver 2014). Narratives can be defined as storytelling that captures one's experience and uncovers challenges faced by individuals when dealing with health concerns so that responses are improved and interventions are better designed (Palacios et al. 2015). Narratives can be an effective way of communicating cancer-related information because they can be a kind of support for patients and cancer survivors as they attempt to make sense of their cancer experience (Shapiro et al. 1997; Green 2006; Kreuter et al. 2008; Freda and Martino, 2015). Many who experienced cancer felt that their lives had been disrupted by it (Gibbs and Frank 2002).

   Research has shown that when patients find out that they have cancer, they may not experience a physical death but grieve the loss of their identity and health. For example, Sheriff (2019) found that the emotional and psychological makeup of breast cancer patients determined their grieving process. Some patients experience denial and anger upon receiving a cancer diagnosis and fell into depression before accepting their physical condition, while others may be trapped in the stage of anger and blame their family or god for it. Many studies on grieving were underpinned by Kübler-Ross's (1969) model on the stages of grief which explains how people cope with illness and dying. The stages of defence or coping mechanisms commonly experienced by people whose loved one has died are denial, anger, bargaining, depression, and acceptance, though not necessarily in a linear sequence (Kübler-Ross 1969, see Appendix 1 for details on the stages).