

# Stigma linked to depression among lung cancer patients

March 23 2012

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Studying the role of social stigma in depression for lung cancer patients, researchers at Moffitt Cancer Center in Tampa, Fla., have found that depression can be heightened by a lung cancer patient's sense of social rejection, internalized shame and social isolation. These factors may contribute to depression at rates higher than experienced by patients with other kinds of cancer.

Their study was published in a recent issue of *Psycho-Oncology* (21:2012).

"To the best of our knowledge, this is the first study to examine the relationship of perceived stigma to depressive symptomology in [lung cancer](#) patients," said study co-author Paul B. Jacobsen, Ph.D., Moffitt's associate center director for Population Sciences. "Given its strong association with [tobacco use](#), lung cancer is commonly viewed as a preventable disease. Consequently, patients may blame themselves for developing lung cancer and feel stigmatized. Even lung cancer patients who have never smoked often felt – accurately or inaccurately – that they were being blamed for their disease by friends, loved ones and even health care professionals."

According to study co-author Brian D. Gonzalez, M.A., of Moffitt's Department of Health Outcomes and Behavior, the aim of the study was to identify psychosocial links for depression among lung cancer patients in order to develop interventions. They also wanted to find out if – beyond other social and demographic factors often taken into account in

studies of depression and cancer diagnosis perceived – stigma could account for variability in depressive symptoms in cancer patients.

Participants in the study were those diagnosed with stage II, III or IV non-small cell lung cancer, and data on their depressive symptoms were elicited by questionnaire.

"We found that 38 percent of those in the survey suffered from depression," said Gonzalez. "That percentage was similar to other studies documenting depression in lung [cancer patients](#) (21 to 44 percent), but we found that greater levels of perceived stigma were related to greater levels of depression. Additionally, greater levels of depression were related to more avoidant coping, poorer social support and more dysfunctional attitudes."

The researchers also examined rates of [social rejection](#), financial insecurity, internalized shame and [social isolation](#).

"Documenting this link between stigma and depression is important because it adds further evidence to the growing body of research suggesting a link between illness-related stigma and the symptoms of depression," concluded Jacobsen. "For example, studies on depression and HIV have found similar links between disease, stigma and depression."

For Gonzalez, the findings in this study suggest that psychotherapeutic approaches might be useful in alleviating or preventing [depression](#) among [lung cancer patients](#).

"Many approaches to reducing perceived stigma focus on education of the public about lung cancer inaccuracies and stereotypes, and replacing those inaccuracies with facts," said Gonzalez. "Instead, therapy that focuses on altering the patient's thoughts and feelings associated with

their perceptions of stigma may prove effective in reducing depressive symptoms. For example, emphasizing the addictiveness of tobacco products and the deception in tobacco industry advertising could help patients view themselves as being 'wronged' rather than as a 'wrong-doers.'"

Provided by H. Lee Moffitt Cancer Center & Research Institute

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