The Causal Schemata of Cancer: A Q-Methodological Application for Korean Patients

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ABSTRACT: The purpose of the study was to explore the causal perceptions of cancer that would be the basis for development of nursing intervention. A Q-methodological approach was desperately needed in this highly subjective area because prior research had proved inadequate to explain the most distinctive features of personal viewpoints about critical health conditions. Results reveal five factors: Self-reliant, Supernaturalist, Other-dependent, Fate-recipient, and Self-contradictory. The accounts so revealed are examined in light of the diverse subjectivity they manifest. A discussion makes note of the implications for the further development of nursing assessment and tools.

Introduction

Cancer is acknowledged as the number one cause of death in many countries, and the tally of its victims is increasing. Cancer patients suffer not only the physical manifestations of the illness, but also from debilitating psychological trauma and ultimately from the fear of death. Their uncertainties about their futures add to their already high levels of stress.

Many studies in vital dynamics have, in revealing the causes of cancer, divided these causes into two categories: circumstantial and genetic. Included in the circumstantial category are such factors as the victim's occupation, the amount of exposure to radiation and to chemical and carcinogenic substances, and virally-induced cancers. Genetic origins include individual responses to stress levels, smoking, drinking and eating habits, and drug use (Han, 1986; Maeng, 1990; Kim, 1992).

Regardless of the diagnoses using vital dynamics, the patient's perception of the cause should be understood and valued. As social and cultural beings, people formulate individual beliefs about the causes of disease as well as personal strategies for protecting themselves. Because all cancer patients have varying perceptions of causality, an understanding of these causal relationships would be useful, if not essential, to the effective care of the patients.

There have been many studies on the physical state of cancer patients, as well as research into psychological and hospice nursing. But few studies have been conducted on patients' causal perceptions of cancer, which reveal personal beliefs regarding the disease. This study was initiated to discover the causal perceptions of cancer in Korean culture and analyze the characteristics of those typologies in order to provide a theoretical basis for nursing assessment and intervention.

Before outlining a methodology and a research design for the identification of causal perception, several traditional Korean explanations for the causes of disease will first be delineated.

Korean Folk Theories for the Causes of Disease

Koreans traditionally believed that if one kept one's mind clean and untainted by greed and worry, one would not be afflicted by disease. In other words, a person unable to control his or her mental state would be susceptible to disease (Huh, 1971). There was no mind/body dichotomy.

Diseases were thought to be caused by supernatural forces outside the body. In Korea, when a person catches a disease, it is said that "the disease has entered the body." This implies that the disease "entered from the outside" rather than through an internal defect. People believed, therefore, that if the malevolent spirit were driven away, the disease would be cured (Kim, 1983).

Philosophy and religion are conventional sources for the Korean people's formulations of causal perception. The two can be considered to be functionally the same, or at least interrelated. Arising in an agrarian society, Korean philosophy emphasizes the importance of living in harmony with nature. Its bases can be found in Confucianism, Buddhism, Taoism and geomancy.

The spirit of Confucianism is that "the heavens and the people are one": the pursuance of complete happiness is through the unification of ethical and natural orders (Kim, 1985). Confucianism provides complete rules for all human behavior based on a sense of the ideals of order ordained by heaven. These ideals are expressed in family life by the practice of filial piety and in social life by philanthropy.

In Buddhism, the universe is thought to be composed of four elements—earth, water, fire and wind. All these phenomena are ephemeral and thus symbolize the impermanency of all things. The mind is the true permanent element and is thus the origin of the human race and the universe (Yoon, 1984). This leads to the idea that everything eventually returns to nature.

Korean Buddhism culminates in a belief in transmigrationism based on karma, that one's actions in a past life affect one's present existence. Karma is based on a law of cause and effect. Everything is caused by interdependent events stemming from human behavior.

Taoism is based on the idea that the people, the earth, heaven and the "Tao" (higher truth) are all dominated by natural forces. They are explained in terms of Yin and Yang (the positive-negative dynamic) and the five elements (metal, wood, water, fire, and earth). Twaegae Lee, a founder of the Korean branch of Taoism, postulated that there are four virtues and four principles in heaven, and explained the creation of human beings and world by the Li-Ki (principle-energy) theory. Lee said that the four virtues and four principles control one's nature, the mind controls the body, and respect controls the mind (Kho, 1986).

Geomancy is a form of divination used in choosing auspicious sites for graves and houses based on the locations of currents of unseen energy flowing though the earth. Descendants, in choosing grave sites, hope to please their ancestors and thus receive their blessings. The

notion that diseases are contracted due to unfavorable burial sites is based on geomantic theory (Lee, 1972; Kim, 1972; Kim, 1988; Whang, 1988).

Prominent among indigenous Korean folk beliefs is "Sajupalja," the belief that the hour, year, month and day of birth determine all future occurrences in life. Most Koreans have no concrete idea of "Sajupalja" but refer to it, in the abstract, as Westerners might refer to "fate." Related is the idea of the "Three Misfortunes." Any age ending in the numeral 9—such as 19, 29 or 49—or a name composed of characters with a certain number of strokes would be unlucky.

Research Method

The purposes of this study are: (1) to identify the various types of the causal perceptions of cancer; (2) to understand the structure and characteristics of causal perception based upon its typology; and (3) to provide a theoretical basis for the applications of this understanding to the nursing process.

As stated above, the causal perception of disease is subjective, and therefore, would be made operant through Q technique and its methodology. Q methodology provides a scientific method for identifying perception structures that exist within certain individuals or groups. In other words, Q methodology and its technique will be utilized for the identification of schemata. By "schemata" we mean the individual's (the cancer patient's) subjective complexes of possible ideas, feelings and values, by which he or she discriminates and evaluates the messages (Q items) that he or she receives.

The Q population was assembled from various sources: Thirty-three cancer patients were interviewed, 11 novels were read, and several sources of folk literature (fables, legends, folktales, folksongs, proverbs, riddles, taboo words, etc.) were surveyed. A total of 160 statements was collected. Every statement was reviewed and classified according to Weiner's attribution theory (Weiner, 1986), which has two factors (internal and external) and four categories (ability, effort, task difficulty, and luck). A 34-statement Q sample was finally selected using the balanced block design.

The P-sample was made up of 32 cancer patients. Among them, 8 were patients who led normal lives with the aid of regular medical treatment, 20 were hospitalized, and 4 were in the terminal stage of their illness. They were asked to sort the 34 Q statements according to the following forced distribution:

Distribution Values

MOST DISAGREE   MOST AGREE

-4   -3   -2   -1   0   +1   +2   +3   +4

(2)   (3)   (4)   (5)   (6)   (5)   (4)   (3)   (2)

Distribution Frequencies

After each Q sort, respondents were interviewed about the items they placed in the extreme columns (most disagree and most agree). The resultant Q sort would be a matrix representing the respondent's operant subjectivity on the issue under consideration.

The 32 Q sorts were analyzed using PC-QUANAL, which subjects the data to principal component factor analysis, followed by varimax rotation to an optimized solution that presents a clear representation of discrete and coherent factor types. This Q study finally produced 5 coherent factors: Self-reliant, Supernaturalist, Other-dependent, Fate-recipient, and Self-contradictory.

Interpretation of Factor Types

Type I: Self-reliant

Type I individuals attribute the cause of their disease to themselves and do not believe that the cancer had been brought about by fate—neither the Yin-Yang idea nor "Sajupalja." Rather, the Self-reliant's causal perceptions of disease are based mainly on stress, overwork, self-neglect, struggling with oneself, or God's will.

One female patient, whose factor loading was the highest among the 11 in this factor group, said the cause of her cancer was her failure to repent to God and to engage in mission work, as well as her not having had enough exercise and having been too meticulous. The second highest scorer in this factor also said the reason that she had cancer was because God wanted to deliver her. She strongly believed herself to be valuable and very much needed in this world. While fighting against cancer, she raised her children by herself after her divorce. One male patient agreed that his disease was brought about by self-neglect. But now he is confident, ready to adapt to reality, and overcome any

difficulties.

For the type I patient, stress, overwork, an irregular lifestyle, and self-neglect are perceived to be the main causes of one's disease. It is hard to find any external attribution other than God. Most individuals in this factor are devout Christians. They are determined to overcome their difficulties and control themselves.

Positive emotions such as comfort, harmony, dependence on God, the will to cope, mental stability, hope, thankfulness, cooperation, adaptability and self-control are found in this type. Typical negative feelings that most cancer patients possess—fear of death, depression, anxiety, loneliness, aggressiveness, resignation—are not detected in this type. Only worry is revealed at a high level.

In general, their emotions are almost identical with those of healthier people. It could be said that because this type is the easiest to treat and the most psychologically responsive to treatment, it is the most desirable state patients can attain or be guided toward by their doctor, nurse, or counselor. By examining the characteristics of type I, some efficient guidelines for communication with certain cancer patients can be drawn.

Type II: Supernaturalist

The first-ranked attribution of cancer for this factor, Supernaturalist, is bad luck, followed by "Sajupalja," the Three Misfortunes, Yin-Yang, misdiagnosis and mistreatment, drinking and smoking, and overwork. Interestingly, they think that the doctor's mistakes have been inflicted upon them because, they are unfortunate. The Supernaturalist attributes his or her cancer to external forces, which could not be controlled at will. He or she does not, however, blame his or her children and spouse.

One male patient in this factor strongly believed that his disease entered into his body as predetermined by "Sajupalja." His bad luck was prescribed when he came into being. Thus, it is not surprising for this type to experience feelings of abandonment or renunciation. He is powerless in the presence of supernatural powers.

Another male patient in this type believed that he had currently been in the inauspicious period of Three Misfortunes, had no luck and, furthermore, had been born with bad "Sajupalja." Misdiagnosis and mistreatment by the doctor were drawn to him by these misfortunes, and neither he nor his family had anything to do with them. The only thing he could do was turn to exorcism. Kim (1972) and Lee (1973) reported that in some cases of cancer or similar chronic diseases,

patients tended to turn to a shaman for exorcism, incantation, divina-
tion, and the like. These patients, too, might belong to this factor.

The emotional status of this factor is shown to be negatively
skewed. Fear of death, in particular, stands out. Discomfort, worry,
depression, fatalism, anxiety and feelings of powerlessness are found
among those patients. Discontent and distrust, or even resentment
toward the hospital and doctors, are prevalent among them. Because
they do not normally expect proper medical treatment and its benefits,
a special care program for this factor is urgently needed in Korean
society.

Type III: Other-dependent

Only four women make up this factor; two of them were divorced
and one separated. Consequently, their attribution of cancer seems to
be derived from dissatisfaction with their marriages. Stress, a check-
ered marital life, and an irregular lifestyle were most frequently cited
out as main causes of cancer by this type, labeled here as Other-
dependent.

The female respondent whose factor loading was the highest on the
factor strongly believed that her cancer was brought about by her
"husband, friends, neighbors" and "stress from them." She said that she
was subject to stress because her husband had been unfaithful, which
had led to a divorce. An unhappy marriage was the main cause of her
disease, and it was obviously her husband's fault. She was very
depressed, suffered from insomnia and resented her husband.

Another female respondent also selected stress and excessive anxiety
as her perceived causes of cancer. She attributed these causes to her
husband and the stress he put her under. She separated from her
husband after having undergone an operation. She feared death.

In general, the Other-dependent was very cautious and nervous, and
harbored resentments against her husband. They blamed their husbands,
or someone else (e.g., mother-in-law), not themselves. They felt that
they were under a great deal of stress because of husbands on whom
they had depended.

McBride (1988) points out that divorce induces much stress, and
changes in behavioral systems take place during the process of
overcoming this stress. The Other-dependent does not seem to cope
with the changes she recently experienced. Clearly, people on this
factor are suffering from stress caused by their unhappy marriages,
divorces, and separations. As a divorced woman, she feels that she has

been deserted by her husband, family, and the world.

Like type II (Supernaturalist), the Other-dependent's emotions are, overall, negative and unstable. Distress, depression, anxiety, confusion and insomnia are common symptoms.

Type IV: Fate-recipient

Six male respondents are identified with this factor, the Fate-recipient. Their position in the spectrum of the causal perception of disease might be somewhere between Self-reliant and Supernaturalist. Their behavioral patterns are very similar to the Self-reliant's, whereas their beliefs are based on the more traditional faith or religion that the Supernaturalist holds.

Their causal perceptions are that the disease has struck them because of bad luck, misfortune, an inherently weak constitution and the sins committed in a previous life (karma, from Buddhism). Interestingly, they attribute the cause of the disease to supernatural forces while at the same time blaming themselves. Their attributions are mixed up and complex.

One case in this factor, representative because of his high factor loading, responded that he harbored no resentment toward anyone. He did not blame his doctors, his family or his acquaintances. Rather, he was grateful to the doctors and felt he had to be courageous and a good patriarch for his family. He was depressed that the cancer had affected his sexual life and his friendships.

Another patient, who was suffering from lymphatic gland cancer, attributed his disease to his poor constitution. He had been admitted into the hospital 13 times during the past two-and-a-half years. He said that it was more as if fighting with himself than against the disease. He felt that he was needed in the world and did not want to die like this. He strongly denied the possibility of death and showed his will to fight and overcome the disease.

Murdock (1980) suggests that fighting with oneself would be the basis for invoking the supernatural power in order to aid the patient. Even though this Fate-recipient attributed the disease to supernatural forces, he accepted reality and tried to overcome this situation by himself.

Positive and negative emotions coexist in the minds of the patients on this factor. These emotions range from depression and fear of death to the will to overcome. Patients in this factor are struggling both with the disease and with themselves. Unstable psychology and inconsistency in their behavioral systems are found in the Fate-recipient.

Type V: Self-contradictory

Three male patients and one female loaded in this factor. Their attributions for the cause of the disease are somewhat compounded: doctors, stress, overwork, and their own personalities. They find the causes of the disease in both external and internal attributions.

One female patient responded that her cancer had been brought about by overwork, excessive worry, and the stress she received from her family, along with having a sensitive and meticulous character. Even though she was supported by her husband, she still attributed her stress to her husband and children.

One male patient, at 64 the oldest subject, said that his disease (stomach cancer) was due to "too much worry and excessive mental strain." He believed that while trying to support his family, he had worked too much and was too concerned about his children's affairs, which had then led to cancer. He also believed that his hot temper and meticulous character played a part in his having contracted the disease.

The causal perceptions of cancer in this factor were "too much worry" and "personality." Interestingly, people in this factor believed that the excessive worry they experienced was due to their meticulousness—an inherent character trait. The Self-contradictory is greatly and uncontrollably concerned with his family and occupation, and even with other, much more trivial things.

In their studies, Murdock (1980) and Tierney (1984) did not report that patients attributed the disease to their own characters. Neither Taylor (1984) nor Lowery (1985) found the causal perceptions to be related to the patient's personality. Therefore, in terms of cultural comparison, it should be noted that the Korean causal perception of personality is possibly unique.

The overall emotional state of patients in this factor was negative. Loneliness, sadness, and depression were especially distinctive. During the interviews, the Self-contradictory patients did not mention anything about a fear of death.

Conclusion

As we have seen, the structure of causal perception is identified and measured by using the Q methodology. Five discrete and coherent factors were produced through the use of Q technique: the Self-reliant, who attributes the disease to himself and is determined to overcome his

difficulties; the Supernaturalist, who attributes everything, including his cancer, to supernatural powers and is thus powerless and forlorn unless misfortune passes; the Other-dependent factor, composed exclusively of anxious women who identify excessive anxiety and resentment against others (mainly husbands) as perceived causes of the disease; the Fate-recipient, who while showing a strong will to fight the disease attributed his cancer to bad luck, an inherently weak constitution, and sins committed in a previous life; and the Self-contradictory, who blames his own personality (a hot temper, excessive worry, etc.) for the disease.

Throughout the study, we found that Korean patient's causal perceptions were closely related to various religions such as Buddhism, Confucianism, Taoism, Christianity and Shamanism, together with a belief in geomancy. As evidenced, this Q-methodological approach uncovers the clear emergence of religion as an important aspect of people's beliefs regarding their illness and its causes.

If one better understood the structure of causal perception of his clients, better service would be expected to result. It could be said that this points to a universal need of doctors and nurses to understand their patients' cultural backgrounds.

The results of this typological study can be utilized for nursing assessment and intervention. The emotional status identified for each factor can also directly be used to identify the patient type, and consequently to help turn their negative emotions toward the positive. Conceivably, standard testing devices that identify the type the patients belonged to could be developed after thorough testing of the results of this study. Further, some research should be focused on the projects that guide the more detailed nursing intervention.

Throughout the study, the authors confirmed that the Q methodology provides a holistic and scientific view of patients' subjectivity.

Appendix

Factor Loadings for Patients

ID	Gender/Age/ Name of Cancer	I	II	III	IV	V	Com.
Factor I: Self-reliant							
10	F/53/rectum	66	-07	11	-02	-10	47
8	F/44/rectum	83	-02	07	-25	-11	77
23	M/48/lymph	74	17	03	25	07	64

32	M/56/stomach	58	16	07	15	15	41
27	F/42/uterine	73	11	17	08	27	65
20	F/61/liver	72	31	16	21	-05	67
14	M/38/lung	66	14	20	-04	28	58
7	M/44/rectum	55	-23	-00	17	23	45
4	M/48/liver	49	-14	-06	27	24	39
15	M/45/liver	68	07	20	-23	47	78
2	M/55/intestine	45	32	-09	26	35	51

Factor II: Supernaturalist

31	M/58/tongue	-03	75	08	-03	05	57
19	M/37/lymph	10	51	-15	30	-07	39
26	M/50/lung	29	51	-08	-06	20	40
13	M/33/stomach	13	67	02	47	09	71
5	M/57/intestine	-08	47	10	40	11	44
21	F/50/uterine	30	60	46	15	19	72

Factor III: Other-dependent

17	F/64/stomach	-13	-08	82	01	-17	72
9	F/41/rectum	21	15	68	04	17	56
29	F/34/rectum	38	-06	64	09	05	58
22	F/38/uterine	50	03	56	33	06	67

Factor IV: Fate-recipient

11	M/42/rectum	16	-08	18	78	-02	67
18	M/50/lymph	20	-04	-02	64	18	47
16	M/44/rectum	14	15	18	59	20	46
28	M/53/leukemia	-10	34	-11	60	-09	50
24	M/50/liver	-32	17	41	51	06	56
25	M/50/lung	-08	39	43	47	14	58

Factor V: Self-contradictory

1	M/50/lung	07	28	-03	-09	75	65
12	M/34/stomach	38	-18	29	17	57	61
30	M/64/stomach	18	31	18	29	49	48
6	F/43/rectum	20	06	60	11	57	70
3	F/37/breast	-02	54	21	-17	-55	67

Factor correlations: I-II = .246; I-III = .289; I-IV = .178; I-V = .437;
II-III = .185; II-IV = .382; II-V = .278; III-IV = .311; III-V = .317; IV-V = .263

Typal Array (z-scores)

Q-Statements	I	II	III	IV	V
1. I've had bad luck so that I caught this disease.	-1.0	1.8	.4	1.6	-.9
2. This disease was brought about by my fate, such as (sajupalja), (nine lucks) or (Yin-yang oheng-theory).	-1.3	1.5	.4	.8	-.3
3. This disease was retribution in this world for evil doings in my previous existence.	-1.5	-1.2	.4	1.3	.5
4. This disease was given by God who intended me to give up all my worldly goods and accomplish his plan.	1.4	.2	1.0	-.2	-.2
5. I've caught this disease because I was not born with good luck.	-1.0	1.8	.71	.9	-.8
6. This disease was caused by great sadness in my mind.	.0	.5	.6	-1.0	-.5
7. I have caught this disease because either I did not respect my ancestors or the site of my house was bad.	-1.5	-.9	.2	-1.0	-.9
8. This disease was caused by skipping meals or lack of nutrition.	.1	.4	.4	-.9	-.7
9. I caught this disease because I was of no use to this world or my neighbors.	-1.6	-.5	-1.0	-.8	-.4
10. I could not be cured of this disease because I did not see a good doctor for early treatment.	.5	2.1	-.6	-.9	2.0
11. I caught this disease I had led an undisciplined life, and drank and smoked too much.	1.0	1.2	-2.1	.6	.8
12. This disease was related to my children who died early or put me too much trouble.	-.9	-1.9	-.6	-.8	.1
13. This disease is traced back to insufficient breast feeding.	-1.2	-.6	-1.8	-.7	.3
14. Supporting my family put me to much trouble so that it developed this disease.	-.0	-.1	-1.0	-.9	-.2
15. I cannot blame this disease on my family, others or even God.	.1	.7	-.7	1.9	.4
16. I have caught this disease because I was bereft of my spouse, friends, relatives, good neighbors.	-.7	-1.0	.1	-.7	-1.7
17. This disease was caused by over-working and no rest.	1.3	1.1	.7	.4	1.6
18. This disease was caused because	1.7	.3	1.8	.7	1.9

I had been under various stresses.

19. This disease was caused by too much concern and anger.	.5	1.0	1.7	-.6	1.8
20. I believe that I am fighting with myself rather than a disease itself.	1.1	.1	.2	1.5	.8
21. This disease was caught for lack of proper exercise.	.5	-.7	.6	.8	-.1
22. This disease was caused by bad relationship with my spouse.	-.6	-1.0	1.3	-.4	.1
23. I caught this disease because I was too selfish, thinking only about myself, rather than helping other people.	.1	-1.4	-1.4	-1.0	-1.8
24. I have developed this disease because I did not pray and repent.	1.1	-.4	-1.4	-.8	-1.4
25. I have caught this disease because I lost hope for my life and I did not take care of myself.	1.1	-.4	.4	-1.1	-.6
26. This disease is heavily related to my occupation (business, a senior officer or job).	1.0	-.2	-.2	.6	.8
27. I developed this disease because I had many children and fed them with too much milk.	-1.4	-1.0	-.9	-.2	-1.4
28. This disease was caused by my bad temper (being short-tempered, faint-hearted or cranky).	.7	-1.5	.9	.4	1.5
29. This disease was inherited from my parents or ancestors.	-1.4	-.7	-.5	-1.4	-.4
30. This disease was caused by my body with a weak constitution.	1.2	.51	.6	.6	.8
31. This disease was caused by my irregular life style.	.6	-.1	.4	1.8	.4
32. I have caught this disease because I lost powers of resistance to diseases.	.9	.8	.6	.5	-.7
33. I have caught this disease because I was taken ill with many diseases early on in my life.	-.5	-.2	-1.5	-1.0	.1
34. I have caught this disease because of my old age.	-.3	-.1	-.8	-.8	-.9

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