



Social Support in Health Communication: Communication Between Cancer Patients and Their Relatives

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ABSTRACT

Cancer is an increasingly prevalent health problem that affects many people (either as patients or their relatives). Cancer patients face challenges not only with treatment and coping with the disease, but also with communicating with their relatives. Therefore, how to communicate with cancer patients and understanding their expectations are important factors influencing the disease process. The study grounded in social support theory and it was aimed to understand the problems, feelings, expectations of cancer patients in their communication with primary social support groups in the context of health communication. A review of the literature reveals, it was observed that the majority of studies were about the patient-physician relationship and the relatives of cancer patients or caregivers of cancer patients. However, cancer affects the patient more than anyone else in the process of diagnosis, treatment and recovery. It is thought that it is more important to reveal what the patients who faces death feels, what they think, how words and behaviors affect them, and what their expectations are from the communication with the patient's relatives. In this context, semi-structured interviews were conducted using interview techniques with cancer patients who had been diagnosed with cancer and were either still undergoing treatment or had completed their treatment. The interview data were analyzed using content analysis and divided into categories-codes to obtain an in-depth insight. According to the research, it can be stated that cancer patients need to empathetic communication with their relatives and require emotional and instrumental support from their relatives.

Keywords: Health Communication, Social Support Theory, Social Support Communication, Cancer, Cancer Patients

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Sağlık İletişiminde Sosyal Destek: Kanser Hastaları ve Hasta Yakınlarının İletişimi

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ÖZ

Kanser, birçok insanı etkileyen (hasta veya hasta yakını olarak) giderek yaygınlaşan bir sağlık sorunudur. Kanser hastaları tedavinin zorluğu ve hastalıkla mücadelenin yanında hasta yakınlarıyla iletişim kurarken de mücadele etmek durumdadır. Bu nedenle kanser hastalarıyla nasıl iletişim kurulacağı ve kanser hastalarının beklentilerini anlamak hastalık sürecini etkileyen önemli faktörlerden biri olarak ortaya çıkmaktadır. Sosyal destek teorisine dayandırılan bu çalışmada sağlık iletişimi bağlamında kanser hastalarının birincil sosyal destek gruplarıyla iletişiminde yaşadıkları sorunları, hissettikleri duygularını, beklentilerini anlamaya çalışmak amaçlanmıştır. Literatür tarandığında çoğunlukla hasta doktor ilişkisi ve kanser hastalarının yakınları ya da kanser hastalarına bakım verenlerle ilgili yapılan çalışmaların ağırlıklı olduğu gözlenmiştir. Hâlbuki kanser teşhis, tedavi ve iyileşme sürecinde herkesten çok bizzat hastanın kendisini etkilemektedir. Ölümle yüz yüze gelen hastaların ne hissettiği, ne düşündüğü, sözlerin ve davranışların onu nasıl etkilediği, hasta yakınlarıyla kurdukları iletişimden beklentilerinin ne olduğunu ortaya koymanın daha önemli olduğu düşünülmektedir. Bu bağlamda kanser tanısı almış halen tedavisi devam eden ya da tedavisi bitmiş kişilerle yüz yüze görüşme tekniklerinden yarı yapılandırılmış görüşme yapılmıştır. Görüşme verileri içerik analizi yöntemiyle analiz edilerek temalara ve alt temalara ayrılarak derinlemesine bir iç görü elde edilmiştir. Araştırmaya göre kanser hastalarının yakınlarıyla empatiyle iletişim kurmaya ve yakınlarından duygusal ve araçsal destek konusunda yardım almaya ihtiyaç duydukları söylenebilir.

Anahtar Sözcükler: Sağlık İletişimi, Sosyal Destek Teorisi, Sosyal Destek İletişimi, Kanser, Kanser Hastaları

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INTRODUCTION

The communication process with a cancer patient begins from the moment the patient learns about the diagnosis and informs their close ones. Social support is defined as verbal and non-verbal communication that reduces uncertainties between the recipient and provider, while enhancing the individual's perception of control over their life experiences. In this context, health communication plays a critical role as a social support mechanism in providing the emotional, cognitive, and spiritual support needed by cancer patients during the diagnosis and the course of treatment (Abdullah, 2011, s. 182).

Social support is divided into two types: primary social support and secondary social support. Secondary social support refers to the communication between healthcare professionals and cancer patients, beginning when the doctor conveys the diagnosis and extending throughout the entire treatment course. After a patient shares this situation with their close ones, the behaviors and approaches of their close ones throughout the course are also considered as communication between patient and close one, that is, primary social support. Primary social support is particularly examined within the context of interpersonal communication in health communication. Additionally, all forms of social support initiatives are regarded as part of health communication.

It is well known that social support positively influences the well-being of patients - both physically and psychologically - especially in chronic diseases, including cancer, which involve lengthy and challenging the course of treatment (Kim et al., 2010, s. 544; Bjørlykhauga, 2022, s. 667). In this context, the course of the disease and recovery outcomes are closely related to the patient's social and psychological condition. This study aims to understand the needs and expectations of cancer patients in the context of social support and interpersonal communication.

INDIVIDUAL SOCIAL SUPPORT AND INTERPERSONAL COMMUNICATION IN CANCER TREATMENT

It can be said that the cancer recovery process is largely related to the quality of the patient's relationships with their surroundings. The interpersonal communication of a cancer patient with friends, family, and colleagues can be considered within the scope of primary social support and recognized as an effective method alongside medical treatment.

According to Abdullah (2011, s. 184, 189), social support is an interactive communication process that includes verbal and non-verbal communication elements aimed at enhancing an individual's feelings of coping, belonging, and self-esteem. Supportive communication refers to verbal or non-verbal

communication aimed at helping individuals in need. When considered within the context of health communication, supportive communication plays a central role in enhancing the overall well-being of individuals who require assistance. Social support can be defined as interpersonal communication carried out to enhance the well-being of individuals in need during challenging situations such as disease, psychological disorders, accidents, or bereavement.

For all diseases with challenging and prolonged course of treatment, particularly for cancer patients, receiving social support during the struggle phases is crucial. Social support is as influential as the medical treatments applied in determining whether the course of treatment progresses positively or negatively. The social support system encompasses both formal and informal relationships and groups (Yıldırım Usta, 2012, s. 3569). Social support refers to both institutional-professional support and individual support. In the context of institutional or professional support, examples include healthcare professionals, social workers, psychologists, and non-governmental organizations working towards this purpose.

Individual support includes the patient's communication with their close ones, such as family, close friends, colleagues, and relatives. Since this study focuses on the individual aspect of social support, it specifically addresses the communication between cancer patients and their immediate social circle.

As mentioned above, social support can be divided into professional and individual support, as well as into primary, secondary, and tertiary social support. Primary social support includes partners, close family members, and friends, while secondary social support consists of other friends, colleagues, and distant relatives. Tertiary social support encompasses individuals, groups, and institutions from which professional support can be obtained (Berterö, 2000, s. 94). Apart from the aforementioned distinctions, social support can also be categorized as positive support and negative support (Sebri et al., 2021). Studies predominantly focus on positive support, often yielding results that demonstrate its role in enhancing the well-being of patients.

Social support not only positively influences the course of cancer treatment but also helps prevent the psychological issues that are more likely to arise due to the effects of chemotherapy and radiotherapy. Several studies have demonstrated that cancer patients' perception of social support from their close ones and family significantly contributes to the course and recovery of the disease, as will be discussed below.

Individuals with cancer are at a high risk of experiencing psychological challenges; however, their relationships with close ones during this course can positively influence the recovery process. In this context, social support serves as a predictor of both physical and mental health, providing opportunities for emotional expression and discussion of feelings. Receiving social support is effective in preventing the extensive pathological problems that cancer may cause and even in contributing to the recovery process (Berterö, 2000, s. 93; Zakowski et al., 2003, s. 272; Niu, et al., 2021; Düzen and Göktaş, 2021; Kaykunoglu and Tambağ, 2022; Salafia et al., 2025).

Studies indicate that for many cancer survivors, the positive course of treatment is largely influenced by the beneficial impact of individual social support on their other social interactions (Banovcinova & M. Baskova, 2014). Similarly, in cases where social support is insufficient, cancer patients are more likely to experience anxiety and depression (Jeong & An, 2017, s. 3, 4). Moreover, Segrin and Domschke (2011) stated that in situations where social support is high and feelings of loneliness are minimized, social support is associated with both recovery and maintaining good health.

Aprilianto, et al., (2021, s. 358) emphasized that social support, particularly family support, not only positively impacts the course of treatment for individuals with breast cancer but also boosts the patient's self-confidence. Similar to other cancer patients, individuals with breast cancer are prone to feelings of helplessness, discomfort with their changing body image, unhappiness, uselessness, fear, and isolation, making them vulnerable to depression. Therefore, they require strategic support to navigate the long and challenging course of cancer treatment. Since the family forms the patient's closest social circle, their attitude during this period significantly improves the course of the disease and enhances the patient's self-confidence. With social support, the patient develops greater confidence in overcoming the disease and participates in the course of treatment with a sense of harmony.

It has been proven through studies that cancer patients require social support during their course of treatment and that supportive communication positively influences this course. At this point, another important issue to address is the type of social support cancer patients need. Primary social support for cancer patients can take various forms, such as informational, reward-based, emotional, instrumental, esteem support, and support for others (Aprilianto, et al., 2021, s. 358, 359; Cutrona & Russell, 1990). Informational support can be provided by the family to the individual in the form of advice aimed at improving their well-being. Appreciative support, on the other hand, involves expressing positive respect and recognition from the family. Emotional support can be offered through the family's empathy and compassion toward the patient. During the physically and psychologically challenging

course of cancer treatment, patients also require assistance with their daily tasks. Therefore, another type of support the family can offer is instrumental support, which takes the form of direct assistance.

Çakın categorized inappropriate reactions to patients and their diseases, as well as how these reactions make patients feel, under four headings: silence, masking, exaggeration, and illusion (Çakın, 2023, s. 40-45). When a cancer diagnosis is received, an atmosphere of silence may emerge, particularly among family members and close circles. While this silence might be considered typical during the initial hours after receiving the cancer diagnosis, its prolonged continuation may lead the patient to feelings of self-blame. A persistent atmosphere of silence and tension, preventing normalization, could make the patient feel worse and even lead them to blame themselves for the situation. For the well-being of the patient and the course of the disease, it is crucial to overcome the initial shock, normalize the environment and relationships, and openly express and acknowledge emotions during the course.

During times of crisis, while social support is expected to benefit the patient, under certain circumstances, it may exacerbate their distress. The inability of close ones to provide communicative social support to the patient could be attributed to factors such as the patient's age, the stage of the disease, and a lack of the necessary skills, experience, and cognitive scenarios to determine what, when, and how to communicate effectively. Furthermore, some individuals may refrain from offering support because they fear losing control of their own emotions or creating a situation where they are compelled to assume the role of a caregiver for the cancer patient (Ray et al., 2024; Iannarino, 2018). This lack of support may manifest in unintended behaviors, such as offering unsolicited advice, appearing unnecessarily overly cheerful, avoiding discussions about the disease, concealing the course of the disease, or not allowing the patient to express their emotions.

The consistency between the type of social support a patient desires or feels they need and the type of support provided—referred to as optimal matching—emerges as one of the most effective approaches for the patient (Robinson & Turner, 2003). Achieving optimal matching and establishing ideal communication between the patient and their relatives can be directly related to phase of the acceptance process which patient is in: denial, anger, bargaining, depression, or acceptance (Ross, 2010). Between the time of diagnosis and the end of treatment, patients may experience different emotional and psychological processes and different social needs may emerge.

Based on the literature, it is evident that social support positively contributes to the physical and mental well-being of cancer patients. However, no studies have been found regarding the specific social support expectations of patients in this situation or how their close ones should interact with them.

Although close ones often engage in these behaviors with the intention of helping the patient, they may inadvertently prevent the patient from emotionally expressing themselves. This could lead to the patient feeling worse and negatively impact the course of treatment. Therefore, this study is expected to be significant for caregivers in understanding the social support needs of cancer patients.

RESEARCH METHODS AND FINDINGS

Purpose and Limitations of the Study

The aim of this study is to identify the issues cancer patients face in communicating with their close ones regarding primary social support during the course of their disease and to understand their expectations. It seeks to explore the types of support (e.g., instrumental) cancer patients expect from their primary social support groups and to examine how the behaviors of their close ones—such as masking or exaggeration, intended to help—impact the patients. This study holds significance as it serves as a guide for understanding the social support needs of cancer patients.

Research Method and Sampling

In this study, the face-to-face semi-structured interview technique, one of the qualitative research methods, was employed to understand the expectations and communication problems cancer patients experience with their primary social support groups, referred to as their close ones. Before the semi-structured interviews, participants were informed about the study and were notified of their right to withdraw at any time. Consent was obtained from each participant using an “Interview Consent Form.” The interviews lasted an average of 60 minutes. Beyond verbal expressions, non-verbal cues from participants were also considered to gain detailed insights into the experiences of cancer patients.

Approval dated 11.09.2024 and numbered 2024-14 was obtained from Eskişehir Osmangazi University Social and Human Sciences Human Research Ethics Committee that this research was conducted in accordance with ethical rules.

One of the main purposes of using the interview technique is to obtain in-depth knowledge and insights on the subject with a limited number of participants. In this technique, the representativeness of the participant(s) for the field is more important than the number of individuals interviewed; even a single representative participant could provide valuable data. Therefore, in this study, participants were selected through a purposive sampling method, including individuals undergoing treatment or those who have previously experienced cancer, regardless of their city of residence or type of cancer.

One of the most significant limitations of the study was the challenge of finding participants willing to take part. Some individuals declined the interview offer because they were still undergoing treatment and did not wish to discuss such topics, while others who had completed their treatment stated that they did not want to relive difficult times. Data saturation point was reached by communicating with seven participants. Face-to-face interviews were conducted with 5 participants and online interviews were conducted with 2 participants. The limited number of participants means that the results of the study cannot be generalized to the larger population.

Interview Questions

1. What are your sources of primary social support during your illness?
2. Did you need information or advice about your illness from primary social support groups? How did receiving information and advice about your illness affect you?
3. Did you need to hear words of appreciation from primary social support groups regarding your attitude towards the illness? How did you feel in such a situation?
4. Did the primary social support groups approach you with empathy and compassion? How did you feel in such a situation?
5. Did you receive, or would you like to receive, help from primary social support groups with daily tasks or hospital matters?
6. Were you given information about the illness? Were you in control during the treatment process? How did you feel in such a situation?
7. Were you encouraged or prevented from sharing your feelings and thoughts about the illness? How would you have preferred it to be?
8. Do you think your social support groups behaved insincerely or exaggeratedly towards you during your illness? Did this bother you?
9. Do you feel that your social support groups were overly attentive to you during your illness?
10. Which words and behaviors from primary social support groups bothered you the most? What were the things that bothered you the most during this process?
11. What were your expectations from primary social support groups?
12. Is there anything you would like to add?

Analysis of Data

The data obtained from the interviews were analyzed using the content analysis method (Neuman, 2014; Glesne, 2014; Creswell, 2014) and categorized into themes. Initially, based on the literature, the data were divided into categories (themes), codes and sub-codes for analysis. To enhance reliability, preliminary coding rules were established to identify anticipated themes (e.g., common types of bothersome behaviors, types of social support). Following a pilot study, the coding and themes were refined and simplified, resulting in the finalized structure.

To ensure the reliability and validity of the study, inter-rater reliability (Creswell, 2014) was employed. After creating the categories and codes the data were sent to three experts specializing in health communication for analysis. The categories, codes and sub-codes generated through their analyses were compared, and the final versions of the categories, codes were established.

Results And Evaluations

The data collected in the study were coded into categories, codes, and subcodes, and the qualitative data obtained were subsequently interpreted. Information about the participants is shown in Table 1; the participants consisted of university-educated women with different types of cancer.

Table 1 Participant Information

Gender	Age	Education	Cancer age	Type of cancer	treatment
Female	45	University	43	Lung	Continuation of treatment-Metastasis
Female	49	University	44	Breast	Treatment completed
Female	36	University	31	Breast	Continuation of treatment
Female	32	University	25	Thyroid	Treatment completed
Female	48	University	43	Breast	Continuation of treatment-Metastasis
Female	45	University	39	Breast	Continuation of treatment-Metastasis
Female	41	University	39	Breast	Continuation of treatment

Category 1: Primary Social Support Sources

Communication with social support groups is crucial for overcoming the disease and effectively managing the course. Primary social support groups include spouses, mothers, fathers, siblings, children, close relatives, neighbors, and friends.

In this study, it was observed that among the family members categorized as primary social support groups, the individuals who most frequently interacted with the patient during the disease were, in order, the spouse, mother, father, children, and siblings.

Outside the family, neighbors, friends, and chosen family (non-biological individuals offering familial support) were identified as part of the primary social support groups who maintained communication with the participants.

It is observed that throughout all phases of the acceptance process of the disease, as outlined by Ross, spouses and supportive siblings or neighbors play a particularly significant role for married participants, while for unmarried participants, parents emerge as a crucial support group.

Table 2 Cancer Patient and Social Support

Categories	Codes	Sub-Codes
Primary social support source	Inside the family social support source	Spouse Mother Father Children
	Outside the family social support source	Siblings Neighbors Friends Chosen family
Type of support	Informational	Don't want to receive information or advice Supportive communication Empathy
	Reward-based	Don't need motivational words Badly affected
	Emotional	Expressing one's feelings Seeing value
	Instrumental	Hospital matters Daily chores
Communication challenges	Control	Sharing the realities Not sharing the realities Sharing feelings Seeing value, get rest Not sharing feelings, be lost on, be discounted Exaggerated behaviour Inauthentic behavior
	Emotional sharing	Normal behaviour Disturbing words;
	Type of behavior	Like a flu Bald Like a man
	Words of support groups	You are strong Your face good, you are good The person passed away Dance, don't overthinking Don't cry It's not in your organs Cancer is a death
Expectations	Support from close relatives	Sibling support Sharing feelings Control my life Spouse family support

Participant 1: "My spouse was not really by my side; I wish they had been there for me."

Participant 5: “My spouse, siblings, neighbors, and children helped me get through it. My neighbors were the most supportive; they never left me alone.”

Participant 6: “My biggest support was my spouse. A spouse is very important; my spouse was a great help during this course. His workplace also supported. My spouse stayed home during the times I was on heavy medication. They took care of everything—house chores, ironing, cooking. Even my marriage improved; every cloud has a silver lining.”

Among unmarried participants, Participant 7 stated, “My parents and siblings became my emotional anchor during this period. The nurse sisters were also supportive.” Similarly, Participant 4 noted, “My mother, siblings, and friend are supporting me.” These statements highlight the significant role of family as a primary support group over the course of the disease.

All participants stated that they ended their relationships with close relatives, neighbors, and friends who did not show interest during their disease. They emphasized that they no longer maintain contact with people who, as Participant 6 described, “disappeared” during their difficult times. Participants expressed that they cut ties with those who reduced their interaction with them or failed to communicate as needed during the course of disease. It can be observed that both intra-family and external social support sources played equally significant roles in the patients’ well-being during this course.

Category 2: Type of Support

Codes: Informational

According to the literature, one type of support that cancer patients could receive from their primary social support groups is obtaining information or advice (Aprilianto, E., Lumadi, S. A., & Handian, F. I., 2021). However, the findings of this study reveal that most participants did not want to receive information or advice about the disease from their primary social support groups during their course of disease. Participants stated that such advice made them feel worse and that they only wanted their close ones to be present and provide emotional support.

Participant 2: “When I was diagnosed, I sought advice from my doctor, and someone I knew from middle school called to offer advice. I received advice and benefited from it. However, toward the end, I felt uncomfortable hearing advice. I didn’t want to hear anything from anyone; it wasn’t just about reaching the end and being done.”

Participant 3: “I didn’t really have a desire to get information. Receiving advice like ‘this works well’ or ‘that is good for you,’ especially during the intense chemotherapy period, wasn’t good for my mental health. Everyone was making suggestions—coffee, donkey milk, you name it. But during that time, you’re like, ‘What is all this? Seriously?! I’m fighting for my life here!’”

Participant 4: “I didn’t really feel the need to get information. Everyone was saying something, but I didn’t even know what to do myself. Hearing advice like ‘this helped someone’ or ‘that worked for them’ wasn’t helpful for me. The course was so exhausting and long that I preferred people just being there for me instead of giving advice.” On the other hand, Participants 5 and 7 mentioned that the advice they received was beneficial for them.

In conclusion, it can be stated that cancer patients did not want to receive information or advice about the disease, remedies, or alternative treatment methods from their primary social support groups at any phase of the disease acceptance process. Instead, they needed their close ones to be present and engage in supportive communication. Particularly during the initial phases of the acceptance process—such as denial, anger, and depression—cancer patients required empathy, attention, and meaningful interaction rather than information or advice.

Codes: Reward-based

The thoughts of cancer patients regarding the motivational and supportive words they heard from their close ones during the course of disease could be observed through the participants’ statements:

Participant 1: “Rather than hearing words, my friends and neighbors would call me. If they noticed a change in my voice, they would say, ‘Put the coffee on, we’re coming,’ or, ‘We’ll come for breakfast.’ I would prepare tea, and they would bring the ingredients and even help with household chores.”

Participant 3: “Hearing supportive words about my attitude towards the disease was occasionally helpful.”

Participant 4: “My motivation is a bit low, and I’m afraid of dying. To change this mindset, they try to say supportive words, but it doesn’t help me.”

Participant 5: “They do say things, but it varies. Sometimes they say, ‘Wow, you’re doing so well,’ but I’m not fine. When they say, ‘You’re doing great, others in your condition are much worse,’ it upsets me.”

Participant 6: “No, it didn’t help at all.”

As evident from the participants' statements, cancer patients preferred communication that demonstrated empathy and addressed their emotional and physical needs, rather than hearing motivational words. In some cases, even a simple question like “Do you need anything?” could upset them. Cancer patients expressed a need for those they communicate with to approach them with empathy and understanding.

Codes: Emotional

Based on the participants' responses, it is understood that some cancer patients were met with empathy and compassion, which positively influenced their recovery process. However, others reported experiencing a lack of empathetic behavior, which made them feel worse during their disease.

Participant 1: “It makes you feel valued; we say we are strong, but we actually gain that strength from them.”

Participant 3: “All the individuals in my support groups approached me with compassion, but empathy was a bit lacking. Instead of understanding my pain and feelings, my mother and sisters preferred to ignore them. However, my friend acted with complete empathy, and that made me feel really good.”

Participant 4: “They all approached me with compassion, but they couldn’t empathize. When I talked about my fears or cried, instead of understanding me, they would say, ‘Come on, get up and dance, stop crying.’ That didn’t help me at all because I was in pain all over and constantly going to the hospital—how could I dance?”

Participant 6: “They didn’t look at me with empathy; they looked at me with pity, and that didn’t help me.”

Based on the participants' statements, it is clear that cancer patients need communication grounded in both empathy and compassion during and after the course of treatment. Approaching patients with compassion alone is not sufficient for their well-being. It is essential to engage with them in a way that demonstrates sensitivity to their experiences, feelings, pains, and struggles.

Codes: Instrumental

Instrumental support, which encompasses assistance with daily tasks, is highlighted as a crucial need at every stage of the cancer course. Participants emphasized their reliance on physical and tangible help for tasks they could not manage, such as daily chores, hospital visits, or child-related responsibilities.

Participant 2: “My spouse and sibling accompanied me and organized the course well. I learned that help is necessary and that one must accept support. Previously, I wanted to handle everything on my own, but feeling dependent or in need makes you feel bad. However, accepting support is essential.”

Participant 3: “Yes, I received help. My mother and a housekeeper assisted me with daily tasks, and I handled hospital matters with my spouse. Having someone to help in this way is very important.”

Participant 5: “I accepted help when needed; my neighbors were very supportive. It made me feel really good.”

Participant 6: “My spouse was always supportive, and I would ask my siblings for help, but they didn’t provide it. I don’t have my parents anymore, and I wished they were by my side. Because my siblings didn’t come to help at home, I feel no sibling bond with them anymore—they mean nothing to me now.”

Participant 7: “My chosen family carried me through this course. My cousins never helped. I go to the hospital every day, and they never assisted me. I felt like a burden to my family.”

As reflected in the participants' statements, one of the most critical support needs of cancer patients during their course of disease is instrumental support. All participants emphasized the necessity of receiving help during this course. When engaging with cancer patients, it is essential to first approach them empathetically, focusing on understanding their feelings and thoughts. Subsequently, attention should be given to providing assistance with necessary tasks, such as meeting children's needs, taking them to school, managing hospital visits, and handling household chores. It can be concluded that cancer patients require instrumental support and empathetic communication at every phase of their disease acceptance process.

Category 3: Communication Challenges

Codes: Control

For the successful outcome of cancer treatment, it is crucial for the patient to have a sense of control over the course of disease, including understanding the type and stage of the disease, whether it has metastasized, and other relevant details. This knowledge fosters a sense of control over their health and encourages informed behavior. Based on the participants' statements, it is evident that sharing the realities of the disease with the patient is essential.

Participant 1: "When someone tells you, 'Don't do this, do that,' it doesn't work. It's more important for the control to be in your hands. Every patient needs to know about their disease. They need to understand how to handle the course and cope with it."

Participant 2: "Yes, I would never want anything to be hidden from me. I would face it, crying if necessary, but I'd dress up and move forward. The stage needs to be known, and if it's nearing the end, one should focus on doing what they want to do."

Participant 3: "Nothing was hidden from me. If it had been, I would have thought things were getting worse."

Most participants stated that they had control over their disease, which positively impacted their course of treatment. They emphasized that being able to make significant decisions about their own lives was crucial. Therefore, clearly communicating the diagnosis, its stage, and the organs affected by metastasis (if applicable), as well as openly outlining the course of treatment, helps patients maintain a sense of control over their disease and their lives. This sense of control facilitates a healthier and more effective course of treatment.

Participant 4: "No, I didn't have control. I was never allowed to learn the actual results. My brother and sister always met with the doctor separately, and I was given limited information. This constantly made me worry, thinking there was something bad they weren't telling me. I convinced myself I was going to get worse, that I wouldn't recover, and that I was going to die."

Participant 4 expressed that as a result of her family not sharing the real results with her, she feared her disease was worsening. She constantly thought, "There are always things they aren't telling me; I'm unwell, I won't recover, I'll die." This example highlights the potential benefits of sharing

information about the disease with the patient. At the very least, it is important for the patient to know the truth about their condition so they can make informed decisions about their life.

Participant 7: “The disease didn’t upset me, but the doctor lied to me. They said my hair wouldn’t fall out, but it did, and that affected me a lot. They said there was a 30% chance of infertility but didn’t suggest freezing my eggs, which made me very upset. If they had informed me, neither my family nor the doctors ever informed me about this.”

From these accounts, it could be concluded that withholding a diagnosis or details from the patient under the pretense of protecting their well-being could lead to the patient losing a sense of control and, as a result, ending their psychological fight against the disease. Knowing the truth about their condition is a fundamental right of every patient.

Codes: Emotional Sharing

Communication, understanding, and the ability to share emotions and thoughts—fundamental human needs—emerge as essential requirements during the course of treatment for cancer patients. Depending on the phase of their disease acceptance, cancer patients may sometimes wish to express and share their emotions, fears, and anxieties, while at other times, they may reject communication and sharing altogether. The participants' responses to this question provide insights into the attitudes patients expect from their close ones in this regard.

Participant 1: “I never talked about my feelings with my close circle. I spoke with my companions in the same situation, but with others, I carried on with my daily life as usual. I didn’t think they would understand me. My spouse walked around with a gloomy face. They said, ‘I’m afraid of losing you,’ but never asked how I was or how things were going. If I spoke, it was because I started the conversation. I wanted my spouse to talk to me. I wanted them to not hold things in and to ask me what I felt and thought. They had responsibilities too—our children were very young.”

Participant 1’s statements indicate that, although they tried to empathize with their spouse, they wished for emotional sharing during this course. They also refrained from discussing these topics with their close circle, believing they would not understand.

Participant 2: “There were friends who acted as if nothing was wrong, and there were also those who asked how the course was going. I overcame these with therapy.”

Participant 3: “There were those who supported me and those who didn’t. When I wanted to share, being supported rather than silenced made me feel much better.”

Participant 4: “My family and close circle didn’t support me; on the contrary, they blocked me. When I cried or felt bad, they would say things like, ‘Don’t cry, what’s there to cry about? Get up and dance. You shouldn’t think about anything.’ My feelings were disregarded. They wanted to do good for me, but they were doing harm.”

It could be stated that patients wish to share their emotions, thoughts, fears, and concerns about the disease with their close ones. Depending on the patient’s phase of disease acceptance and the difficulty of the course of treatment, it is essential to approach them empathetically and provide a non-judgmental space for emotional sharing, especially during moments when they want to talk. Otherwise, the inability to share their emotions and thoughts with their close circle may negatively affect their recovery process and increase the likelihood of experiencing depressive moods.

Codes: Type of Behavior

During cancer treatment, one of the most common inappropriate behaviors exhibited by close circles toward cancer patients is exaggerated and inauthentic behavior. However, participants in this study generally reported that they did not experience such behavior. Only Participant 3 and Participant 4 stated that they encountered exaggerated behavior, which they found unpleasant, as evidenced by their statements below:

Participant 3: “My colleagues acted inauthentic and exaggerated their behavior. Knowing that they were not normally like that made me not want to communicate with them, so I chose not to meet with them during that course.”

Participant 4: “There wasn’t anyone who acted inauthentic, but things like ‘Oh, my dear, poor you!’ felt a bit exaggerated, not empathetic, and just words said for the sake of it.”

When communicating with cancer patients, it is important to interact in the same way one would normally interact with that person. Exaggerated and inauthentic behaviors could make patients feel bad and may lead them to sever their relationships with the other party.

Participant 2: “They felt guilty about attending weddings or events, but I told them, ‘No, go ahead and continue.’”

Participant 3: “My mother might have exaggerated a little, but it didn’t bother me. Other than that, everything stayed balanced, as it should be.”

Participant 4: “My mother, sister, and brother were overly attentive during this course. Sometimes it was helpful, but sometimes it wasn’t.”

Participants generally reported not encountering exaggerated behavior. Participant 2 did not mention exaggerated behavior but noted that their close ones avoided engaging in cheerful or celebratory activities. Only one participant described experiencing overly exaggerated behavior, which they found to be both positive and negative at times. It can be concluded that communication with cancer patients should be carried out in moderation, just as in normal relationships, without unnecessary exaggeration.

Codes: Words of Support Groups

This part examines the statements made by close ones that, while intended to be supportive or thoughtful, were ultimately unhelpful or upsetting to cancer patients.

Participant 2: “Being called ‘bald like a man.’ Comparing it to the flu, saying it’s solvable. Equating it with death or saying it will pass—this is not the flu.”

Participant 3: “My coworkers acted like nothing was wrong, saying, ‘You’re strong,’ or, ‘You look great, you’re fine.’ They compared me to others undergoing chemo, saying, ‘They’re in worse shape; you’re doing great, mashallah.’ Statements like, ‘It’s like the flu, everyone gets it,’ or, ‘At least it’s not in your organs, it’s just in your breast,’ were upsetting.”

Participant 4: “Hearing, ‘You’re strong,’ or, ‘This person got through it, so can you,’ or, ‘That person suffered a lot and passed away.’ Comparing it to the flu, saying, ‘Everyone gets it.’ Comments like, ‘At least you still have the roots of your hair,’ or, ‘Get up and dance, don’t think about it so much,’ were hurtful.”

Participant 5: “People said things like, ‘Cancer is a death sentence; people don’t survive it.’ They also said, ‘You’re fine, mashallah, no need for anyone to stay with you.’ The fact that my spouse’s family didn’t stay by my side and had certain expectations from me upset me.”

Participant 6: “Hearing things like, ‘Your hair will grow back thicker,’ or, ‘You’re so strong, this is your atonement for your sins,’ drove me crazy—I never wanted to hear it. People who dismissed the

disease by saying, ‘It’s common now, like the flu, you’ll get over it, you won’t even notice,’ made it worse.”

Participant 7: “My sister bragged about her Rapunzel-like hair while mine didn’t grow back because of radiation. She sat there talking about her issues like hair loss or alopecia in front of me, completely ignoring my condition.”

As evident from the participants' statements, cancer patients are negatively affected by remarks intended to normalize the disease and its course, contrary to what their close ones might assume. Comments about how widespread cancer has become, likening it to the flu, lead patients to feel that their disease is being trivialized. While cancer may be increasingly common, unlike the flu, it is not a disease that resolves in a week. Such comparisons can make patients feel that their experience and the challenges they face are being minimized or undervalued.

Particularly, comments about hair loss, such as "At least you still have the roots," exemplify a lack of empathy and disregard for the patient's feelings, serving as negative examples of communication. While it is true that the hair roots remain, this stage is not akin to voluntarily cutting one’s hair. Communication with patients should acknowledge the emotional and physical struggles they are enduring rather than oversimplifying their experiences.

Category 4: Expectations

Codes: Support from Close Relatives

Participant 1: “I wish my relatives, like my nephew or sibling, had shown their support or called me.”

Participant 3: “My mother was always by my side. I would have liked to share my feelings with her and my siblings, but I didn’t want them to cut me off by saying, ‘You’re strong; you’ve overcome so much.’ Maybe I should have sought additional support during this course.”

Participant 4: “I wanted to express myself freely and act as I wished. I also wanted to have control over my test results and treatment.”

Participant 5: “It hurt me deeply that my spouse was caught in the middle, even if it was brief. It upset me that my spouse sided with their family. Would they have put me second if they were still alive? Marrying off my daughter during my lung surgery course also hurt me. She tried to get married and eventually did—it was very upsetting.”

Participant 6: “I wanted my siblings to be by my side, especially when my spouse was traveling. I wish one of my siblings had stayed with me.”

Cancer patients emphasized the importance of having close relatives present during their course of treatment and expressed a desire to share their emotions and thoughts freely. The absence of support from close family members, particularly during critical times, was noted as a source of distress. Additionally, significant life events—such as family members starting joyful new chapters in their lives—were sometimes seen as upsetting, especially when the patients were going through difficult treatment phases.

This study highlights the vital role that primary social support groups play in coping with cancer and other challenging chronic diseases. Although patients' emotional needs vary, it has been observed that the participation of close family members in cheerful events or significant celebrations could sometimes upset patients. Therefore, it is important for immediate family members to consider the patient's condition and the state of their disease when making significant decisions, such as marriage. Support from primary relatives is always expected, and their presence is deemed crucial throughout the course.

Another noteworthy aspect of patient expectations is related to spiritual beliefs. The reliance on prayers to heal the disease and the subsequent lack of recovery could potentially harm patients' faith systems. This highlights the need for sensitivity when incorporating spiritual support into the care process.

Participant 2: “Prayers were recited with the families during this course. I said, ‘Please don't tell me this will disappear; don't shake my belief system.’ I believe that prayers help make the course as smooth as possible.” While prayers may not always be fulfilled in the way individuals hope, they are noted to contribute to easing the course both psychologically and physiologically. However, attributing too much significance to prayers can potentially disrupt one's belief system if the desired outcomes are not achieved.

CONCLUSION AND DISCUSSION

This study aimed to understand the expectations and experiences of cancer patients regarding their communication with primary social support groups, as well as to gain insight into their situations. For this purpose, face-to-face semi-structured interviews were conducted with patients who were either undergoing treatment or had completed it.

The literature review indicates that existing studies on primary social support predominantly remain at a general descriptive level, and that there is a notable lack of research addressing types of social support and the relationship between patients and their relatives within this specific scope and depth. In this context, the present study is considered to be one of the first comprehensive investigations conducted within the framework of primary social support, and it is expected to make a meaningful contribution to the field of health communication.

The findings indicate that the most significant individuals within the primary social support groups of cancer patients include their spouses, parents, siblings, children, friends, and neighbors. Research (Berterö, 2000; Zakowski et al., 2003; Banovcinova and Baskova, 2014; Jeong and An, 2017; Aprilianto, Lumadi and Handian, 2021; Niu, Bhurosy and Heckman, 2021; Yılmaz and Vural, 2021; Çokluk, 2023; Alaca et al., 2024) has shown that having first-degree relatives present and providing support during the course of disease is crucial for the course of the disease. Similarly, this study found that primary social support groups play a vital role, as participants were observed to exclude individuals from their lives who, despite being part of their primary support network, were not present during the course of disease.

The data also reveal that cancer patients generally do not wish to receive advice or information from their primary social support groups. When a person is known to be ill, the first instinct is often to determine what can be done to help. While such an approach may provide solutions for easily treatable diseases like the flu, where alternative methods are frequently employed, advice given in the case of challenging chronic conditions like cancer does not have a positive effect on the patient's mental health.

Relatives of cancer patients often act out of fear of losing the patient and a desire to restore their health as quickly as possible. As a result, primary support groups may focus solely on achieving the patient's physical well-being, offering commands or advice such as: "Eat this, do that, don't do this, try this treatment, don't stress, don't overthink, don't talk about this, or stop worrying." Similarly, remarks like "Pull yourself together for your child, be strong, don't talk about negative things" could make patients feel worse. When communicating with patients, it is essential to address their emotional needs, allow them to express themselves, voice their concerns, and support them in ways that align with their wishes.

Cancer patients generally do not want to hear supportive words about their attitude toward the disease; instead, they expect empathetic behavior that demonstrates support through actions. Due to the side effects of cancer treatment, which can restrict patients' physical activities and make them unable to perform daily care and household chores, instrumental support is particularly critical. Approaching

cancer patients with empathy and providing instrumental assistance are key factors in enhancing their well-being.

One of the most significant issues during the course of disease is withholding the truth about the disease from the patient. According to the findings, when patients are not informed of their diagnosis or results, they tend to assume the worst and believe they will never recover. Knowing their diagnosis and being informed about the course of treatment enables patients to take an active role and fosters a sense of control over the disease. Establishing transparent and honest communication between patients and their close ones, without concealing the truth, is vital for maintaining a healthy and supportive relationship.

Adopting an attitude of “The patient can’t think or make healthy decisions, so we’ll decide what’s best for them” could make patients feel inadequate and as though they have no agency over their lives. Therefore, involving the patient in discussions and making joint decisions about the next steps and course of treatment is crucial for their well-being.

For cancer patients, having close ones with whom they can openly and sincerely share their emotions and thoughts is particularly important. All participants in the study indicated a desire to share their feelings and thoughts with their close ones. Thus, communication—a fundamental human need—is essential during cancer treatment. Patients who cannot establish empathetic communication are more likely to experience intensified depression and anxiety. Close ones often try to mask their emotions to avoid affecting the patient. However, patients can sense this emotional masking, leading them to believe that their condition is far more severe than it is. For both the patient and their close ones, the healthiest approach is to express emotions authentically. When emotions, concerns, and sadness are openly shared, both the patient and their close ones tend to feel better.

Excessive attention or inauthentic behaviors toward patients can cause unnecessary panic and lead them to think there is an underlying danger. Çakın (2023, 42-45) refers to this as the “illusion of attention,” which exacerbates the patient’s distress. Instead, conversations should revolve around pre-disease topics and shared interests, and attention should be neither unnecessary nor exaggerated. Maintaining normalcy in interactions is essential to provide a sense of stability and comfort for the patient.

Inauthentic behaviors lead cancer patients to feel worse and, eventually, to sever relationships with those exhibiting such behavior. Additionally, words used by close ones while attempting to

normalize the course are often perceived as lacking empathy. Patients expect their primary support groups to communicate with empathy rather than inauthentic, pitying, or normalizing ways.

Patients should be allowed to share their emotions freely. Due to societal perceptions, they may experience fears of death, struggles with accepting physical changes, concerns about hospitals or doctors, or anxiety about the future. To help address and alleviate these feelings, patients must be given a non-judgmental space to express themselves. Sometimes, as a result of the emotional impact of medication, patients may feel unhappy or worthless. It is crucial to avoid dismissive behaviors that imply these feelings are unimportant.

Phrases such as, “Oh, forget about that; what matters is your health, just focus on your treatment,” or, “Don’t talk about upsetting things; if you get upset, you won’t get better—go out, have fun, don’t let things get to you,” are often meaningless and invalid from the patient’s perspective. These attitudes could leave patients feeling misunderstood, which, in turn, could exacerbate depression, anxiety disorders, and feelings of worthlessness over time. Therefore, fostering empathetic communication and allowing patients to express their emotions without fear of judgment is essential for supporting their psychological and emotional well-being during treatment.

Statements such as “Everyone has it, it’s so common now, it’s like the flu, you’re not the only one” are often intended to normalize the situation and help the patient focus on their recovery. However, instead of achieving this, such remarks can make the patient feel that their disease is being trivialized, leading to feelings of worthlessness.

Patients are usually well aware that cancer is widespread, but they also understand that its treatment is not like that of the flu, which resolves in a week or two. Cancer involves a long, challenging course. Therefore, comparisons of this nature are not appropriate and should be avoided. Recognizing and respecting the complexity and difficulty of the patient’s experience is crucial for providing meaningful support.

In conclusion, when communicating with cancer patients or individuals facing other life-threatening disease with lengthy and challenging course of treatment, it is crucial to focus on empathy and addressing both the emotional and instrumental needs of the patient. Comparisons with others who have had similar disease or different conditions should be avoided, as should remarks about the patient’s strength or resilience in facing the disease. Instead, empathy and a focus on the patient’s feelings and needs are paramount. To practice empathy effectively, active listening is essential. This involves paying

close attention to the patient's words, body language, and underlying emotions. Patients should be listened to with undivided attention, maintaining eye contact and refraining from distractions, while demonstrating an understanding of their feelings and thoughts through a compassionate approach. Both primary and secondary social support are important for the well-being of patients and their caregivers. It is important to recognize that caregivers, who play a critical role in meeting the patient's social support needs, also require social support themselves to sustain their caregiving efforts effectively.

This study is expected to contribute to the literature in the field of health communication, particularly regarding communication between patients and their close ones. Furthermore, it is considered valuable as a guide for caregivers and those providing support to patients. For future studies, conducting cross-interviews with patients and their close ones across different samples could provide deeper insights into the dynamics of their communication and relationships.

GENİŞLETİLMİŞ ÖZET

Kanser, çağımızda birçok insanı etkileyen (hasta veya hasta yakını olarak) ve giderek yaygınlaşan bir sağlık sorunu olarak karşımıza çıkmaktadır. Kanser hastalığı tedavisi zor ve uzun bir süreç gerektirdiğinden hastayı ve hasta yakınlarını hem fiziksel hem de ruhsal olarak zorlamaktadır. Bu süreçte kanser tedavi edilse bile çoğunlukla nüks ve metastaz riski hastalar için devam ettiğinden dolayı tedavi sonrasında da fiziksel ve ruhsal mücadelenin devam ettiği söylenebilir.

Hastanın yakınlarıyla kurduğu iletişim tedavi sürecinde ve sonrasında hastayı psikolojik olarak mücadeleye iten nedenler arasındadır. Hasta yakınları hastaya iyi geleceğini düşünerek söyledikleri sözler ya da davranışsal yaklaşımlar hastayı psikolojik olarak olumsuz yönde etkilemektedir. Bu nedenle kanser hastalarıyla nasıl iletişim kurulacağı ve kanser hastalarının beklentilerini anlamak hastanın hastalık sürecini atlatması ve tedaviye olumlu cevap vermesi açısından önem arz etmektedir.

Literatürde yapılan çalışmalar (Berterö, 2000; Zakowski ve diğerleri, 2003; Banovcinova ve Baskova 2014; Jeong ve An, 2017; Aprilianto, Lumadi and Handian, 2021; Niu, Bhurosy and Heckman, 2021; Yılmaz ve Vural, 2021; Çokluk, 2023; Alaca ve diğerleri, 2024) gösteriyor ki kanser hastalarının birincil sosyal destek gruplarıyla iletişiminin sağlıklı olması, kanser hastası bireyin tedavi sürecini olumlu yönde etkilemektedir. Benzer şekilde tedavi sürecinde birincil sosyal destek gruplarıyla sağlıklı iletişim kuramayan kanserli bireylerin de tedavi gidişatı olumsuz etkilenirken hastanın depresyona yatkınlığı da artmaktadır.

Bu çalışmada sağlık iletişimi bağlamında kanser hastalarının birincil sosyal destek gruplarıyla iletişimde yaşadıkları sorunları, hissettikleri duygularını, beklentilerini anlamaya çalışmak amaçlanmıştır. Literatür tarandığında çoğunlukla hasta doktor ilişkisi ve kanser hastalarının yakınları ya da kanser hastalarına bakım verenlerle ilgili yapılan çalışmaların ağırlıklı olduğu gözlenmiştir. Ancak kanser teşhis, tedavi ve iyileşme sürecinde herkesten çok bizzat hastanın kendisinin etkilendiği gerçek ve hastanın nasıl hissettiği, ne düşündüğü, yakınlarının sözleri ve davranışlarının onları nasıl etkilediği daha önemli hale gelmektedir. Bu bağlamda literatürdeki çalışmaların ikincil sosyal destekle ilgili olması, birincil sosyal destek türleri ve hastaya yaklaşım konusunda bakış açısı sunan bu çalışmayı özgün hale getirmektedir.

Birincil sosyal destek grupları içinde aile; eş, anne, baba, kardeşler, akrabalar, arkadaşlar dahil edilmektedir. Birincil sosyal destek farklı türlerde sağlanabilmektedir. Bunlar bilgi, ödül, duygusal ve araçsal destekler olarak değerlendirilmektedir. Bilgi desteği hastalıkla ilgili hasta yakınlarının hastaya bilgiler ve tavsiyeler vermesini içermektedir. Ödül desteği hastaya olumlu saygı ifadeleri ya da hastalıkla mücadele karşısındaki tutumunu onurlandırıcı ifadeler kullanmaları olarak görülebilir. Duygusal destek, hastaya empati ve şefkatle yaklaşmayı içerirken araçsal destek hastanın günlük işleri ve hastane işlerinde yardımcı olmayı kapsamaktadır.

Hasta ve birincil sosyal destek grupları arasındaki iletişimde hastayı olumsuz etkileyen bazı iletişim biçimlerinden; sessiz kalma, maskeleyme, abartma ve illüzyon gibi bahsedilebilir. Bu iletişim biçimlerini birincil sosyal destek grupları genellikle hastaya iyi geldiğini düşünerek uygulamakta fakat hastayı olumsuz etkilemektedir.

Bu bağlamda çalışmanın genel amacı sağlık iletişimi bağlamında birincil sosyal destek grupları ve kanser hastalarının hastalık sürecinde iletişimde yaşadıkları sorunları ve beklentilerini anlamaya çalışmaktır. Bu amaçla kanser hastalarının hastalık sürecinde birincil sosyal destek gruplarıyla olan iletişimlerinden dolayı yaşadıkları duyguları ve düşünceleri, birincil sosyal destek türleri; bilgi, ödül, duygusal ve araçsal destek ve iletişim biçimlerinden; sessiz kalma, maskeleyme, abartma ve illüzyondan hareketle anlaşılmaya çalışılmıştır.

Araştırmanın örneklemini kanser tanısı almış halen tedavisi devam eden ya da tedavisi bitmiş kişiler oluşturmaktadır. Çalışmada yüz yüze görüşme tekniklerinden yarı yapılandırılmış görüşme tekniği ile veriler toplanmıştır. Görüşme verileri içerik analizi yöntemiyle analiz edilerek temalara ve alt temalara ayrılarak derinlemesine bir iç görü elde edilmiştir.

Araştırma sonucu literatürü destekler nitelikte, birincil sosyal destek gruplarının hastanın hastalıkla mücadele sürecinde oldukça önemli olduğunu göstermektedir. Öyle ki bu süreçte hastaya destek olmayan birincil destek gruplarından bireylerle hastaların iletişimlerini kestiklerini belirtmiştir.

Kanser hastalarının yakınlarıyla iletişimlerinde hangi sosyal destek türüne ihtiyaç duydukları ve bu durumun onlara kendilerini nasıl hissettirdikleri sorulduğunda ise hastaların yakınlarından sosyal destek türlerinden bilgi alma desteğine ihtiyaç duymadıkları, verilen tavsiye ve bilgilerin hastalara iyi gelmediği anlaşılmaktadır. Ayrıca kanser hastası bireyler yakınlarından, hastanın hastalık karşısındaki tutumuyla ilgili destekleyici sözler duymak istememekte bunun yerine empatiyle yaklaşımla duygusal destek beklemektedir. Kanser tedavisinin yan etkileri nedeniyle hastanın fiziksel aktivitelerinin kısıtlanması ve günlük bakım, ev işlerini yapamayacak duruma gelmesi nedeniyle kanser hastalarının özellikle araçsal desteğe ihtiyaç duydukları görülmektedir. Bu bağlamda kanser hastalarına empatiyle yaklaşmak ve araçsal destek vermek hastanın iyilik halini arttıracak faktörlerdendir.

Araştırma sonucuna göre Kanser hastaları için duygu ve düşüncelerini açıkça ve samimiyetle paylaşabileceği yakınlarının olması önem kazanmaktadır. Hastalıkla ilgili konuşmama ve hastanın da konuşmasını engelleme (sessiz kalma), duyguların ve düşüncelerin gizlenmesi (maskeleye), hastaya karşı ilginin abartılması ya da duyguların abartılması (abartma) ve normalde olduğundan daha farklı davranmak (illüzyon) hastaya kendini kötü hissettiren nedenler arasında olduğu görülmektedir. Hastalar birincil sosyal destek gruplarıyla empatiyle duygu ve düşüncelerini paylaşabilmeyi ve araçsal desteğin sağlanmasını beklemektedir.

Ayrıca sonuçlara göre hasta yakınları zaman zaman durumu normalleştirmek adına “herkeste var, çoğaldı, grip gibi, herkeste var artık bir sen değilsin” ya da “ya şimdi onu boş ver, önemli olan sağlığın tedavine odaklan, kendini üzecek şeylerden bahsetme, üzülürsen iyileşemezsin, gez, eğlen, neşelen kafana bir şey takma!” gibi sözler duymak hastanın anlaşılmadığını düşünmesine ve yakınlarıyla iletişimden kaçmasına neden olduğu anlaşılmaktadır.

Sonuç olarak kanser hastası veya kanser gibi tedavi süreci zorlu ve uzun süren, hastanın hayatı tehlikesi olan hastalıklarda hasta ile iletişimde empati kurmanın, hastanın duygusal ihtiyaçlarını ve araçsal ihtiyaçlarını karşılamaya odaklanması gerektiği belirtilebilir. Empati yapabilmek için hastanın aktif dinlenmesi gerekir, beden dili, söylediklerindeki anlama odaklanılmalıdır. Göz teması kurarak ve başka herhangi bir şeyle ilgilenmeden duygularını düşüncelerini anladığınızı ifade eden bir yaklaşımla hasta dinlenmelidir.

Çalışmanın sağlık iletişimi alanında birincil sosyal destek konusunda özgün değeriyle hasta ve hasta yakınlarının iletişimi kapsamında literatüre katkı sunacağı düşünülmektedir. Ayrıca çalışma hasta yakınları, hastaya bakım veren kişiler için de rehber niteliği taşıyacağından değerli görülmektedir. Daha sonraki çalışmalar için farklı örneklemeler üzerinde hasta ve hasta yakınlarıyla çapraz görüşmelerle daha derinlemesine görüş elde edilebilir.

Çıkar Çatışması / Conflict of Interest

Yazar çıkar çatışması olmadığını beyan etmiştir. / The author declares that there is no conflict of interest.

Yapay Zekâ Kullanımı / Use of Artificial Intelligence

Yazar çalışmada yapay zekâ araçlarının kullanılmadığını beyan etmiştir. / The author declares that artificial intelligence tools were not used in the study.

Yazarların Katkıları / Author Contributions

Makale tek yazarlıdır. / The article has a single author.

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