

■ CNE Article

Loneliness, Depression, and Social Support of Patients With Cancer and Their Caregivers

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Loneliness is a significant psychosocial concern for patients with cancer, and depression may be an antecedent to loneliness. To date, no studies have directly addressed the relationship of loneliness, depression, and social support among Turkish patients with cancer and their caregivers. The emotional responses that result from a cancer diagnosis vary and may include anxiety, anger, frustration, or depression. Because of the unexpected demands and emotions thrust on them, the caregivers of patients with cancer may be just as likely to experience loneliness or depression following a cancer diagnosis. As a result, this study sought to examine that relationship among a sample of 60 patients with cancer and 60 caregivers.

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A cancer diagnosis is a traumatic event that has a significant impact on patients and their families and may cause responses of shock, uncertainty, hopelessness, anxiety, and depression (Nijboer, Triemstra, Tempelaar, Sanderman, & Van den Bos, 1999). Patients with cancer have multifaceted needs, and family caregivers must deal with many unfamiliar and unexpected demands that include monitoring disease and treatment, administering medication, assisting with personal care, and providing emotional support (Given, Given, & Kozachik, 2001). Patients may experience severe symptom distress that influences social and physical function, curtails patient-caregiver interaction, and leads to emotional responses of anxiety, anger, frustration, or depression in the caregiver (Kurtz, Kurtz, Stommel, Given, & Given, 2004). Research suggests that most caregivers of patients with cancer experience anxiety, depression, and burden (Nijboer, Tempelaar, Triemstra, Van den Bos, & Sanderman, 2001). The distress is related to the caregiving roles, has been shown to continue over time, and may be exacerbated by changes in the patient's condition (Northouse, Mood, Templin, Mellon, & George, 2000).

Loneliness was identified as a cluster of thoughts, feelings, and behaviors (Perry, 1990), and was defined as the psychological situation resulting from the differences among the individual's existing versus desired social relationships (Demir, 1989). Loneliness is caused by a lack of satisfaction regarding the quality of relationships and does not depend

on the characteristics of the social environment or number of friends. In addition, individuals with high loneliness levels were unsatisfied with their familial relationships (Damsteegt, 1992; Samter, 1992). Individual factors and external effects of life events that cause stress also are important contributors to loneliness. Loneliness causes a weakening in a person's social status, impaired interpersonal relationships such as a those with family, friends, and relatives; an increase in negative behaviors; development of emotions such as distrustfulness and suspicion; and a reduction in self-trust. Loneliness causes stress and anxiety, which, in turn, engenders increased loneliness (Alkan & Sezgin, 1998).

Loneliness is one of the major psychosocial concerns for patients with cancer as many patients suffer from loneliness associated with illness or illness-related situations (Cuevas-Renaund, Sobrevilla-Calvo, & Almanza, 2000; Fox, Harper, Hyner, & Lyle, 1994; Perry, 1990). Loneliness is inversely related to the number of family and friends and the degree of satisfaction with them (Bondevik & Skogstad, 1998; Jylha & Jokela, 1990; Kim, 1999; Mahon, Yarcheski, & Yarcheski, 1998).

Depression may be an antecedent to loneliness. Depression occurs frequently among patients with cancer, but often is underdiagnosed (Aapro & Cull, 1999; Spiegel & Davis, 2003). In addition, the presence of depression has a negative impact on quality of life, which interferes with the patient's ability to cope as well as with evolution of the disease (Spiegel & Davis, 2003).