

2003). This study compares 17 women with history of cancer (13 women are breast cancer survivors, 2 women with the diagnosis of ovarian cancer and 2 women with diagnosis of cervical cancer) with 17 women without a clinical history of oncologic disease. RESULTS: There were no significant differences between the two groups in spiritual well-being, specifically, communal ($t(32) = 1.247$; $p = 0.221$), personal ($t(32) = 0.631$; $p = 0.533$), environmental ($t(32) = -0.126$; $p = 0.900$), transcendental ($t(32) = -0.606$; $p = 0.549$) and overall spiritual well-being ($t(32) = 0.163$; $p = 0.872$). Similarly, there were no significant differences in positive life events' assessment ($t(24) = 1.041$; $p = 0.308$). However, marginally significant differences were observed regarding negative events ($t(27) = -2.053$; $p = 0.050$): women who have had an oncologic disease assessed their negative life events less negatively ($M = -6.813$; $SD = 5.671$), than women with no cancer history ($M = -11.846$; $SD = 7.537$). CONCLUSIONS: Although spirituality has been referred as helpful in managing the disease, in this small sample of middle-aged women, participants with a diagnosis of cancer did not differ from their counterparts with no cancer history in terms of spirituality and positive life events' assessment. It is known that cancer and related treatments might lead women to re-examine themselves and their relationships, allowing opportunities for positive psychological changes. This might be associated with the fact that women who have had cancer have assessed their recent life events less negatively than women who haven't had an oncologic disease. RESEARCH IMPLICATIONS: There were no significant differences in spirituality scores among women with and without a cancer history. This might be due to limitations in the research (e.g. design and sample size). Moreover, women who have had an oncologic disease assessed their negative life events less negatively than women without a cancer experience. These results need to be confirmed in larger samples and multifactor analysis should be undertaken to assert the contribution of other factors. CLINICAL IMPLICATIONS: Spirituality might not be higher in women who have gone through an oncologic disease. However, this sample is too small to discard the usefulness of this variable in the adjustment to cancer. Moreover, it might be clinically relevant to acknowledge positive factors which allow cancer patients to assess their negative events less negatively than counterparts with no cancer history. Resilience factors may account for this nonetheless further research is needed to confirm these results. ACKNOWLEDGEMENT OF FUNDING: This research was funded by the PhD grant SFRH/BD/32359/2006, of the Portuguese Foundation for Science and Technology (FCT – Fundação para a Ciência e Tecnologia).

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An Overview of the Associations Between Positive and Negative Variables in Cancer Patient's Adjustment to Disease

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BACKGROUND: Psycho-Oncology primary goals are to understand the adaptation process to cancer. Traditionally, research focused mainly on the negative variables and their impact in adjustment. However, in the last decades an increasing interest in the role of positive variables in the process of disease emerged. This study aims to analyse the positive role of Meaning of Life and the expression of distress, anxiety and depression in cancer patients contributing to the integration of different experiences felt. METHOD: Our data was collected at an Oncology hospital in Portugal. The sample includes 151 cancer patients, 60 male (39.7%), 91 female (60.3%), with different diagnoses: breast (43%), gastrointestinal (20.5%), head-neck, endocrine (12.6%), lung (7.9%), haematology (7.9%), genitourinary (6.6%) and Sarcoma (1.3%). Mean age was 58.28 years and mean time since diagnoses was 33.02 months. Most participants were married (71.5%), with non-qualified jobs (60.9%) and inactive (73.5%). All participants were evaluated with a social and clinical questionnaire, Hospital Anxiety and Depression Scale (HADS), Meaning of Life subscale (ML) of the Self-Actualization questionnaire, Brief Cope, and the Distress Thermometer (DT). RESULTS: Mean results: HADS 12.48, anxiety 6.72, depression 5.76; ML 26.83; DT 6.02; Coping – Denial 3.34, Substance Use 2.13, Instrumental Support 4.91, Humour 3.78, Religion 5.36 and Self-blame 2.96. We found significant differences between male and female in HADS, anxiety and depression results. No differences in ML. Regarding the correlations between ML and other variables, we observed a negative ($p < 0.01$) association with HADS, anxiety, depression and with distress ($p < 0.05$). In what concerns to coping styles, we identified a positive ($p < 0.01$) correlation with instrumental support, a negative correlation ($p < 0.01$) with denial and self-blame; no correlations with substance use, humour and religion. CONCLUSIONS: Results indicate higher levels of anxiety and depression, comparing with general population, regarding suffering associated to cancer. Accordingly to previous investigations, women present higher scores of anxiety and depression than men. Concerning the relation between

positive and negative variables, we conclude that ML plays an important role of adjustment, which is explained by the negative correlations with HADS, anxiety, depression and distress. Instrumental support and the absence of self-blame and denial are related with ML sustaining a better adjustment. **RESEARCH IMPLICATIONS:** Taking in consideration that the study of positive variables is a promising field, we believe that further studies on Psycho-Oncology should address the importance of positive dimensions to balance the impact of negative implications and promote a positive adjustment. It seems important to design longitudinal studies, with representative and homogeneous (diagnose and time since diagnose) samples to understand the complexity of meaning attribution processes that can improve the adjustment to cancer. **CLINICAL IMPLICATIONS:** The most important implication for clinical practice is that interventions, individual and group interventions, should be designed to integrate simultaneously, the minimization of negative disease sequels and the promotion of ML dimension. A positive dimension such as ML will relieve emotional suffering and, at the same time will promote positive adjustment and other positive experiences emerging from cancer. **ACKNOWLEDGEMENT OF FUNDING:** None.

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Anthropology of Cancer-Initiation Elements in Cancer as “Disease-Initiation”

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BACKGROUND: Cancer is not only medicine issue, it hits emotional, social and ontological level too. The influence of death change patients' life approach. The main topic of this work is to establish the existence of the structural elements of initiation in cancer patient, to compare it with the traditional initiations and identify how much the experience of symbolic death and a new way of living may indicate that it was a “disease-initiation.” **METHOD:** Approaching to cancer as a sudden existential breakpoint, it is tried to discover individual approach among medical treatment, specific faith and framing the whole treatment as a amalgam of biomedicine and their unconventional methods as complimentary. Trying to find a personal meaning in chemo period, body mutilation or passing through side effects of chemotherapy and valuable symbolical dreams, creates a period of isolation, what causes mind changing and radical start of a new life direction. In order to see if all these can hide possible initiate elements it is used qualitative methodology on 25 patients who come to psycho-oncology. **RESULTS:** 12 patients showed that for them cancer causes a radical changing in their life. That before they lived for others, and now they

tried to live what they feel. They accept what cancer did to them, accepted as a chance for inner transformation and sow that this situation is not only a medicine issue, but a their lifes situation for changing behavior in qualitative way. This can show that cancer could be a “disease initiation complex” who have influence not only on body as a disease, but also on mind as a initiation moment. **CONCLUSIONS:** The thesis examines what it could mean for the contemporary culture once such a profoundly existential situation would be recognized as initiatory moment, thus opening a new perception of the disease, since it does not represent a mere biological (“negative”) context, but in itself has a renewing (“positive”) value. **RESEARCH IMPLICATIONS:** This implication can be interesting more in anthropological view to see how can some disease be treated as a initiatory moment, like shamanistic illness, in the society who doesn't have regular initiate rites like other traditional or primitive societies. **CLINICAL IMPLICATIONS:** This shows a new perception toward cancer, if we treat a cancer as a initiate moment. It doesn't conquer only a biological, social and emotional level, for it poses a truly new qualitative discourse for life change. **ACKNOWLEDGEMENT OF FUNDING:** None.

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Role of Religion in Chinese Breast Cancer Patient

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BACKGROUND: Breast cancer patients faced a lot of physical and psychological challenges during their treatment. Lots of psychosocial intervention groups had been provided to cater their physical needs (fatigue, poor eating appetite), treatment side-effects (fatigue, poor sleeping quality) and emotional turmoil (anxious, fear and depressive mood). However, less is being address on religious aspect. In this study, the importance of religiosity would be studied among the Chinese breast cancer patients. **METHOD:** Subjects were 140 cancer patients receiving radiotherapy treatment for their breast cancer. Participants were recruited from two local hospitals and community cancer support organization in Hong Kong. All of them were asked to fill in a set of self-reported questionnaires including a self-rated religiosity question and quality of life scale before their commencement of radiotherapy treatment. **RESULTS:** Overall, 78 participants had no religious background and 62