

**Cancer and Social Distancing: The Dual Impacts of Cancer and Separation**

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### **Abstract**

Cancer patients tend to socially isolate for reasons such as reluctance to communicate with others, body image concerns, and being over protected by their loved ones. Social support theory emphasises the impactful role social relationships have on mental and physical health, with the literature indicating social connections are an enhancer of quality of life for cancer patients. Despite this, cancer patients continue to isolate themselves regardless of the harmful effects it can have on the immune system, autonomic nervous system, neuroendocrine axis, and psychological wellbeing. Cancer patients should be educated of the adverse effects social isolation has to encourage them to maintain and foster social connections, as socialisations positive correlations suggest physical and psychological wellbeing will enhance during and post cancer treatment.

Key words: *maintain and foster social connections*

## **Cancer and Social Distancing: The Dual Impacts of Cancer and Separation**

Adversity often arises from cancer diagnosis and treatment with varying levels of psychological distress impairing the patients and survivors quality of life (Liang et al., 2022; Sender et al., 2020). Psychological distress refers to stress, anxiety, and depression (Viertiö et al., 2021) that tends to cause psychosocial issues such as social isolation (Liang et al., 2022). Psychosocial issues are events that affects a person's life (e.g., receiving a cancer diagnosis; Chu et al., 2018). Social isolation was introduced in the 1970's and later defined to be a person who had '*minimal contact with other people and limited involvement in community affairs*' (Howat et al., 2004). Social support theory emphasises the impact social relationships can have on physical and mental health (Leahy-Warren, 2014), as correlations suggest social relationships may be a protective factor for satisfied quality of life in cancer patients (Pasek et al., 2021; Ruiz-Rodríguez et al., 2022). Moreover, psycho-oncology research has highlighted that social isolation increased the risk of tumor recurrence and mortality among patients with breast cancer, and contributed to pathophysiological consequences like a negatively affected immune system, autonomic nervous system, and neuroendocrine axis (which refers to the communication between the nervous system and endocrine system (de Souza et al., 2017; Friedler et al., 2015; Kroenke et al., 2013; Liang et al., 2022; "Understanding the Neuroendocrine System," Retrieved 2024; Yuan et al., 2020). This article aims to examine the impacts of social isolation for those with cancer, then assess the impacts of socialisation.

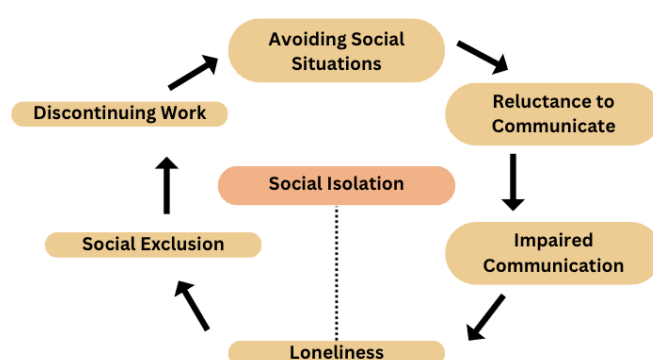
### **Social Isolation and Cancer Patients**

Throughout the literature a pattern appeared regarding the reasons behind cancer patients' tendency to socially isolate (see Figure 1; Liang et al., 2022). After receiving a cancer diagnosis cancer patients tend to enter a 'state of avoidance' (Liu et al., 2021; Takemura et al., 2021), where discontinuing work and avoiding social situations often exacerbate the feelings of social isolation (De Blasi et al., 2018). This self-isolation may stem from a reluctance to communicate with others, especially regarding the details of their illness (Ettridge et al., 2018; He et al., 2021). On one hand, some cancer patients avoid discussing their emotions or cancer related information to protect their loved ones, while others may have had difficulty socialising prior to cancer which adds to their feelings of loneliness (Liang et al., 2022).

Loneliness has adverse effects for cancer patients as cancer patients and survivors mention they experience distress over not being able to communicate their illness with anyone besides from their medical specialist and partner (Ettridge et al., 2018; Liang et al., 2022). In addition, social exclusion can occur from family members attempting to protect the cancer patient or survivor by preventing them from overworking themselves, leaving the individual to feel isolated from society (De Blasi et al., 2018; Puigpinós-Riera et al., 2018).

**Figure 1**

*The Pattern Throughout the Literature*



### *Antecedents*

Rodgers and Knafl (2000) found specific events commonly precede cancer patients' social isolation. A qualitative study by Liang et al. (2022) identified social barriers, unsatisfactory social supports/relationships, psychological wellbeing, cognitive beliefs, and cancer-related physiological changes, were often the predecessor. Social barriers that were imposed on society such as COVID-19 exacerbated feelings of social isolation and loneliness (Kirtane et al., 2022), while a qualitative study performed in Ireland found cancer survivors feelings of fatigue, anxiety, depression, and pain, increased their social isolation (Boland et al., 2023). Cognitive factors like body image tend to primarily cause social isolation for those with head, neck, oral and breast cancer (Liang et al., 2022). The fear-avoidance model would suggest cancer-related changes spur a social avoidance that is stemmed from a fear of changed appearance and function (Newell, 1999). Gastrointestinal cancer survivors, for example, may

experience gastrointestinal-specific morbidities such as ostomy leakage that deters them from socialising (Ettridge et al., 2018; Iannarino, 2018; Martopullo et al., 2020).

Additional studies showcase the detrimental effects social isolation can have on cancer patients, as studies have found mortality and reoccurrence of cancer patients are negatively affected (Harris, 2023; Kroenke et al., 2017; Naito et al., 2023). Harris (2023) meta-analysis found social isolation was associated with a 32% higher risk of mortality for cancer patients. Similarly, Kroenke et al. (2017) found amongst 9,267 breast cancer survivors that socially isolated women had a 40% higher risk of recurrence. This has serious implications for cancer patients and survivors as the negative outcomes of social isolation associated with cancer are detrimental to the persons mental and physical health.

### **Social Interventions**

Contrary to those that socially isolate, cancer patients with social support networks have been shown to have improved quality of life (Banovcinova & Baskova, 2016; Finck et al., 2018; Li et al., 2016; Tsuchiya et al., 2022). Quality of life referring to the umbrella terminology of satisfied psychological and physical wellbeing (Finck et al., 2018). Finck et al. (2018) performed a cross-sectional study on 95 breast cancer patients and found friends, family, and physicians offered a social support that positively correlated with improved quality of life. Similarly, Tsuchiya et al. (2022) cross sectional analysis on 473 men and women found discussing cancer related issues enhanced feelings of social support and improved quality of life. A one year longitudinal analysis in Spain found, for 947 colorectal cancer patients, social support had positive correlations with enhanced physical and psychological wellbeing (Gonzalez-Saenz de Tejada et al., 2017). These findings were consistently replicated, as Ng et al.'s (2015) longitudinal analysis on 221 (female) breast cancer patients, Wen et al.'s (2017) 95 chemotherapy patients, Costa et al.'s (2017) 144 Brazilian colorectal cancer patients, and Bélanger et al.'s (2016) 1,600 participants ( $n = 800$  Canadian;  $n = 400$  Manizales Colombians, and  $n = 400$  Brazilians), all found the same conclusion: social support improved cancer patients quality of life. This has significant implications for cancer patients, as this research emphasises the importance of fostering and maintaining social connections.

### **Conclusion**

Cancer patients during treatment and post treatment tend to socially isolate, yet the literature highlights adverse effects often occur in result. Cancer patients should be educated to maintain their social connections as mental and physical wellbeing is suggested to enhance from socialisation.

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