Mindfulness Based Cognitive Therapy for Cancer: Perspectives of Family and Close Friends

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PRESENTATION AIMS

- Discuss the rationale and aims of the study
- Brief outline of method
- Results
- Discussion & Reflections on the research process
BACKGROUND

- Each year in the UK alone, over 300,000 individuals are diagnosed with cancer (Cancer Research UK, 2015) and this figure is expected to increase by 50% over the next 14 years (Macmillian, 2015).

- As well as the physical effects, cancer has an impact on psychological wellbeing (Capuzzi & Stauffer, 2016) and up to 30% of people experience clinical anxiety and depression as a result (Singer et al., 2010; Mitchell et al., 2011; Vehling et al., 2012)

- These psychological effects are common throughout each of the cancer stages from diagnosis through to end of life care.
BACKGROUND- CANCER AND THE SOCIAL CONTEXT

- The cancer journey is not only an individual experience, but one that affects the person’s wider social networks (Laidsaar-Powel et al., 2016).

- For example, close relatives of the person diagnosed can also experience their physical and psychological wellbeing being affected (Baider and Surbone, 2014).

- The views of family and friends in research may allow further insight into understanding the psychological effects of cancer on not only the person diagnosed, but also the wider family/social system.

- There are limited qualitative investigations addressing family or friends’ perspectives of mindfulness interventions for those living with cancer (Visser, 2015).
BACKGROUND - MINDFULNESS

- Mindfulness based cognitive therapy (MBCT) has an established evidence base for the treatment of psychological distress (Greene et al., 2012; Baer, 2003; Kabat-Zinn, 2003).

- However, the majority of this evidence comes from randomized control trials (Kenny & Williams, 2007; Foley et al., 2010; Piet & Hougaard, 2012), which although beneficial, do not allow in depth understanding of a person’s experience or insight into how mindfulness has personally worked for them (Shennan, Payne & Fenlon, 2011).

- Mindfulness based cognitive therapy for cancer (MBCT-Ca, Bartley, 2011) has been developed specifically for people experiencing cancer, but there is a limited evidence for the effects of adapted mindfulness interventions.
RESEARCH AIMS

The aim of this research is to explore the effect of an adapted mindfulness intervention, mindfulness based cognitive therapy for cancer ([MBCT-Ca] Bartley, 2011) on participants based on the perspective of their family member(s) or close friends, and explore any personal changes in them and the implication this has for the support network as a whole.
**Method**

- Design
  - **Qualitative study**
    - Semi-structured interviews:
      - choice of face to face or telephone
      - lasted approximately 30 mins
    - Thematic Analysis (Braun & Clarke, 2006)
  - Recruitment
    - from a local charity that offered the MBCT-Ca course in their service
    - Packs available in service and email circulations with electronic copies sent to all participants via the charity
      - 4 participants expressed an interest in the study
      - 3 participants (two females, 1 male) actually took part.

The minimum sample size specified in the inclusion criteria (6-12) was not met.
RESULTS

- Three themes were established regarding the effect of MBCT-Ca on participants based on the perspective of their family member(s) or close friends.
- The themes will be discussed in turn.
**Theme 1**

Diagnosis as having systemic psychological consequences

- This theme, although, not about the course directly, is important as it provides understanding of how the course attendee and family member were prior to the course starting, and gives a context to understanding the impact of a cancer diagnosis.

- ‘I guess anxious, wondering what does this mean long term? What do I need to think about? What will the outcome be? So I guess for me, worried, anxious, concerned... I think at the lead up [to diagnosis] it was like ‘what’s going to happen?’, and then post that, kind of, well ‘it is what it is - now we know what it is let’s deal with it’ kind of thing.’
Mindfulness as having a role in managing disease – observable (behavioural) consequences.

- This represents participants reflecting on the changes they noticed in their family member since attending the course. All participants spoke of positive changes, e.g.
- Ability to focus on the present, and ‘live for now’
- Much calmer - were able to stand back, re-assess and avoid reacting too quickly.
- Improved family interactions - more able to listen and see others’ point of view

‘I have certainly noticed a significant positive impact of her behaviour and more in terms of her ability to deal with issues not just cancer related, but dealing with her interactions with her family for the sake of argument... she is much calmer as an individual and acknowledges other peoples difficulties and problems more.’
**Theme 3**

A new philosophy of life: transformation of suffering to growth experiences

- As well as behavioural consequences, participants spoke with regards to there being a shift in their family member’s mind set, in terms of how they related to not only their difficulties, but to life itself. They spoke of positive growth that came from the struggling, and how this re-assessment of life enables the to deal more with effectively with setbacks.

‘I’d say it complimented her [already philosophical] approach to life and probably strengthened it as well... I don’t know if you know but they have found some fluid on her lung, and she’s just had a biopsy on that so they are looking at that – but again (her response now is) very philosophical – I have no doubt that behind that there’s some anxiety, I am certainly anxious about it, and I’m sure my mums anxious about it, but she’s managing the anxiety through mindfulness or drawing on that, I suppose her reaction is quite philosophical’
REFLECTIONS ON THE SRP

Findings Discussion and Service Implications

- A small scale project therefore results should be taken with caution
- Overall findings are positive, highlighting the benefit of the course with reference to changes in managing difficulties and improvements in relationships.

- Contrary to initial expectation and despite prompting, the study participants spoke little of the direct or indirect impact the course had on them, reasons:
  - two of the three participants did not live with their family member
  - relying on retrospective accounts
  - all professionals from health/social care/ education sector so perhaps the professional stance influenced the level of disclosure in the interviews

- More focus on family and friends could be helpful – for instance inviting them to participate in MBCT-Ca course. Future research could replicate this study but obtain multiple perspectives from family members.
REFLECTIONS ON THE SRP CONT.

Difficulties with recruitment

- Recruitment was slow - the companion study interviewing those with cancer had a good response rate, so it may be that people did not feel they could approach their relatives, did not have relatives and/or did not wish them to take part.

The process

- Draft reads were incredibly useful - ensuring full drafts were submitted in good time - a really helpful part of the process
- Do ethics early, and be prepared for knockbacks and re-submissions.
- Important to be proactive and keep in touch with the service your working with, i.e. regular emails in order to keep the project on track
REFERENCES


Baer et al, 2003


Any questions?