ABSTRACT

Psychological aspects in women with breast cancer are many. Among them are those related to what patients go through at different phases of treatment such as diagnosis, pre and post-surgery, chemotherapy and radiotherapy. Women with breast cancer experience psychological repercussions which are specific to them. Some of them are poor body image, self-depreciation, weight changes and hair loss can be distressing to women with breast cancer.

The underlying cause could be a deficit in emotional processing and affect regulation. This could lead to an inability in verbalising and identifying feelings which is known as alexithymia. Closely related is the concept of fatigue which is subjective and tiredness which could last beyond treatments related to cancer. An overriding concept which could explain and understand these concepts is affect and mood. Towards this end the objective of the study was to examine the efficacy of adjuvant psychological therapy in breast cancer in terms of alexithymia, fatigue, depression, anxiety, stress and positive and negative affect. The study also explored if there was an association among alexithymia, fatigue, depression, anxiety, stress and negative affect.

The study consisted of 20 patients in the intervention and control groups each. They were administered the following scales namely, Toronto Alexithymia Scale (TAS-20), Checklist of Individual Strength, Positive and Negative Affect Scale and Depression, Anxiety and Stress Scale. Towards the end of the sessions, they were administered Revised Sessions Reactions Scale. Adjuvant Psychological Therapy is a therapy tailor made for those with cancer which includes both cognitive and behavioral techniques.
The results indicated that among the subscales and total alexithymia scores, there were statistically significant differences across three time-frames in the intervention group. Between the intervention and control groups, on total alexithymia, difficulty describing feelings and externally oriented thinking there was a statistically significant difference between the intervention and control groups. On the subscale of difficulty identifying feelings there were no statistically significant differences between the two groups. There was no statistically significant difference in alexithymia and subscales in the control group. On fatigue, there was a statistically significant reduction in fatigue, concentration, motivation and physical activity among women with breast cancer following intervention and follow up. Between the intervention and control groups, there were statistically significant differences between the intervention and control group. On concentration, motivation and physical activity there were no statistically significant differences. There were no statistically significant differences in fatigue and aspects of fatigue (fatigue, concentration, motivation and physical activity) in the control group. On positive affect, there was no statistically significant difference in the intervention group across time frames. On negative affect, there were statistically significant differences across the time-frames. There were no statistically significant differences among women with breast cancer in the intervention group as compared to the control group on positive affect and negative affect. In the present study, there was no statistically significant difference in the control group on both positive and negative affect. In the present study, there were statistically significant differences across time-frames in depression, anxiety and stress among women with breast cancer following intervention. There were no statistically significant differences between the intervention and control groups on depression, anxiety and stress. There were no
statistically significant differences in depression, anxiety and stress in the control group. In correlational analysis, negative affect correlated with depression, anxiety and stress. Depression correlated with anxiety and stress.

This study reveals the effectiveness of psychological interventions in those with breast cancer. It is imperative that psychological care is the need of the hour in oncology settings.

**Keywords:** Alexithymia, adjuvant psychological therapy, fatigue, positive and negative affect, depression, anxiety and stress.