

Utilizing Narrative Therapy to Address Negative Emotions in Advanced Cancer Patients

Ailifeila Akepaer

Xinjiang Medical University, No. 567 Shangde North Road, Urumqi, Xinjiang, China

alfira_akpaer@outlook.com

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Abstract: Due to the late start and uneven development of narrative therapy in China, there is limited research on its application in patients with advanced cancer. Therefore, this study aims to explore the feasibility of narrative therapy in special cases by conducting a case study on the relief of negative emotions in patients with advanced cancer. This study selected one patient with advanced cancer from a local sanatorium and conducted narrative therapy in five stages. Techniques such as externalizing problems, deconstructing stories, witnessing important others, and working with documents were used to guide the patient in overcoming the influence of the dominant narrative, reinforcing the secondary narrative, and constructing a positive life story. After the therapy, the Hospital Anxiety and Depression Scale (HADS) was used as a measurement tool to assess the patient's anxiety and depression. The results showed that the scores decreased from 12 and 11 to 4, indicating that narrative therapy had a certain effect on improving negative emotions in patients with advanced cancer.

1. Introduction

According to the 2020 Global Cancer Statistics report released by the International Agency for Research on Cancer (IARC) of the World Health Organization, China has become a veritable "cancer powerhouse". The number of new cases and deaths ranks first in the world, with 4.57 million cases and 3 million deaths respectively.^[1]With the unfortunate deaths of inventor Steve Jobs, CCTV host Li Yong, and actor Wu Mengda from cancer, cancer has gradually entered the public's view, and people have lamented the fragility of human beings. Due to the deeply rooted concept of "cancering fear", people are still reluctant to contact cancer patients, let alone humanistic care. Many doctors and researchers see more objective data from disease research, and few people pay attention to the part of cancer patients as human beings. A study abroad shows that 25%-45% of patients with malignant tumors have significant psychological pain, but only 10% of them can receive timely and specialized psychological counseling services. In 2007, the American Institute published a highly humane report entitled "Whole Person Care for Malignant Tumors: Meeting the Psychosocial Needs of Patients", calling on the whole society to respect and care for patients.^[2]

Narrative therapy is a postmodern psychological therapy developed based on social construction theory. It is deeply influenced by postmodernism, and its main philosophy is that "people are not the problem, the problem is the problem" and "everyone is an expert in solving their own problems". IN other words, by letting patients tell their own life stories, it guides patients to discover the remaining parts of the story or those that contradict the current story theme, and discover the shining events in the life story. Letting patients rewrite the story themselves helps them regain self-confidence and adjust their attitude towards life. Since its development, narrative therapy has been widely applied in various fields, such as psychological counseling for people in earthquake-stricken areas, psychological correction for juvenile delinquents, and reducing burnout among nurses. It has been proven to have good effects.^[3]Based on this, this study uses narrative therapy to alleviate the negative emotions of a patient with advanced cancer under the guidance of social construction theory, to illustrate the rationality of narrative therapy in special situations.

2. Case And Method

2.1. General Information

Yulu (not her real name), 46 years old, primary school education, divorced, has a history of drug abuse for 5 years, is currently a patient in the hospice of the city's tumor hospital. Yulu lost her parents at an early age and grew up under the care of her older siblings. Her ex-husband was once imprisoned for drug abuse and violence, and they divorced 9 years ago. She currently raises her 14-year-old daughter alone. In 2017, she was diagnosed with advanced lung cancer and received chemotherapy and radiotherapy. She has no financial resources, has not applied for major illness relief, and has no property. She lives with relatives. Yulu has only 2-3 important others around her and they often care about her life. Yulu's daughter is currently studying in a junior high school in the county. Her academic performance is average and her learning motivation is not high. The probability of entering high school is very low. In addition, she is severely malnourished and has fainted several times at school. The school requires a guardian to accompany her. Yulu is worried that her daughter's current situation will be brutally beaten by her ex-husband, and she is constantly anxious. In addition, the diagnosis of the disease has left her feeling lost, feeling that she has lived a miserable life, worthless, and has implicated her family. However, in conversations with her, it can be seen that she really wants to do something meaningful in her lifetime and hopes to be remembered by others. During the second session, Yulu made a negative emotional assessment when she was emotionally and physically stable. According to the HADs scale results, Yulu has moderate anxiety and moderate depression, as shown in Table 1.

Table 1 Negative emotion assessment results of Yulu.

Negative emotions	Total score	Level
Anxiety	12	Abnormal (case)
Depression	11	Abnormal (case)

2.2. Treatment Ideas

According to the interviews and data collection, Yulu has the following negative emotions: anxiety and depression, low self-efficacy, sense of worthlessness, and dim hopes for life. However, her life experience is very complex, and these are stories that can be told. Therefore, the use of narrative therapy is highly suitable. Narrative therapy advocates seeing stories outside the mainstream story, which are real and have power that people are not aware of, so they can replace the mainstream story. Yulu has been tortured by marriage and illness for 15 years. In her perception, her mainstream story is miserable and meaningless, but she can persist to this day, indicating that she has perseverance and qualities that she cannot see. Using narrative therapy can help Yulu explore these qualities, and different stories can change her perception of herself. Therefore, in accordance with the steps and techniques of narrative therapy, such as problem externalization, story deconstruction, story writing, ritual definition, and treatment documentation, the treatment was carried out 10 times, once a week, for 2 hours each time, and psychological measurement scales were used to compare the negative emotional status before and after treatment.

2.3. Use of Tools

According to the Chinese Guideline for Psychological Treatment of Cancer, the main negative emotions experienced by many cancer patients are anxiety and depression. There are currently five measurement scales for measuring patients' anxiety and depression: the Distress Thermometer (DT), the Hospital Anxiety and Depression Scale (HADS), the Generalized Anxiety Disorder Self-Rating Scale (GAD-7), the Nine-Item Patient Health Questionnaire (PHQ-9), and the Beck Depression Inventory (BDI). The DT is a self-assessment tool recommended by the National Comprehensive Cancer Network, which has high reliability and validity, but is only applicable to cancer patients who have just been admitted to the hospital for examination. The GAD-7 and the PHQ-9 are the most basic self-assessment tools. Researchers in China have conducted research on the PHQ-9, confirming its good reliability and validity for elderly populations and general hospital populations,

but its application effect for cancer patients has not yet been confirmed. The BDI is more suitable for assessing patients' emotions at different stages of cancer. The Hospital Anxiety and Depression Scale (HADS) was developed by Zigmond and Snaith in 1983. Currently, the scale has been widely used in screening anxiety and depression in Chinese hospital patients. Research has found that the anxiety and depression subscales of the scale have a sensitivity of 100% and high validity and reliability.^[2]In the recommendation of the Chinese Guideline for Psychological Treatment of Cancer, the scale is strongly recommended as high-quality evidence.(There are three types of recommendations in the book: 1.High-quality evidence, strongly recommended;2. Medium-quality evidence, strongly recommended;3. Low-quality evidence, weak recommendation.)According to the recommendation of the Chinese Guideline for Psychological Treatment of Cancer, the Hospital Anxiety and Depression Scale (HADS) with good reliability and validity was selected. The scale consists of two subscales, HA and HD, representing anxiety and depression, with a total of 14 items.The study used a cutoff score of 9.The scores of the anxiety and depression subscales are divided into: 0-7 negative, 8-10 mild, 11-14 moderate, and 15-21 severe.

2.4. Treatment Process

2.4.1. Externalization of Problems

Laozi once said, "Objects are named and thereby defined." The externalization of problems is to name the problem and let the visitor describe the problem in detail, thus achieving the separation of the problem and the individual. The problem no longer represents the essence of the person, and the visitor's escape from the dilemma is no longer out of reach. The externalization of problems has four important skills: naming the problem, asking about the impact of the problem, evaluating the impact of the problem, and demonstrating the evaluation. Generally, naming the problem is to give a name to the problem in consultation with the visitor, so that the problem is another objective thing rather than the problem of the person itself, thus playing a role in separating the person from the problem.Yulu gave a name to her problem: the devil. This is Yulu's most authentic view of her own problem. Secondly, the skills of asking about the impact of the problem and evaluating the impact of the problem are to help Yulu herself realize the impact of the problem on herself, so that she can make a choice. Before externalization, Yulu believed that she had no choice at all and that everything was predestined, but after discussing the impact of the problem, Yulu felt that she could actually control her own life.In the final stage of argumentation and evaluation, Yulu's true concerns can be asked, and her heart can be spoken, forming a positive self-identity, thus deepening the separation of the problem and the person. When asked what kind of relationship or distance Yulu wanted to maintain with the devil, Yulu replied that the farther away the better. Figure 1 is Yulu's problem externalization map.

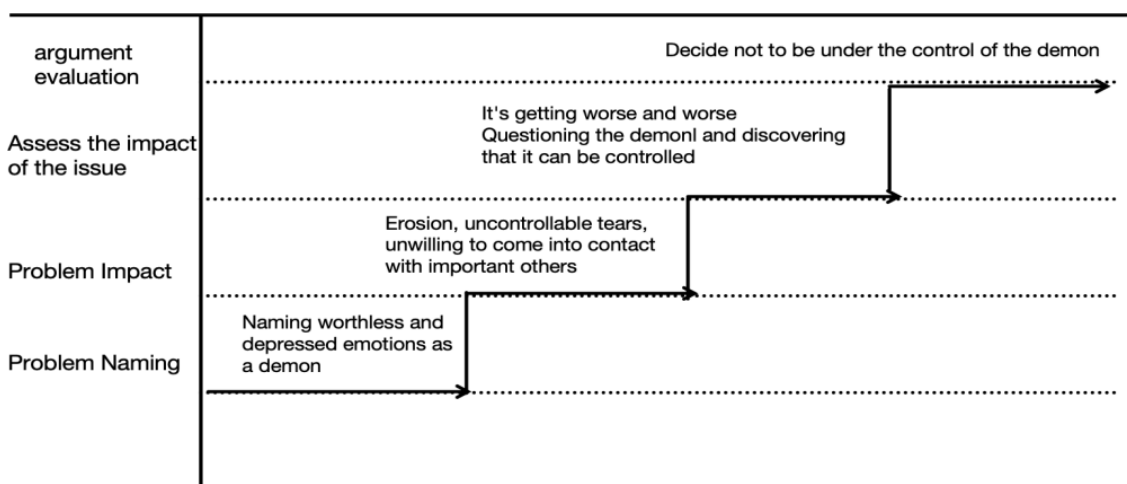


Figure 1 Yulu's problem externalization map. ^[4]

2.4.2. Deconstruction of the Story

Social constructionism believes that any knowledge is generated through interaction with others in social, cultural, and normative contexts. Since the problem is constructed, deconstruction is to find the root cause of the problem. In the process of tracing the source of the problem, paying attention to the exceptional events in the story enriches the life story. Yulu named the problem the devil, achieving the separation between Yulu and the problem. Through discussion, the reason for the devil's emergence was that she believed she was a failure, and this idea of failure led to the emergence of the devil (i.e., negative emotions such as hopelessness and lack of value). Social constructionism believes that failure and success are defined by people's interactions with others. Because everyone has a consistent view of failure and success, Yulu also internalized this view, and deconstruction is to shake Yulu's internalized identification with failure. The following is a transcript of the story deconstruction part.

Social worker: Can you recall how the devil came into your life?

Yulu: It seems to have happened after I became ill. I suddenly became like this, seeing that everyone around me is healthy and happy, I feel more miserable.

Social worker: Why do you feel miserable now?

Yulu: Because I feel like I have been failing all my life. My marriage didn't last, my job didn't have pension insurance at the end, and my body wasn't taken care of and I got a terminal illness.

2.4.3. Rewrite the Story

Rewriting is crucial in narrative therapy, as it serves as a bridge from the main story to the side stories. By replacing problematic mainstream stories with various side stories, and by using various exceptional events to guide the client to question, reflect on, and challenge their self-identity of the problem. At the same time, it is important to enrich the side stories with shining points, so that the side stories with shining points can enrich the client's life story. In the previous story deconstruction process, the root cause of the problem of Yulu was her definition of failure, so rewriting the story is to deconstruct the definition of failure and reconstruct the story. One important skill in the process of rewriting the story is to reshape the dialogue. To reshape the dialogue, it is necessary to use important others, a book, or a movie, or anything related to the client, and through asking the client about their influence or contribution to them and to the client, the client can see themselves through them, thus reshaping their self-identity. Figure 2 is Yulu's rewriting map.

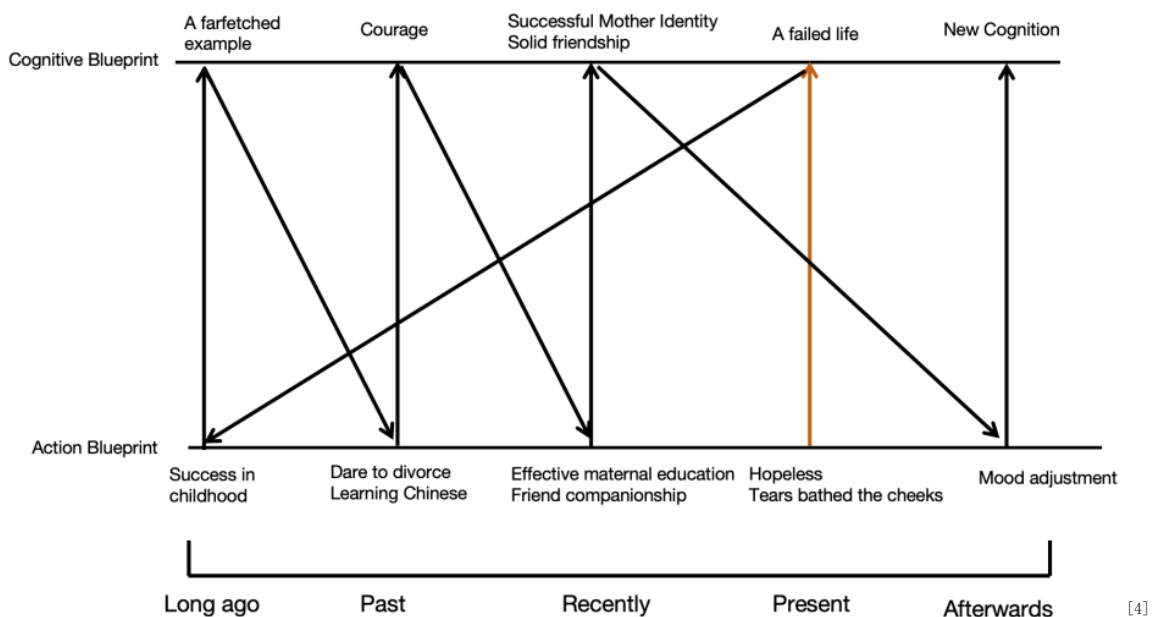


Figure 2 Yulu's rewriting map.

2.4.4. Defining Rituals to Strengthen Identity

The social support theory suggests that people's social support has a positive effect on their lives. Consolidating the progress made by Yu Lu through external witnesses and therapeutic documentation techniques helps her remember the efforts and qualities she has acquired for the new story, replacing the old problematic main story. The external witness chose Yu Lu's daughter to join the conversation, and through listening to Yu Lu's life story and retelling it, helped Yu Lu see her own progress and enrich her side story. There are two therapeutic documents used, one is a letter written by Yu Lu's daughter for a period of time, and the other is the award certificate, which is a positive symbol, and discards negative symbols.

3. Results

3.1. Qualitative Evaluation

Yulu's self-assessment: "I don't have any wild thoughts at night, I go to bed early and get up early every day, and my physical condition has remained stable. And I feel that as my mood changes, my life has become much better. A friend of the opposite sex wants to date me, and she is also very good to my daughter, so I agreed to her request, and we plan to travel together in the summer."

Family assessment: "Thank you for your help. My mother's mood is obviously much better than before. Before I go home on Friday, make delicious food for me. During the day, I don't feel depressed but watch TV to kill time."

3.2. Quantitative Evaluation

Before the end of the service, another Hospital Anxiety and Depression Scale (HADs) was conducted to assess negative emotions. According to the results of the HADs scale, Yulu's negative emotions improved, with anxiety scores decreasing by 8 points and depression scores decreasing by 7 points, as shown in Table 2.

Table 2 Assessment results of Yulu's negative emotions.

Negative emotions	Total score	Level
Anxiety	4	Normal (case)
Depression	4	Normal (case)

4. Discussion

There are relatively few studies on the application of narrative therapy in patients with advanced cancer. This study applied narrative therapy to a patient with advanced cancer in the context of Chinese culture, and the effect was significant. Narrative therapy is a post-modern therapy based on social construction theory. Social construction theory emphasizes that all problems do not exist inherently, but are constructed in the brain of people through interactions with others in a certain social and cultural context. Therefore, social construction theory advocates seeking the root cause behind problems rather than focusing on the problems themselves, and does not question the facts that the visitors subjectively identify. Advanced cancer patients believe that they are individuals who are beset by problems. If they blindly pursue the problems themselves, it will only deepen the impact of the problems on cancer patients. However, focusing on the reasons behind the problems will alleviate the pressure of advanced cancer patients to a certain extent. The problem is no longer their own problem, which will also provide them with confidence and courage to solve it.

The concept of narrative therapy is that people manage their lives through stories. Everyone is a writer, and stories can be rewritten.^[5]In the defining ceremony of narrative therapy, inviting external witnesses to witness the achievements of the visitors is to improve the social support network of the visitors and help them better write a new chapter of their lives. In this society where "talking about cancer is a taboo", although everyone advocates giving humanistic care to cancer

patients, many people still shun cancer patients. Narrative therapy, by inviting external witnesses to listen to the stories of cancer patients, helps cancer patients regain self-confidence, enhance self-efficacy, establish social support networks, and construct new life stories.

Finally, the use of narrative therapy is simple and easy to intervene. Narrative therapy uses language as a medium for intervention, and through communication with the client, encourages them to tell their life stories and change their irrational internalized perceptions of problems. Therefore, in the intervention skills of narrative therapy, counselors only need to master the skills of conversation and listening to master it, which is convenient to start. Advanced cancer patients are very fragile, deeply affected by physical pain, and their hearts become sensitive and suspicious. In the face of a sudden help, they will have a certain degree of resistance. However, narrative therapy does not need to rush to diagnose the problems of the client, and does not need to develop a correction plan. All it needs is to sit beside them, accompany them, listen to the story, and the whole process will naturally take place in a relaxed atmosphere. As a result, advanced cancer patients will also put aside their defensive mentality and be willing to open up. In fact, many cancer patients are eager to be accepted by others and to be accompanied. Narrative therapy accompanies patients in a respectful, appreciative, and humble manner to tell their life stories, understand the soul that is moved behind their life stories, and reflect on the humanistic care of cancer patients, enhancing the self-confidence and self-esteem of advanced cancer patients.

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