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SOCIAL STATUS OF A CANCER PATIENT: PREDICTORS OF LOSS AND STRATEGIES FOR COPING WITH PSYCHOTRAUMA

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Abstract. *The article examines the problem of social status loss in cancer patients and analyzes the main psychological, social, and economic predictors that influence the development of psychotraumatic experiences during oncological disease. It is emphasized that cancer affects not only the physical condition of a person but also destroys habitual social ties, professional roles, communication patterns, and self-perception within society. The study highlights the relationship between psychological well-being, quality of life, social support, and treatment effectiveness. Particular attention is paid to the role of stigmatization, financial burden, uncertainty of the future, and changes in social interaction*

in modern Ukrainian realities under conditions of war. The author analyzes coping strategies used by cancer patients and demonstrates that social support significantly reduces stress and increases adaptation to treatment and rehabilitation. It is substantiated that restoration or preservation of social status is an important component of psychological recovery and successful reintegration of cancer patients into social life. The necessity of developing long-term psycho-oncological support programs aimed at maintaining social functioning, resilience, and quality of life is emphasized.

Key words: *cancer patients, social status, psychotrauma, stigmatization, psycho-oncology, coping strategies, social support, quality of life, psychological rehabilitation, stress, adaptation, financial burden, social reintegration.*

Oncological diseases provoke a wide range of maladaptive psychological reactions in patients and often lead to the formation of mental disorders. This situation creates the need to correct the psycho-emotional sphere, rehabilitate cognitive abilities, and support positive behavioral changes in the life of cancer patients (Sekse et al., 2019). Cancer patients are subject to various traumas: physiological disorders that accompany the disease and medical procedures (chemotherapy), the complexity of the treatment

process, psychological stress and changes that accompany the experience of oncological slaughter. Accompanying the disease, changes in the physical condition, communication and socio-economic condition of the patient lead to the loss of social status or its partial destruction. In this case, social status is considered as a place of a person in the social structure and as a multicomponent personality characteristic, which includes attributive and acquired components of social status (Lapshova, 2021). The

author's research shows that social status is largely determined by the quantitative and qualitative characteristics of connections in small social groups that are reference for the individual (friends, work colleagues, family and relatives, etc.). Also, social status is determined by the corresponding position and connections in larger social groups.

Over the past ten years, there has been a growing interest in the mental health issues of cancer patients with various types of cancer (Niedzwiedz et al., 2019; Desai et al., 2021). This growth of interest is due to the fact that, using the example of large samples of patients, an association was found between the prognostic indicator of treatment and the psychological state of the patient (Pham et al., 2019). A review of the studies showed that there is a fairly strong relationship not only between the effect of treatment and the methods of treatment used. There is also a relationship

between the result of treatment and the psychological state of the patient, his subjective well-being and how he assesses his quality of life (Shrestha et al., 2019). A number of studies have documented that some approaches to cancer treatment contribute to a better recovery of the mental health of patients after recovery. A number of other studies have noted improvements in the psychological state of patients in connection with certain actual indicators of the state of the blood and urine (Desai et al., 2022). In most cases, patients experience persistently poor mental and social health outcomes up to a year after the start of treatment, regardless of whether the treatment was successful (Pham et al., 2019, p. 105).

It is also important to note that Western researchers emphasize the lack of sufficiently long-term studies that could demonstrate a stable return to psychological health for cancer patients

throughout life or a relatively long period. In the case of shorter-term studies, after confirmation of the patient's recovery, a return to a normal psychological state is also usually recorded (Haraldstad et al., 2019). It is still not possible to fix on significant statistical samples whether such a return to normal was really stable. Having a need for post-clinical care suggests very profound psychological changes associated with experiencing cancer. These changes can lead to significant personality changes and require a variety of forms of assistance that must be predicted and prepared. This aspect of psychological support for cancer patients is significant for the development of clinical psychotherapeutic activities for many reasons. In particular, such support is based on the organization of ongoing support for cancer patients in remission and after completion of treatment and involves a return to social status, psychological and

social well-being (Alcaraz et al., 2019).

Coping with the loss of social status is a critical form of supporting positive change for cancer patients during and after treatment. Such support should be aimed at providing professional assistance in maintaining social status, its support and subsequent readaptation in a new social status or in the course of a complete restoration of the previous one. Shrestha et al. (2019) point out that one of the main features of the personal situation of a cancer patient is that he is forced to choose in a situation of opportunity to exchange the quality of life for its possible extension. This is a difficult decision, which is always accompanied by a loss of social status to one degree or another and the situation. There is little information to assess how patients feel about treatment and what amount of personal expenses they are willing to make in order to prolong their lives. A study of how complex trade-offs are reached in such decisions and

what are the fundamental factors that make cancer patients choose the quality of life, not its quantity (Haraldstad et al., 2019).

It was found that most young patients resorted to aggressive treatment, and the older age patients associated with the deterioration of physical health was clearly related to the fact that patients preferred the quality of life over the preservation of its length. According to the results obtained by the researchers, neither sex, nor education, nor religiosity, nor the presence or absence of children, marital status, or the type of cancer affected factors that would be preferred. Patients with the best level of health preferred the value of life expectancy. Those with poorer health preferred to preserve the quality of life at the expense of lifetime. The initial subjective assessment of the quality of life and expectations of extrapolation of this assessment into the future play a leading role in making the above decision. It can be argued that some of the

most important components of the quality of life, for example, maintaining the achieved social status, can stimulate a cancer patient to refuse treatment or to limit it. It can also be associated with the fear of losing social status without the hope of its restoration in the future for an older person (Shrestha et al., 2019).

In the conditions of modern Ukraine, the very phenomenon of social status is becoming more complex and undergoing transformation, as a number of its significant components are destroyed or lose their significance, and the interaction within the framework of small and large groups is also radically changing, as is the significance of the evaluations that a person receives within his group when acquiring one or another status. Today, the loss of property and work is not a hard factor that pushes a person out of his usual social environment and may not affect the assessment of his

personality and status in the eyes of others, since such losses have become very common and are interpreted by public opinion as a reason for support and compassion. Such factors are no longer evaluated as markers of "failure", "defects", "inadequacy" of the person who fell under their influence, because these losses were caused by the actions of a cruel aggressor, who continues to pose a mortal existential danger to the entire society.

The corresponding losses of cancer patients can also be evaluated in the small and large social groups to which they belong, somewhat differently from how they were evaluated before the moment of large-scale invasion. The loss of social status can be much more painful at the level of destruction or de-emphasis of human relationships, support, interaction with a familiar group or a change in evaluation and behavior on the part of this familiar group. A change in expectations

from the future and a general integral assessment of cancer patients of their habitus as a place in the general social order can also have an impact. As a certain integral part, this assessment can include ideas about the possibilities of further development, self-realization, implementation of plans for children and other relatives, etc. (Coughlin, 2019).

In the case of modern Ukraine, the destruction of a stable vision of the future includes the appearance of categorical uncertainty of the future status, which for a cancer patient has a double nature. There is loss of certainty due to a terminal illness, and loss of certainty due to an aggressive war and the destruction of all usual socio-economic interactions. The financial component of the process of loss of social status for cancer patients should not be underestimated. They can act as financially toxic individuals for their own family and environment, since treatment is associated with high costs and a constant need

for financial assistance (Smith et al., 2019). There are relatively few people in our area who can afford to bear the burden of financing aggressive cancer treatment without outside help and additional funding. Western studies are characterized by the lack of health insurance, a relatively younger age of disease detection (youth and lack of appropriate accumulated funds and "financial cushion") and low income as predictors of psychological and financial burden for cancer patients. In the conditions of Ukraine, this approach cannot be applied due to the lack of a universal medical insurance mechanism along with the actual lack of free medical care, especially in cases where significant costs for treatment are required. Even in Western studies, it is confirmed that the risk of non-continuation of treatment and violation of the treatment regimen of cancer patients is doubled in the event of a deterioration in the quality of life and an increase

in the financial burden (Smith et al., 2019; Tian et al., 2021).

Financial burden can affect the mortality rate, but the limits of such an effect have not been established reliably in the available academic works. That is, financial status, as an important component of social status, can determine the very possibility of treatment or salvation for a cancer patient. Therefore, the loss of social status causes a particularly strong depressing effect, which is associated with the loss of not only the usual attitude from the surrounding and social ties, but also the very possibility of saving one's own life or fighting an illness. Research shows that social support is closely related to the improvement of the psychological state and reduction of stress in cancer patients (Tian et al., 2021).

The role of mediated stress and coping style is a mediating factor. Severe psychological distress in the study was more often mediated by coping styles

such as confrontation and acceptance of stress. These strategies of how the patient tried to cope with the situation did not lead to real overcoming of stress and increased it. Social support, on the contrary, increased resistance to the disease and the willingness to tolerate pain and discomfort associated with treatment and experiencing the symptoms accompanying the disease (Canella et al., 2023). The level of stress that a person was ready to perceive and experience under the condition of social support increased significantly. Chinese and American researchers independently emphasize that there is a need to develop psychological intervention programs to strengthen the observed buffering effect of social support for cancer patients (Smith et al., 2019; Tian et al., 2021).

The socio-economic and moral situation in Ukraine has developed in such a way that cancer patients fully meet the definition of a stigmatized

minority (Friedman et al., 2022). Hoffman, defining stigma in 1963, identified three basic types of stigma: stigma associated with physical defects and disabilities that arise from injuries or diseases or their insurmountable consequences; individual shortcomings, often associated with the inability to control one's actions in certain situations, etc.; family stigmas that are formed by generations and are inherited and associated with the immutable characteristics of a person (social status attributed to him) - race, religion, gender, sexual orientation, etc. Stigmatization may not take the form of open persecution or social conflict. This may take the form of behavior of exclusion, rejection, ignorance, humiliation, avoidance of contact with the stigmatized person, or ostracism (Eylem et al., 2020).

The opposite process to stigmatization is the restoration of social status,

that is, stigmatization itself is synonymous with the loss of social status, its destruction or partial violation (Friedman et al., 2022). A cancer patient belongs to a situational social group, distinguished by a number of behavioral markers and characterized by specific limitations. The disease is accompanied by pain, loss of mobility, anxiety, etc.; chemotherapy is accompanied by significant changes in appearance (loss of weight, hair, skin color change, etc.). Symptoms accompanying the disease can lead to loss of working capacity within the usual limits, difficulty in communication, depression, increased anxiety and conflict, etc. The need for significant funds at the loss of the opportunity to earn them in the usual way and the need for significant additional efforts to organize treatment and burden relatives with the disease can make a cancer patient toxic and undesirable for a certain part of the environment. The presence of negative animistic and

magical ideas in society can push people away from communicating with and supporting a cancer patient, "so that the disease does not pass," etc. (Desai et al., 2021; Canella et al., 2023). All these elements of the disease situation lead to a loss of social status, often in the form of frank stigmatization. This phenomenon is not as strongly expressed as the stigmatization of HIV/AIDS patients or venereal diseases however, it is quite common.

There are significant masses of accumulated evidence in favor of the fact that there is a psychological "preparedness of the soil" for the development of an oncological disease. It often acts as a form of passive suicide as a result of feelings of depression or guilt, suppression of emotions or manifestations of sexual instincts. Oncology is often preceded by long periods of depression and dysphoria. According to some researchers, shortly before the onset of the disease, many of the patients lost extremely

important emotional ties for them (Canella et al., 2023). Oncology often becomes an external symptom of the presence of problems in a person's life that cannot be solved from his point of view. Accordingly, the loss of fear or the threat of loss of social status can itself be a factor that prepares the ground for future cancer if the person views this situation as one that cannot be resolved. The real loss of social status in the course of the disease or as a result of experiencing the disease becomes a confirmation of negative expectations, which can significantly harm the process of combating the disease. It is extremely important for a cancer patient to realize the existence of a way out, the possibility of victory, the "light at the end of the tunnel" to which he can go. Another significant factor is the presence of people and forces that support him, a conscious refusal to feel isolated, abandoned, worthless, deprived of support and stigmatized. Willingness to

find help, receive it, and use the support and help of relatives, doctors, and other people actually equalizes the perception of personal social status in a person's self-presentation to himself (Lapshova, 2021; Sekse et al., 2019).

Research involving a large sample of representatives of various social classes, social groups, and racial and national groups has shown that for all racial and ethnic groups, the incidence of breast cancer is positively correlated with socioeconomic status. At the same time, low socioeconomic status is closely associated with aggressive behavior, with an increased risk of premenopausal cancer, as well as with late diagnosis and a lower survival rate of patients (Coughlin, 2019). The researchers note that the factors influencing the acceleration of the development of cancer in a disadvantaged social situation can also be an environment from disadvantaged

neighbors, unemployment, racial and national discrimination, the lack of social support networks and the support of co-religionists, fellow countrymen and relatives. Significant risks of deterioration in the general state of health and a further increase in the risks of oncological diseases are associated with the destruction of significant elements of social status: uncomfortable and unsuitable housing, unstable food supply, lack of medical services near the place of residence, immigration, distrust of medicine and science, etc. Researchers point to well-documented differences in the survival of patients with different social status in the case of breast cancer. In this case, survival was also associated with characteristics of race, education level, census poverty, assessment of access

to health insurance and preventive care (Coughlin, 2019; Ciążyńska et al., 2020).

It should be noted that all the above elements of social status are objective and create a situation in which the probability of developing the disease increases, and the probability of overcoming it decreases. However, a significant part of the factors of disadvantageously recorded by foreign researchers are characteristic of residents of many regions and cities of different regions of Ukraine and can have the same significant impact on the formation of oncological diseases. Accordingly, not only the loss of social status, but also its improper acquisition or failure to acquire a decent social status can be a factor that causes the appearance of oncological diseases or creates prerequisites for their development.

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ВЗАЄМОЗВ'ЯЗОК КОПІНГ-СТРАТЕГІЙ ТА СТРЕСОСТІЙКОСТІ СТУДЕНТСЬКОЇ МОЛОДІ В УМОВАХ ВОЄННОГО СТАНУ

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***Анотація.** У статті представлено результати теоретико-емпіричного дослідження взаємозв'язку копінг-стратегій та стресостійкості студентської молоді в умовах воєнного стану. Актуальність дослідження зумовлена зростанням психоемоційного навантаження на молодь внаслідок соціальної нестабільності, тривалої невизначеності та впливу воєнних подій, що актуалізує проблему збереження психологічного благополуччя та ефективної адаптації. Метою дослідження стало теоретичне обґрунтування та емпіричне вивчення особливостей взаємозв'язку копінг-стратегій і стресостійкості студентів.*

У дослідженні взяли участь 62 здобувачі вищої освіти факультету психології Волинського національного університету імені Лесі Українки. Для реалізації поставленої мети було використано комплекс психодіагностичних методик: тест самооцінки стресостійкості Н. Кіршевої та Н. Рябчикової, опитувальник Connor-Davidson Resilience Scale (CD-RISC), методику BASIC Ph та опитувальник Brief-COPE.

Результати дослідження засвідчили, що для більшості студентів характерний середній рівень стресостійкості (М