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Scholarly Publisher  
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ISNI: 0000 0004 8495 2390

Dolna 17, Warsaw, Poland 00-773  
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<b>JOURNAL</b>	World Science
<b>p-ISSN</b>	2413-1032
<b>e-ISSN</b>	2414-6404
<b>PUBLISHER</b>	RS Global Sp. z O.O., Poland
<b>ARTICLE TITLE</b>	BASIC BELIEFS IN FEMALE CANCER PATIENTS IN REMISSION
<b>AUTHOR(S)</b>	Donadze G., Alekseeva M.
<b>ARTICLE INFO</b>	Donadze G., Alekseeva M. (2023) Selective, Basic Beliefs in Female Cancer Patients in Remission. <i>World Science</i> . 2(80). doi: 10.31435/rsglobal_ws/30062023/7999
<b>DOI</b>	<a href="https://doi.org/10.31435/rsglobal_ws/30062023/7999">https://doi.org/10.31435/rsglobal_ws/30062023/7999</a>
<b>RECEIVED</b>	25 April 2023
<b>ACCEPTED</b>	17 June 2023
<b>PUBLISHED</b>	20 June 2023
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# BASIC BELIEFS IN FEMALE CANCER PATIENTS IN REMISSION

**Donadze G.**

National University of Georgia-SEU, Faculty of Social Sciences, affiliated assistant professor,  
Head of the Master's Program in Clinical Psychology

**Alekseeva M.**

National University of Georgia-SEU, Faculty of Social Sciences, invited lecturer  
Georgia, Georgian National University SEU

DOI: [https://doi.org/10.31435/rsglobal\\_ws/30062023/7999](https://doi.org/10.31435/rsglobal_ws/30062023/7999)

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## ARTICLE INFO

**Received:** 25 April 2023

**Accepted:** 17 June 2023

**Published:** 20 June 2023

## KEYWORDS

Basic Beliefs, Oncology, Cancer Patient, Remission, Women

## ABSTRACT

Despite the development of medicine, oncology remains a big problem today. In general, both in the field of medicine and in the world, oncology completely changes human life. It affects the physiological process and the psyche. The life of cancer patients in remission is undergoing great changes. Cancer changes the system of ideas of person. In general, basic beliefs represent cognitive schemas of a person, which are established throughout whole life and determine a person's ideas about himself and about the external world. One or another psychotrauma, including life-threatening phenomena, often changes beliefs. Based on this, the purpose of the study is to determine what are the basic beliefs of female patient in remission. Quantitative and qualitative research methods were used to study this issue. Janof-Bulman's questionnaire "Scale of basic beliefs" is a method of quantitative research, which establishes what is a person's idea about the world, well-being and ingenuity. In addition, the data of the qualitative research method were used and processed, in particular, those obtained as a result of in-depth interviews, whose task is to determine what role the change in basic beliefs played for a person, who it affected the quality of his life and relationships. The results of questionnaire revealed that the basic beliefs of cancer patient in remission don't differ in any way from the same beliefs of women who didn't have oncology. The results of the interview revealed that the quality of life if cancer patient has changed in a positive direction. They noted that their attitude to the world, to themselves and relationships has improved.

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**Citation:** Donadze G., Alekseeva M. (2023) Basic Beliefs in Female Cancer Patients in Remission. *World Science*. 2(80). doi: [10.31435/rsglobal\\_ws/30062023/7999](https://doi.org/10.31435/rsglobal_ws/30062023/7999)

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## Introduction.

Cancer is a major global problem. Since its inception, medicine has been trying to come up with a cure that will reduce the death rate caused by cancer. There is a progress with this, although the death rate remains still high. Since the 1990s development of oncological studies haven't been conducted. Years later, experts saw the need for psychological help and began research in this direction. The first in-depth medical research was conducted in America in 1972 and in the same year conducted a study of the standard of living of cancer patient. This is how the foundation of oncological psychology was laid and over time a separate type was formed, which is aimed at the development pf

methods for the study of psychological assistance, both socially and emotionally and a certain intervention (Kreitier, 2019).

WHO data (2021) show that cancer is one of the main and leading causes of diseases and mortality all over the world. 10 million people died from cancer in 2020. It should be noted that despite the high mortality rate, there is an encouraging prognosis among 30-50% of cancer patients. In case of early detection and intervention, the cancer is treatable and long-term remission is possible. It should be noted that in Georgia during the last period the number of deaths from cancer has increased.

According to the National Statistics Service, from 2012 to 2019 the number of deaths almost doubled. From 2010 to 2014 this number is stable and fluctuates between 4000 and 5000. And since 2019 it has been increasing and in 2019 the highest indicator is fixed – 7873 cases (Institute for the Development of Freedom of Information, 2019).

According to the population cancer registry about 10000 new cases are recorded. Despite the fact that these data relate to the situation of 2015-2019, the latter gives us the opportunity to trace the dynamics of the spread of cancer. As can be seen from 2015-16 graph, the indicator is similar, although in 2017 it significantly decreased. But in 2018-2019 it increased again and approached the initial indicators (Institute for the Development of Freedom of Information, 2019) (Fig. 1.).

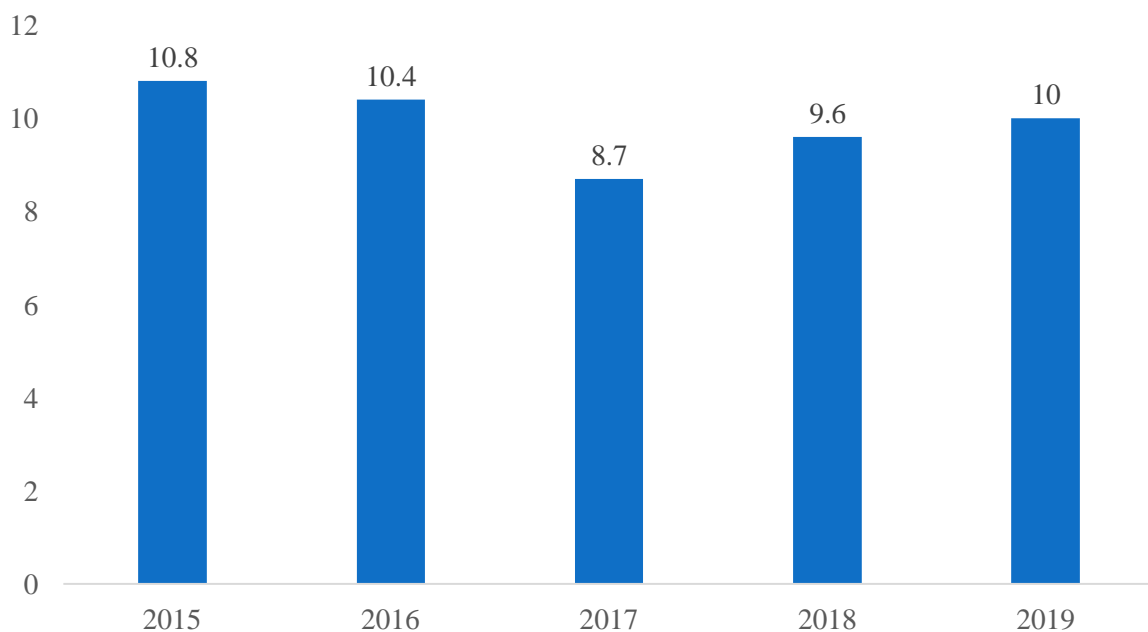


Fig. 1. Dynamics of the spread of cancer.

Another topical problem is the psychology of the patient before the diagnosis of cancer, during it and during the period of remission, changes their emotional state, cognitive functioning, behavioral patterns, interpersonal relationships and attitudes both to themselves and to the world around them. The latter is especially true from women. It applies for several reasons. Firstly, thanks to various studies, it was revealed that in the case of cancer, women have more emotional stress (Belyaev & Berntsky, 2018). In addition, it should be noted localization of cancer is on the breast. And the longest remission is the typical for breast cancer (Ministry of Labor Health and Social Security, Levan Sakvadzeshvili Department of Medical Statistics of the National Centre for Disease Control and Public Health, 2017). Cancer has a great impact on the life of the patient, causing certain mental disorders, such as an anxiety disorder, acute stress disorder, PTSD, depression, bipolar disorder etc. As already noted, each of them is associated with distress and traumatic event (Cordella & Poiani, 2014). And the fear of recurrence disease is in direct relation to the quality of life. To the persistent anxiety about the uncertain future added the anxiety of another cause of distress is frequent headaches and back pain and similar symptoms (Dornelas, 2018). The social aspect must also be taken into account,

in particular the relation of family members and within it. The disease of one of them changes the life routine and destroys the family system. Comfortable roles formed over the years are changing. Often they don't know how to ask a question, how to act, what should be their reaction. During adapting with the cancer diagnosis in the family there is such a problem as being stuck between hope and despair, the influence of stressors, stretching, etc. (European Society for Medical Oncology & Japanese Society of Medical Oncology, 2012).

Need to pay to how cancer is associated with a change of basic beliefs. Basic beliefs were created and developed at the intersection of cognitive, social and clinical psychology and psychotherapy.

Throughout life, a person creates an idea of the world and himself (his own "ego"). The purpose of basic beliefs is to determine how an individual constructs an idea about himself and about world around him. For example A. Beck calls it "schemes" and R. Janop-Bullman (1992) introduced the concept of "basic beliefs". The meaning of each of them arises when the information coming from outside doesn't match the developed scheme. And this information connects to greater extent with traumatic phenomenon. Diseases, including cancer, are associated basic major trauma and affect on basic beliefs.

In general, basic beliefs is on of the important of cognitive behavioral therapy. When the therapist is formulating a case of emphasis, has a separate column called "hypothetical basic beliefs". There listen the following unfinished sentences: "I am ...", "Other are ...", "The world is ...", "The future is ...". Through this the therapist develops a working hypothesis (Dobson & Dobson, 2017). In addition, basic beliefs occupy an important place in the cognitive-behavioral model of emotional distress. Here basic beliefs schemes and certain assumptions and conditionally discussed with automatic thoughts and cognitive errors, which in turn cause emotional distress (Dobson & Dobson, 2017). Also basic illusions play a big role in psychotraumatology. Just after the destruction of these illusions, the individual receives trauma or traumatic stress, as a result of which and acute stress disorder, PTSD, phobic anxiety disorder and other can develop (Friedman, Keane & Rosick, 2007).

The purpose of our research is to find out what are the basic beliefs of women with cancer who are in remission and what role they play in their daily life.

### **Methodology.**

In the study of basic beliefs of women with oncology in remission was used mixed type pf research – that is, both quantitative and qualitative methods. From the method of quantitative research was used a questionnaire of basic beliefs an from qualitative method – interviews.

General unity of research were women with cancer in remission. Sample unity of the questionnaire participated 57 patient and 57 women who didn't have cancer. Non-probability sampling was used, in particular targeted sampling. Regarding the choice of the in-depth interview. In this case the choice was made from questionnaire 11 respondents were selected according to those who are willing to fill out the questionnaire or participate in the interview.

The questionnaire of basic beliefs was compiled by Janop-Bullman. We need certain stable ideas about the world so that they can explain and predict certain phenomena. Janop-Bullman identified 8 types of basic beliefs. They are interrelated and can be placed in 3 categories. There are benevolence of the world, meaningfulness and worthiness of the self. Based on this, Bullman created a scale of basic beliefs, which consists of 32 points and measures 8 basic beliefs. Over the past 10 years, the basic beliefs scale has become a leading tool in trauma research. Most of them described how basic beliefs change after traumatization (Journal of Traumatic stress, 2018). Basic beliefs:

1. Benevolence of the impersonal world;
2. Benevolence of the people;
3. Justice;
4. Controllability;
5. Randomness;
6. Self-worth;
7. Self-controllability;
8. Luck.

Basic beliefs of benevolence of the impersonal world include benevolence of the impersonal world and benevolence of the people. And understanding of the world includes justice, controllability and randomness. And self-value includes self-worth, self-controllability and luck.

The above questionnaire is provided to respondents with linguistic validation. The scale of basic beliefs was translated into Georgian. After that the Georgian version was translated into English. Having correlated the original and the reverse translation, the specialists created the Georgian version. The Georgian version if the questionnaire is filled in by the respondents using “Google Form”. The questionnaire was placed in such groups of social networks, such groups of social networks, where there are mainly cancer patients and people in remission. Before the questionnaire are questions about demographic data, which make it possible to measure differences in basic beliefs among different age groups, judging by the diagnosis and stage of cancer. Age groups are divided into intervals of 10 years and starts at 18 years old. 5 age groups are allocated in total: from 18 to 25, from 26 to 35, from 36 to 45, from 46 to 55 and finally above 56 years. With regard to questions about the stages, 4 main stages are distinguished: the first, second, third and fourth. The question about planned research is closed and has 2 answers: “yes” and “no”. but the question of the diagnosis is open. At the processing stage, these answers were grouped and cataloged. The instructions indicated the purpose of the research and the rules for filling out the questionnaire. In addition, it is indicated that if one of respondents has a desire to take part in the interview, they can leave their data to contact them with regard to the method of qualitative research, and specifically the interview its purpose is to determine what role basic beliefs play in the daily life of cancer patient. Semi-structured interview type was chosen. At the beginning of the interview, the respondent is given information about the purpose of the study, confidentiality and their rights. Then some questions about demographic data to establish the relationship between the impact of cancer, marital status and work. And the relationship between diagnosis and stage. After that the main part of the interview begins, in which the place of the role of basic beliefs in the daily part includes questions such as: “What did you think when you found out about the diagnosis? What did you think during the course of treatment? What do you think now?”, “How did the cancer diagnosis affect your ideas of fairness or luck?”, “How did a cancer diagnosis affect your relationship with family members and the people around you?”, “How did a cancer diagnosis affect your career and employment?”, “Has your life changed in remission, if so, how?”. Two types of technique were also used. First is associative: “What associations appear at the mention of the word “cancer”?” Well, the second is the technique of unfinished sentences: “complete the sentence: for me the world is ...”. Interview duration approximately 15-20 minutes. The interview was conducted remotely, on the online “Zoom” platform and using “Skype”.

### **Result.**

The data obtained as a result of questionnaire was processed using SPSS. In accordance with the key of the questionnaire and raw data, an indicator of basic beliefs was identified and calculated based on the scores obtained. The latter was revealed using frequency analysis. And for the comparative analysis of basic beliefs of cancer patients and women who didn't have cancer, difference wasn't found. The difference between the scores is insignificant and statistically unreliable. Reliability measured according to analysis of variance SPSS. Respectively, obtained data is higher than 0.5. from the results of the study in the diagram, it can be seen that of the three main basic beliefs, the indicator of two is the same – the average. And in the case of understanding the world is different. The rate of cancer patient is on average low, and those who haven't had cancer are average.

Although, it should be noted that the difference is only 0,1 points, which is a rather low indicator.

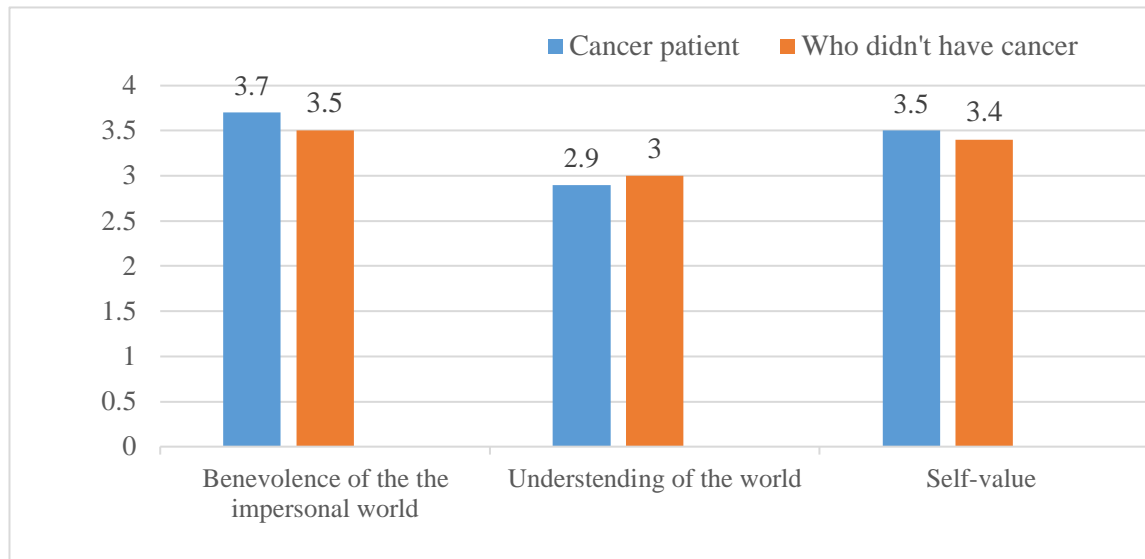


Fig. 2. No differences were also found in terms of values of basic beliefs out of 8 subscales 7 scores.

Also didn't reveal a significant and statistically insignificant difference in subscales. And in this case the reliability mater is performed by the same operations. Accordingly, the indicators here are also higher than 0.05 from the following cart you can see that the difference between the scores varies from 0 to 3. No differences were also found in terms of values of basic beliefs out of 8 subscales 7 scores of both choices are placed in the middle scores, and in one case of basic beliefs (justice) – in the middle of the low score.

(Fig. 3) shows that according to subscales as a result of comparing basic beliefs, there wasn't found significant difference.

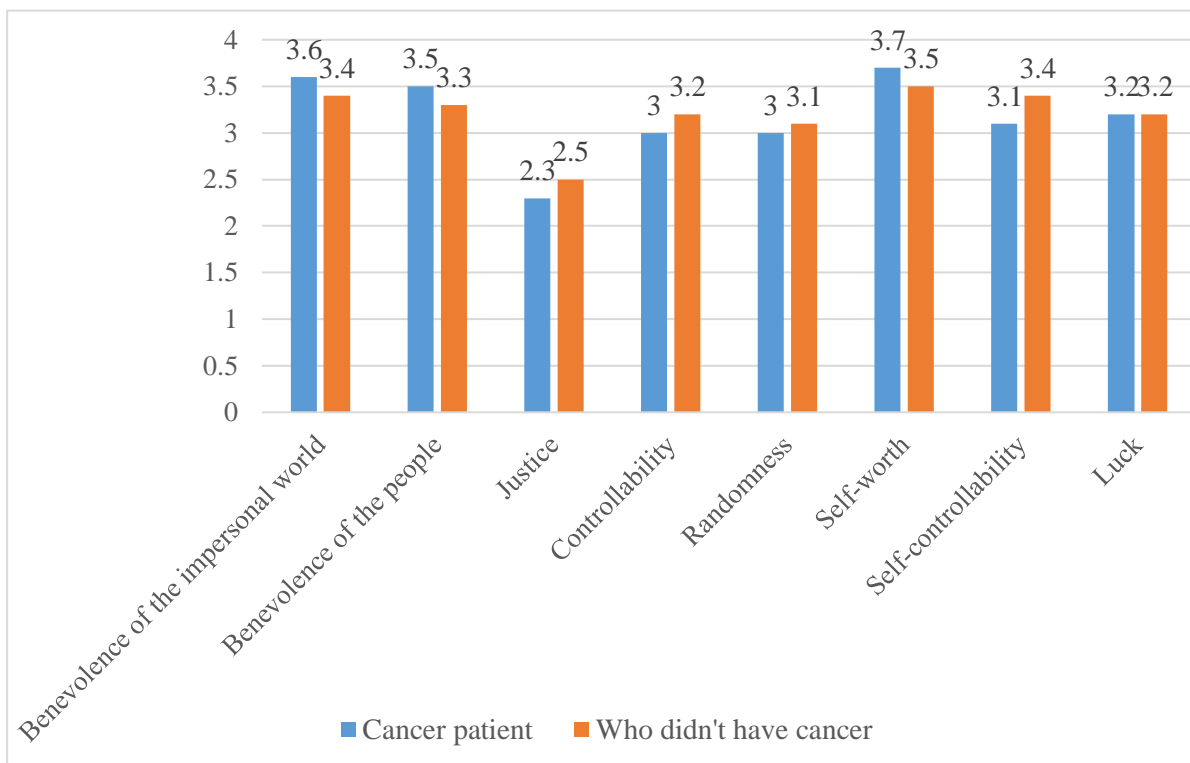


Fig. 3. According to subscales as a result of comparing basic beliefs,



*there wasn't found significant difference*

The biggest difference is recorded in the basic beliefs of self – control, and specifically among patients with cancer, there is less self-control. In addition in the case of both elections, on average, there is a low indicator in the basic beliefs of justice. As a limitation of the study, the questionnaire itself must be taken into account.

So far as the basic beliefs survey questionnaire wasn't adapted and developed for the Georgian population, it is possible that this had an impact on the reliability of the result. Therefore, the corresponding indicator of the norm of basic beliefs of the population of Georgia wasn't identified, which complicates the process of interpreting the answers. It must be taken into account that the Russian-Ukrainian war and the pandemic that began at that time, also had an impact on the indicator of basic beliefs and was revealed as an additional change.

As for the part of the study of the qualitative method, the interview participants to the question: "What did you think when you learned the diagnosis?" answered with the following words: bad, terrible, difficult, stressful, angry, cried, scared. 8 respondents recorded a negative reaction. Two of them took it as usual although. One of these two said: she didn't show feelings, and one noted that she didn't remember the moment when he found out about the diagnosis. One respondent had a question: "Why me?" And another rejected the diagnosis, "didn't believe".

To the question: "What did you think during the course of treatment? 10 respondents recorded negative thoughts, one noted that she was positive during the entire course of treatment. 5 emphasized unpleasant feelings an acute pain.

Two focused on the problem associated with hair loss. Two noted that they had suspicions and thoughts such as: "What if not? Maybe they are doing so many procedures to extort money?" Despite such answer, the majority said that they soon changed their minds and began treatment.

To the question: "What do you think now and how do you feel?" everyone recorded a positive answer: good, fine, better. 10 respondents answered that now they feel much better than before cancer.

Associated with the word "cancer" associations are mostly negative: death, misfortune, test, suffering, horror, pain. In the case of one respondent, mutually exclusive answers were recorded: misfortune and a second chance. Well, in the case of two respondents, cancer is associated with a "second chance" and "life".

As mentioned during the survey, when asked questions related to fairness, 4 respondents answered that luck and cancer aren't related to each other. Two respondent in discussion about luck called remission a second chance and a gift. Two pointed out that a particular injustice is the diagnosis of cancer in young people. One noticed that his ideas about luck and justice changed in a negative direction, and for three on the contrary, in a positive direction.

To the question: "How did the diagnosis of the cancer affect the attitude towards oneself? Has it changed?" all respondents answered positively. 8 respondents noticed that cancer made them noticed that cancer made them strong. 4 noted that grew their self-confidence, and three stated that they take more care of themselves.

To the question: "How did cancer affect your career? Working capacity?" everyone answered that during the treatment period working capacity decreased. The diagnosis didn't affect the career of six, but in the case of three it had a positive effect. In term of the fact that now they are doing what they like. And one said that he left his job because communication with loved ones was a priority for her.

To the question: "How did cancer affect relationships with family members? With family members? With others?" everyone answered positively. In their opinion relations have strengthened and ties have deepened. Three mentioned that they devote more time to interpersonal relationships and help people more, even strangers.

Ultimately, to the question: "Has your life changed in remission? If so, how/" everyone answered positively and noted that it had changed for the better.

The last paragraph was about an unfinished sentence. The respondents continued the sentence: "The world is for me ..." is this way: family, kindness, gift, second chance, happiness, beauty, bright, good, nice, colorful, faith, positive, child. The answer of one respondent is interesting: "beautiful as rose, but roses cannot be without thorns". And one respondent ended the sentence like this: "probably, everything including cancer."

### Conclusion.

According to the result of the study, the following conclusion was revealed.

- According to the quantitative method of research, the basic beliefs of women with cancer in remission are within the normal range;
- According to the quantitative method of research, the basic beliefs of women with cancer in remission and those who haven't had it do not differ;
- According to the quantitative method of research, the difference between the basic beliefs of women with cancer in remission and those without cancer isn't statistically reliable;
- According to the qualitative method of research, the relationship of women with cancer in remission have changed;
- According to the qualitative method of research, quality of life of women with cancer in remission has improved;
- According to the qualitative method of research, the attitude of women with cancer in remission to themselves has improved;

According to the qualitative method of research, interpersonal relationships of women with cancer in remission have improved.

From the point of view of the future perspective, it can be said that, first of all, it is desirable to refine and adapt the tool of the population of Georgia.

Accordingly, the mentioned tool provides an opportunity in the future to study not only women but also the basic beliefs of men with cancer. In addition to the gender issue, it will be possible to study the patient during the period of diagnosis and treatment. Also the study of basic beliefs and disorders of cancer patients, such as PTSD, depression, anxiety disorder, etc.

**Future perspective.** It must also be taken into account that the tool for studying basic beliefs has the potential of many other psychological questions of deep insight. The created questionnaire can be useful not only for the field of research, but also in practice. The latter gives information about human cognitive schemes. Especially in terms of cognitive-behavioral therapy. Also to some extent, it can monitor changes in basic beliefs in different periods of time, which gives the prospect of concluding long term studies.

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