

CONCEPT OF ONLINE SUPPORT GROUPS AS KEY ASPECT OF PROFESSIONAL SUPPORT OFFERING FOR ONCOLOGY PATIENTS IN SOCIOONCOLOGY

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This article was written on behalf of scientific assignment Vega 1/0230/15 called „Social and personality traits of oncology patients as one of the most important factor in sociotherapy practice within this group of clients.“

Abstract: Theoretical part of this article describes the concept of on-line support groups as a key factor of complex oncological patients care in local conditions. This concept had been chosen and evaluated by means of statistically significant correlations of the group research. The results showed that the higher the score in personal factors such as "depression" and "nervousness", the higher the tendency of respondents to cope with critical situation (oncological disease) by means of searching for social support and search for positive situations. The goal of this contribution is based on partial outcomes of the group of authors research on coping with oncological disease by means of using coping strategies and personal characteristic traits of oncological patients. Furthermore, the goal is to link and connect important outcomes in an informative way and referring to relevancy of oncological social worker in the process that involves coping with oncological disease.

Keywords: Online Support Group, Cancer, Sociooncology

1 Introduction

The issue of civilization diseases is highly up-to-date in the 21st century, for the percentage of afflicted people is continually rising. Oncological disease is been classified as the disease of civilization. In spite of layman's ideas about cancer, professionals agree that it is serious, but not incurable disease. Solely the name of this illness - „cancer“ evokes very negative connotative meaning, it has therefore become societal taboo.

Even though the main focus in treating this disease is the medical help in order to issue acute intervention, more and more attempts to point out the spiritual, psychological and social aspects are resurfacing.

Social field is studying social health, which encompasses the topic of social support. More and more studies show results proving positive influence of social support among sick patients. In order to make social support effective, it is needed to create social web of high quality consisting of both environmental and professional aspects, or any social interaction available for the patient, such as support or self-help groups.

2 Social Support

The term social support is rather new, it can only be found in scientific literature in the past 25 years. 3 scholars played important role in its coining- Caplan (1974), doctor epidemiologist Cassel (1976) and psychiatrist Cobb (1976) (Mareš, 2002, p. 267). Koubeková (2001, p. 40) describes social support as „, a set of relationships, which one subjectively perceives as important in process of solving everyday hustles as well as difficult life events. It is help, support, coming from other people, which alleviate and ease negative consequences of burden and stress. Recent theories acknowledge direct influence on one's health status, even when not confronted with stress“. Mareš (2002) adds on fact that social support is, by all means, help which can even be provided by one's family members (parents, siblings etc.) or close friends (neighbours, classmates etc.) or professionals (teachers, psychologists, social workers or theologians). Individuals, groups, or whole societies can offer help. In order to make social support effective, it is needed to create social web of high quality consisting of both environmental and professional aspects, or any social interaction available for the patient, such as support or self-help groups

(Bačová, Žiaková, Katreniaková, 2015, Bačová, Žiaková, 2017). With that being said, it is not only important to choose suitable form of help, but to monitor its extent as well. It can only serve as effective help tool if these criteria are met (Cournoyer, 2013).

Professional social support for oncology patients can have these forms:

- cognitive support in form of educating the patient about important information involving his diagnosis specifically, while it also brings advice and social skills which can help patient in coping with the treatment process,
- emotional support focusing on sharing ones feelings in support group under supervision of trained coordinator,
- materialistic support in form of services or resources which can facilitate treatment process (such as nutrition plans, company while undergoing the procedures, household maintenance or baby-sitting) (Žiaková, 2005).

American association of oncology social workers (AOSW, 2012) in collaboration with World health organization recommend interaction of every functional part of the team in the context of bio-psycho-social functioning of oncology patient. This means that besides physician and clinical psychologist, social worker has a specific role as well. Social service offered by social worker shall be primarily focused on cognitive support, which could be done by individual, family and group counselling during whole treatment trajectory. This kind of intervention also offers supporting of optimal social functioning of the patient and his family, in order for them to become active decision makers during treatment process. Levická points out social functioning as key aspect in social work, because „, the core component of social work is to achieve highest life quality possible for individual and/or groups, by means of strengthening their overall functioning inside certain society (2007, p.19). Social worker in the field of oncology also provides counselling groups which are proven to lower anxiety, depression and nervousness.

2.1 Support groups for oncology patients

Mutual help and solidarity of people has its roots in ancient history of mankind. Healing potential of group has also been known for a very long time. Sick person, attending group session, does not carry his burden alone, he has potential to integrate into a group, in which he can observe means of mutual help and social support among its members.

Žiaková (2001) states that the term support groups encompasses several different entities linked by fact that their main function is mutual help, social support is implemented. Self -help groups, group counselling or traditional psychotherapy can all be considered to be type of social support.

In this article, authors are focusing on those support groups which are defined as patient groups, where professional with academic degree are leaders (such as oncologist, psychologist or social worker). The most ideal combination is when the leader is, or has been, in the position of patient himself (Žiaková, 2001). Therefore, it is not a traditional group therapy rather than systematic help offering by professionals from different fields. These groups are specific for their therapeutical process- patients often „open themselves up“. They compose of individuals carrying the same burden of health issues. Their aim is to help each other in mutual understanding of the situation they are in and in coping with problems linked with this situation. Family members can attend the sessions as well (Křivohlavý, 2002).

Žiaková (2001) states that offering support and psychotherapeutical groups is just as important as medical care, it is highly effective even with low budget. In these groups, common topics include their internal problems, fear of dying, loss, refusal and spiritual questions, marital problems, family

and colleague problems, change in quality of life, coping with other therapy effects, communication skills with other professionals, financial problems. These topics imply that treatment of cancer often brings problems with interpersonal relationships, therefore, it is highly important to point out positive effect of presence of such people in life of oncology patients, with whom they can share. Lots of experts highlight this fact, for without support group the quality of life of oncology patients would most certainly decrease.

People meeting in support groups talk to each other about their problems, burdens, about what makes them happy, what's going on with them, in them. Members offer each other feedback by talking about one's emotions, attitudes and thoughts about certain problem shared by group, and about what they state individually. Here, such group offers its members potential for personal growth by hearing other's thoughts, they can learn more and more about themselves, about the style of their communication and about their influence on others. Besides group members, these interactions are overseen by a leader. Uniqueness of such support group lies in its safety and non-judgmental atmosphere. What is being said in support group stays in support group and its members are not allowed to talk about it outside. Members get to know each other well, they build certain level of trust which leads to creation of more personal and deep and honest relationships. To become a member of such group can mean to get on journey of personal growth. The knowledge and support offered by experience inside such group can enrich one's life.

In this context, we present categories of terms related to social and emotional support:

- self-help groups- usually consists of patients with similar problems, who meet without professional leader and is led by one of the patients,
- support group- is a group of patients meeting with professional leader with academic knowledge such as oncologist or psychologist, who assist in leading the group's process. In this case, the best scenario is if the leader was or currently is in a position of patient himself,
- group work- leads to acquiring skills for coping with the situation, group is led by a leader in a position of teacher who focuses on solving the problem, such as coping with stress, assertiveness etc.,
- non-homogeneous groups- include work with information sources, sharing special scientific materials such as journals, or seminar organization in order to pursue specific goals, working on prevention of maladaptive behavior etc.

Křivohlavý (2002) presents bit different definition of groups offering social support:

- groups of mutual help- for example for patients with sclerosis multiplex, cancer, or diabetes,
- self-help groups- deal with people afflicted with similar disease, such as for nursing practitioners in care of Alzheimer's disease patients, or for parents of children with leukaemia, or for groups of widowed wives etc.,
- support groups- it is not classical psychotherapy group rather than systematic help offered for the patients by professionals from different fields (such as oncologists, psychologists...) these groups are exclusive and they usually involve opening one self "up" in front of others. These groups often last for a short period of time and they consist of patients inflicted with similar type of disease. Their aim is to help each other in clarifying the situation they found themselves in, in coping with it. family members can attend as well,
- since the 90ties, alternative forms of support groups have been emerging- such as online support groups.

2.2 Importance of online support groups for oncology patients

Modern days bring new aspects of simplifying our everyday life. Therefore, we think that it was only a question of time for other fields of science to evolve besides medicine, such as interactive communication in socio-psychological help. Currently, online support groups function in a very progressive manner, as an alternative form of help in coping with cancer, at every age (Tóthová, Žiaková, 2017).

Several authors (Cordella, Poiani, 2014; Barak, Boniel-Nissim, Suler, 2008; Dormann, White, 2001) talk about positive benefits of online support groups, i. e. time, geographical and financial availability. These groups are not limited by time. They are available 24/7 meaning that they are there for the patient at all times, he can express his emotions when they appear, when they are fresh. They are also available for people who can't travel in order to attend group session for different reasons (such as for health or finance related issues). Individuals can join from their comfy home, without issuing precise time of session which can sometimes be stressful for them. With growing availability of internet connection at households and work places, and with free access, online support groups can become attractive for everyone regardless age group and social status. It is only required to have basic knowledge about working with keyboard, computer or cell phone.

Under influence of information-technological advancement in communication options, with help of digital technologies (web), official communication tools are available in virtual manner, with help of social web sites or special cell phone applications. Online support groups can either be synchronous/ interactive/ or non-synchronous. The latter kind doesn't offer answer right away, communication participants are not present at all times (Thompson, Parrot, Nussbaum, 2011). On the other hand, this kind of online support bears several advantages- such as option to think for a longer time, save the communication, simpler access to social web creation, they inhibit maladaptive behavior, and last but not least- invisibility- because undergoing invasive treatment can leave traces on one's physical appearance. Non-synchronous communication tools include e-mail and moderated discussions (Suller, 2004). Synchronous kind goes on at a certain time period, meaning participants need to present at all times, even in a virtual way. Perk is immediate response. Video calls allow you to perceive non-verbal communication, mimics and voice. Such type includes group or individual chat rooms (Conversational Hypertext Access Technology - in short, chat), calls, video calls etc. (Barak, Boniel-Nissim, Suler, 2008).

There are several key differences between online and traditional support group, which oncology patients can find very appealing and motivational. Studies focusing on motivation to join online support group showed that men were looking for information regarding their diagnosis and treatment while women were more interested in sharing personal experience, by which they acquire emotional support, which they can't find in their environment (Cordella, Poiani, 2014). Mediated online discussions create safe space for taboo and sensitive topics. The best reinforcement can therefore be "better knowledge" about one's disease thanks to acquired support from group partners. Such positive advantage is noted in several stages. Medical knowledge has been domain for medical professionals, therefore, patients had access to such information only via their physicians. But nowadays, patients appreciate availability to search for their symptoms online as well (Heidelberger et. al., 2011, Mittal et. al., 2010, Starcevic, 2013). Browsing internet for health care options and "higher knowledge" about one's disease is the third most popular online activity (Timimi, 2012). Despite exchange of information is proven motivational factor, online support groups should not consider themselves to be main source of information, rather than another source of informative support.

Being a member of online support group leads to increased amount of social contacts and to lower degree of loneliness. Ineligible loneliness is one of the most important psychosocial

stressors oncology patient is faced with (Uden-Kraan et al., 2008). Cancer and death continue to be strongly interconnected terms in human mind, but it is not examined, it remains untouched by close friends and family members, for people have fear of invoking strong emotional reaction, because one has difficulties in bearing this pain. Because of that, many relationships change right after being diagnosed, since the process of coping with reality is overwhelming and difficult at all times for the patient himself as well as for his family and friends (Cordella, Poiani, 2014). Members of online support groups, although remaining anonymous, are allowed to thusly form deeper, more intimate and honest relationships, since they share similar life experience. Group coherence and trust evolve from the feeling of safety. Its uniqueness also lies in non-judgmental atmosphere (Chung, 2013). In moderated communication via texting, synchronous or non-synchronous disinhibiting effect can occur, its negative influence appears in ways of inadequate loss of restraint in social communication - flaming (Horská, Lásková, Ptáček, 2010). The disinhibiting effect also has some advantages, because patient learns to open to the others more easily, because it lowers pressure on his self-presentation, primal fear of contact is being eliminated. Some members can leave the group in non-synchronous type of communication in case the messages they receive are too personal, emotional or hostile. The sense of freedom by having the option to leave and then come back at any time can lead to better emotional regulation (Barak, Boniel-Nissim, Suler, 2008).

Online support groups also allow its members to present themselves by sharing their self-presentation in creative way. Therapeutic effect of writing about ones thoughts and feelings can decrease depression and loneliness as well as pain and stress. From this point of view, these groups have greater advantage in comparison with traditional support groups (Dormann, White, 2001). Based on qualitative analysis results, Buchanan and Coulson (2007) came to conclusion that online support groups are ideal platform for searching for approval. Accepting information coming from members with whom the patient can identify is much easier than coming from any other source. Besides that, individual stories can serve as positive stimulus in coping process. On the other hand, there is serious disadvantage - count of members in one group can reach so high reading every single message might require time engagement from its members.

Yet another advantage is the possibility for family members and friends to become part of the group themselves, by which they can gain understanding and compassion, different point of view on the problems oncology patients have to face, without interfering with the general group process (Cordella, Poiani, 2014). Overall, perks of joining online support group lead to higher quality of life, better decision making skills (Braithwaite in: Dormann, White, 2001). They conclude these groups offer holistic and cooperative approach for reaching ones goals and special needs, which, in essence, brings sense of strengthened will, better coping and stress reduction in the process of both coping with the illness and rejoining community. Usage of communication social webpages has been proven to be effective tool in strengthening emotional support in group of oncology patients (Beaudoin, Tao, 2007, Walther, 2005).

3 Examples of successful practice from Slovakia and abroad

Following text deals with functional and reliable examples from practice.

Based on web search of Slovak and Czech pages, after typing in keyword "support groups for oncology patients", we have chosen most well-known and relevant examples of this service for oncology patients and their family members. In Czech republic, the most famous portal is Czech oncological society, which is focused on broad society at www.Linkos.cz. It contains information about oncological disease of adults, children, their treatment and prevention, but solely psychooncology counselling. National oncological online programme is yet another very appealing portal offering centralized and

professionally granted information (www.onconet.cz). Oncology patient is Slovak portal for psychological counselling for the patient and his family. It contains lots of information about different diagnosis and its treatment while offering non-synchronous kind of support (e-mail). Archangelos focuses on groups of senior oncology patients. Meetings deal with free discussion under professional leadership as well as autogenous training and arttherapy (archangelos.sk). League against cancer in Slovakia offers a view into attempts to accumulate information about complex healthcare for oncology patients. Among its many activities, it is possible to find distant counselling with professionals from oncology, psychology and social work via non-synchronous (e-mail) and synchronous (mobile) ways. Charge-free telephonic line is available according to duty schedule found online.

Based on mapping worldwide web, we hereby present certain web pages, where patient can find support via hospitals, social services, and non-beneficial groups used by other patients (such as Mylifeonline.org, 4th Angel Mentoring Program, My cancer circle, Caring Bridge, MEDHELP..). MEDHELP is social platform offering space for support groups in the presence of doctors. Site presents clinical studies, news, individual help tools a chat rooms. Its creation can be dated to year 1994. Currently, it has more than million users and hundreds of communities of patients with different diagnoses. The most active members (treated oncology patients) offer their personal stories, ideas about best ways to cope with the disease and they are positive example for other, not yet cured patients. Positive empathic interactions among group members include self-disclosure. (medhelp.org.)

MyLifeLine.org is programme with online support group for oncology patients belonging to non-governmental organization American Cancer Society originated in the USA. Based on their own research, they conclude emotional support and strong affiliation could be helpful for patients and their families. It is charge-free social web page offering oncology patients option to create their own personalized online community of support. Family, friends and care takers might join as well. Results from study of American Cancer Society from 2015 prove more than 23000 active participants. According to demographic data, 75% active users are women and 25 % men. 50 % of these patients are currently undergoing their treatment, 33% haven't even begun, 8% was done and 3% had interrupted their treatment (www.mylifeline.org). MyLifeLine.org comes as important tool for oncology patients, since it can ease their process of coping with emotionally and physically difficult treatment. After creating their personal account it is possible to:

- Share news. Patients can update their treatment progress via photos and videos for other patients to see;
- Add facilitator- coordinator of care. Therefore, the group would be professionally supervised. Members can choose their preferred leader;
- Find help coordinates- oncology patients need help with their nutrition plans, travelling, baby sitting or household jobs. Hereby, professionally trained volunteers can be requested to help;
- Online calendar is helpful in maintaining overview of treatment schedule. It can be shared with other members, which can ease finding needed help;
- Receiving and sharing present emotions and thoughts, motivational quotes etc., supervised by coordinator;
- Controlling your privacy. Member can invite those people with whom he wants to share his path, otherwise he can configure his privacy for stronger sense of safety;
- Other information regarding cancer diagnose. Right to be informed is one of the basic rights of any patient (about his diagnose, its treatment, prognosis, risks etc.) (mylifeline.org).

In previous part of this article, authors focused on demonstration of eligibility of social support as an important coping strategy in burdening situation. Based on various study results and practice, it is possible to conclude that face-to-face support groups are

more preferred in our country, online groups remain absent. Nevertheless, searching for social support is very important addition to medical care for oncology patients. Social workers should focus on professional help for these patients from the moment of being diagnosed right to the moment they begin to live with the disease as chronic. In this context, professional social support should represent easy-to-maintain form of social support, it shouldn't function solely in a form of crisis intervention nor as mean of secondary prevention leading to strengthening positive habits adapted during treatment. Base of every support group is support, trust and sense of safety. All the beneficial agents in burdening life event, which diagnose of cancer definitely is. Based on these findings, authors decided to link social support with oncological disease. These group of patients require emotional support at most, since it is proven to decrease anxiety, depression, which in the end leads to stronger immune system, thereby accelerate treatment. During this life event, individual is not only struggling with changes in physical appearance, but with decreased psychological well-being as well.

3.1 Sample description

Following parts of this article focus on linking the two concepts together- social support in terms of online support groups as key aspect of complex care of oncology patients with chosen study results showing need for social support to be an important coping strategy in burdening situations in relationship with personality traits of oncology patients.

193 (64,9 %) women and 104 (35,1%) men diagnosed with cancer agreed to participate in our research. This sample was acquired after an understanding with Eastern-Slovak institute for oncological diseases and ethical commission during January – June 2016. Intentional and non-randomized sample was used. 48% respondents is currently undergoing treatment and 52% respondents were already done. 19,3% respondents have been done with their treatment for 5 years. Mean age was 58,6 years with standard deviation 11,9. 198 (66%) respondents live in a marital relationship.

Using descriptive statistics, our sample can be specified according to year when they were diagnosed (Chart1). For better visualization, intervals of 5 years have been created with exception of borderline years represented by two respondents diagnosed in 1988 and two respondents in 2016. In Chart 1, we can see that most of our research sample was diagnosed in timeline of 2011-2015.

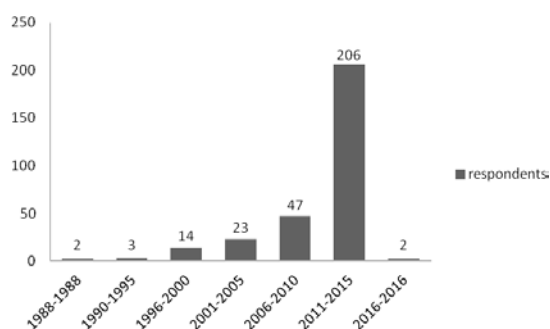


Chart 1 Sample description according to year of receiving the diagnose

Based on acquired academic education (Chart2) 21 (7%) respondents had elementary school education, 62 (21%) respondents had high school education without graduation, 154 (52%) respondents had high school education with graduation. 61 (20%) respondents had college education.

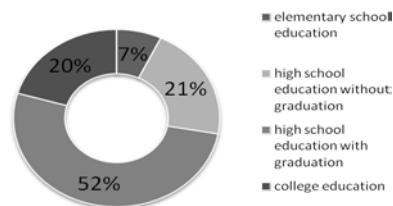


Chart 2 Sample description according to level of acquired education

Questionnaire battery composed for this study did not only focus on demographic data, but it measured preferential coping strategies via SVF 78 (Stressverarbeitungsfragebogen), which focuses on individualistic tendency to employ different coping strategy. It is shortened version of SVF 120 from authors Janke and Erdmann (2002), adapted in Czech by Švancara in 2003 (Janke, Erdmann, 2003). This questionnaire was validated in Slovakia by Halachová and Žiaková (2016) on sample of 694 respondents. It consists of 78 items describing different ways to react when confronted with distress. Respondent answers on Lickert scale (0- never, 1- almost never, 2- maybe, 3- possibly, 4- very possible). This scale is used to represent the extent of one's reactions in real life conditions. It results in 13 factors divided into positive (effective) strategies leading to stress reduction such as- under estimation, guilt refusal, diversion, alternate gratification, situation control, reaction control, positive self-instruction. On the other hand, negative (non-effective) strategies lead to stress rise- escape tendencies, perseveration, resignation, self-blaming. Strategies which can be defined in either group are need for social support and avoidance. Reliability equals Cronbach's alpha= 0,80. Personality traits were measured via Freiburg personality questionnaire by Fahrenberg, Selg, Hampe, who begun it's creation in 1963. In 1984, it was adapted to Slovak language by Kollárik, Poliaková and Ritomský with sample of 2582 respondents. Respondent has to agree or disagree with presented 114 items. It measures nervousness, depressivity, excitability, sociability, calmness, reactive aggression, continence, openness. 3 accessory scales have been added due to analysis: extraversion-introversion, emotional stability-lability, masculinity-feminity. Inner consistence was between 0,74-0,87. For interconnecting purposes, descriptive statistics have been used as well. Need for social support and its contexts has been calculated using Spearman's correlation coefficient.

3.2 Chosen study results

We were interested in any possible connection between need for social support and other coping strategies. Secondly, we managed to measure potential connection between need for social support and personality traits.

Firstly, Chart 3 represents preferential coping strategies of oncology patients (N= 297) as seen in SVF 78.

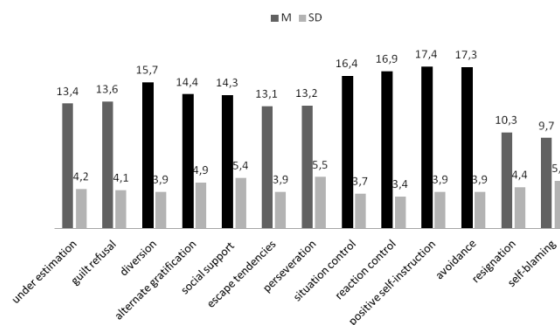


Chart 3 Description of coping strategies constellation

This description offers clear information about measured mean scores and standard deviation for each strategy. Based on mean score border assigned for each strategy ($x=14,1$), it is possible to divide strategies into 2 groups. The higher the score than border score ($x=14,1$), the more the strategy is used. Overlooking the results, it is possible to conclude that patients in this study sample preferred effective strategies. For specific uses of this study, we focused on social support since it's obviously very important in sample of oncology patients. This strategy has been found to be highly preferential as well ($x=14,3$). Need for social support is defined by authors of the questionnaire (Janke, Erdmann, 2003) as a tendency to form new contacts when confronted with stress, receive some support in problem solving process. Table 1 presents correlation constellation between coping strategies acquired in our sample.

Table 1 Spearman's correlation coefficient- connection between need for social support and dimensions of personality traits.

	NEED FOR SOCIAL SUPPORT	
	r	p (α)
<i>NERVOUSNESS</i>	0,249**	<0,001
<i>DEPRESSIVITY</i>	0,207**	<0,001
<i>EXCITABILITY</i>	0,201**	<0,001
<i>SOCIABILITY</i>	0,000	0,999
<i>CALMNESS</i>	-0,039	0,504
<i>REACTIVE AGGRESSION</i>	0,127**	0,028
<i>CONTINENCE</i>	0,172**	0,003
<i>OPENNESS</i>	0,119*	0,04

** p (α) <0,01

*** p (α) <0,001

We found statistically significant connection between need for social support and personality traits besides Sociability and Calmness. Weak positive relationship has been found between need for social support and Reactive aggression, Openness, Continenence. It is therefore possible to conclude that even though these patients sometimes feel shame and difficulties in establishing new relationships (Continenence) they still wish to have some social support. Also, the more they act egocentrically and think authoritatively (Reactive aggression), the more they feel need for social support.

On the other hand, even if they act in self-criticizing manner and display lightheadedness (Openness) they still feel need for social support. Positive but much stronger relationship has been found between Nervousness, Depressivity, Excitability. The more our respondents act like tired, burnt-out, grumpy (nervousness), they underestimate themselves, display aggression against themselves, feel guilt and unstable mood (Depressivity), have lower frustration tolerance, act impulsively (excitability), the more they wish to establish strong social web offering social support.

Table 2 Spearman's correlation coefficient- connection between need for social support and chosen coping strategies

	NEED FOR SOCIAL SUPPORT	
	r	p (α)
<i>Diversion</i>	0,275**	<0,001
<i>Avoidance</i>	0,234**	<0,001
<i>Positive self-instructing</i>	0,186**	<0,001
<i>Alternate gratification</i>	0,486**	<0,001
<i>Reaction control</i>	0,253**	<0,001
<i>Situation control</i>	0,329**	<0,001
<i>Resignation</i>	0,343**	<0,001
<i>Escape tendency</i>	0,501**	<0,001
<i>Perseveration</i>	0,439**	<0,001
<i>Guilt refusal</i>	0,139*	0,017
<i>Self-blaming</i>	0,316**	<0,001

** p (α) <0,01

*** p (α) <0,001

Statistically significant relationship has been found between Need for social support and other strategies, at least in weak positive correlation. Medium strong positive correlation was between Need for social support and Alternate gratification, Situation control, Resignation, Escape tendencies, Perseveration, Self-blaming, which we will discuss. It is possible to summarize tendencies preferred by oncology patients- the more they prefer escape tendencies, they feel helpless (Resignation), they tend to analyze their situation (Situation control), they tend to ruminate (Perseveration), they ascribe their difficulties to their own wrong conduct (Self-blaming), or they prefer engaging into more positive activities/situations (Alternate gratification)- the more they need help and social support when confronted with burden.

4 Discussion

Based on chosen study results (as seen in table 1 and Table 2), it is possible to conclude relationship between need for social support and engaging in positive coping strategies- the more one feels need for being with others, receive support, the more he engages in positive activities (such as alternate gratification). For clarification, the more an individual reacts to burdening situation in a manner of self-care, such as watching favorite movie or buy stuff he was postponing, the more they try to ask other people for help in their difficult situation, they need someone else's opinion as well. It seems they tend to seek support from others via activities which bring short term sense of freedom, but in the end, they need social support to cover their need to belong somewhere, be a part of something, have faith. In this context, Berkman and Glass (2000) offer several thesis about connection between social web and health. The most outstanding is the thought of social web pages functioning as buffering factor when confronted with distress, therefore, they could influence one's health status. Participating in different social activities brings opportunity to learn new skills, it bring sense of fellowship in certain group. This means that social activities could influence one's health in direct and indirect ways- directly, it stimulates one's cognitive functioning, indirectly, it gives sense of fellowship and advisability. When these needs are ignored, one can be faced with feelings of purposeless, which could lead to searching of other, alternate sources of joy, sometimes even through various dangerous activities, social deviations (Lichner, Šlosár, 2014).

We can understand social support to be one extreme dimensional pole, whereas the other is social isolation, feelings of loneliness, even ostracization by society. Cancer and death are two terms which didn't seize to be interconnected in one's mind, therefore, this topic usually remains closed for fear of intense emotional reactions it can lead to. Because of that, this diagnose has obvious impact on relationships. They either become better-more intensive and caring, or they get worse, but never remain the same. Adjusting to new reality is a process emotionally overwhelming for the patient himself and for his family and surroundings as well, at every stage of treatment (Spiegel, Classe, 2000).

Study results acquired by authors prove the existence of connection between feelings of helplessness and need for social support- the more patients feel helpless, the more they seek social support, and avoid distress. We can assume the more one tries to control and solve the problem (reaction control, situation control), the more he needs to assure himself quality web of social support. The more they try to tell themselves "I must pick myself up, dust myself off", the more they suppress their agitation, maintain down-to-Earth thinking, the more they need someone else's opinion, help, suggestion, talk to someone. It becomes obvious that support groups are extremely important for oncology patients, they make space for sharing one's emotions, searching for some understanding. Currently, social support is considered to be one of the most important social factors contributing to one's overall health status. Grav et. al. (2012) working with 40 659 respondents found higher depression incidence among people who lack social support. They also pointed out higher need for emotional support in women, whereas men tend to search for instrumental help.

Feelings of depression, nervousness, escape tendencies are all connected with need for social support. In the context of coping with burdening life events, depressive feelings and escape tendencies have been found increased need for sharing one's problem with other people

5 Limits

We consider our sample size to be the biggest limit of our study. Because of this, we don't suggest to generalize our findings to whole Slovak population.

6 Conclusion

Results show that need for social support is higher in group of respondents who tend to think and feel more negatively, which can be characterized by dimensions of "Depressivity", "Nervousness", "Reactive aggression", "Excitability" etc. Underlying our findings as well as theoretical background presented in upper parts of this article, we conclude that oncological disease is highly burdening life event, which symbolizes psychological distress which can't be handled by patients alone, therefore, they need social support. We consider this finding to be serious enough to demonstrate need for online support groups as an element of social support at difficult times. Health care professionals should inform their patients about this possibility, as well as about its positive influence.

Literature:

1. Asociácia sociálnych onkologických pracovníkov, 2012. *AOSW Standards of Practice in Oncology Social Work*. 2012. [online]. [20. 10. 2015]. Available: <http://www.aosw.org/aosw/Main/professionals/standards-of-practice/AOSWMain/Professional-Development/standards-of-practice.aspx?hkey=51fda308-28bd-48b0-8a75-a17d01251b5e>
2. Archangelos-občianske združenie. Podporné skupiny. 2017. [online]. [cit. 2017-10-10]. Available: < http://www.archangelos.sk/index.php?option=com_content&task=view&id=4&Itemid=6
3. Bačová, M., Žiaková, E., Katreniaková, Z.: Sociálna opora onkologicky chorých žien - základný predpoklad intervencie sociálnych pracovníkov. *Sociální práce / Sociálna práca*. 15(1),2015. p.48-65. ISSN 1805-885x.
4. Bačová, M., Žiaková, E. 2017. Špecializované sociálne poradenstvo ako konkrétna pomoc pre onkologicky chorých pacientov. *Acta chemotherapeutica*. 26(1-2), 2017. p 159-163.
5. Barak, A., Boniel-Nissim M., Suler J. Fostering Empowerment in Online Support Groups. *Computers in Human Behavior*. 24(5), 2008. p.867-1883.
6. Berkman, L.F., Glass, T. Social integration, social networks, social support, and health. In: Kawaschii, I. (Eds.) *Global Perspectives on Social Capital and Health*. New Oxford: Oxford University Press, 2000. p.137-173.
7. Bransfeld, D., Forman, M., Howard, J., Wesley, H. N., Spring, S., Bartko, J. Coping among blacks and whites with cancer. PresentatpaThe *7th International Symposium on Biobehavioral Oncology* in Milano, Italia 1998.
8. Buchanan H, Coulson ns. Accessing dental anxiety online support groups: An exploratory qualitative study of motives and experiences. *Patient education and counseling*. Elsevier science: Amsterdam. 66(3), 2007. p.263-269.
9. Beaudoin, C.E., Tao, C. Benefiting from Social Capital in Online Support Group: An Empirical Study of Cancer Patient. *CyberPsychology and Behavior*. 10(4),2007. p.587-590.
10. Carlson, L., Bultz, B. Cancer distress screening. Needs, models, and methods. *Journal of Psychosom Research* . 55(5),2003. p. 403-409.
11. Cordella, M., Poiani, A. Behavioural Oncology: Psychological, Communicative, and Social Dimensions. New York: Springer.2014. ISBN 978-1-4614-9605-2.
12. Courmoyer, B. R. *The social work skills workbook*. NY: Cengage Learning. 7thedition. 2013. ISBN 978-1285177199.
13. Cunningham, J. Adjuvant psychological therapy for cancer patients: Putting in on the same footing as adjunctive medical therapies. *Psycho-Oncology*, 9 (5), 2000. p.367-371.
14. Devine, C. E., Westlake, S.K. The effects of psycho educational care provided to adults with cancer: Meta-analysis of 116 studies. *Oncology Nursing Forum*, 22, 1995. p.1369-1381.
15. Dormann S. M., White M. Receiving social support online: implications for health education. *Health education research. Oxford journals*. 16 (6), 2000. p.693-707.
16. Grav, S. et al. Association between social support and depression in the general population: the HUNT study, a cross-sectional survey. *Journal of clinical nursing*. 21 (1-2),2012. p.111-120 Available: <https://www.ncbi.nlm.nih.gov/pubmed/2017561>
17. Halachová M, Žiaková E. Zvládanie záťažových situácií v kontexte kyberšikanovania. In: *Podoby vnútorných i vonkajších faktorov zvládania záťaže z pohľadu teórie i praxe sociálnej práce*. Košice : Univerzita Pavla Jozefa Šafárika v Košiciach. 2016. p.111-117. ISBN 978-80-8152-405-9.
18. Horská B., Lásková A., Ptáček L. *Internet jako cesta pomoci: Internetové poradenství pro pomáhající profese*. Praha: Slon.2010. ISBN 978-80-7419-034-6
19. Chung, J. E. Social Networking in Online Support Groups for Health: How Online Social Networking Benefits Patients. *Journal of Health Communication*, 19(6),2014. p.39-659.
20. Janke, W., Erdmannová, G. *Strategie zvládání stresu*. Praha: Testcentrum.2003.
21. Kollárik T, Poliaková E, Ritomský A. *Freiburský osobnostný dotazník. Príručka*. Bratislava.1984.
22. Koubeková, E. Vzťahy medzi percipovanou sociálnou oporou a niektorými osobnostnými charakteristikami adolescentov. *Psychológia a patopsychológia dieťaťa*. 36 (1), 2011. p.39-49.
23. Křivohlavý, J. Sociálna opora v intervenčných programoch. *ČS psychologie*, 46 (4), 2002. p.340 - 346.
24. Křivohlavý, J. *Psychologie nemoci*. Praha: Grada, 2002.p.198. ISBN 8024701790.
25. Liga proti rakovine Slovenskej Republiky – Onkoporadňa. 2017. [online]. [cit. 2017-10-10]. Available: <https://www.1pr.sk/onkoporadna/>
26. Lichner, V., Šlosár, D. Zmysel života v kontexte novodobých závislostí adolescentov ako rizikovej skupiny sociálnej práce. In: *Ako nájsť zmysel života v sociálnej práci : rizikovými skupinami : 2. ročník Košických dní sociálnej práce : zborník príspevkov z vedeckej konferencie s medzinárodnou účasťou konanej dňa 22.11.2013 v Košiciach* [online]. Košice: KSP FF UPJŠ.2014. ISBN 978-80-8152-140-9. Available: http://www.ksp.ff.upjs.sk/SK/publikacie/text/zb_konf/ako_najst_zz_2014.pdf
27. LINKOS - Česká onkologická spoločnosť České lékařské společnosti Jana Evangelisty Purkyně, 2016. [online]. [cit. 2016-10-10]. Available: < www.linkos.cz
28. Mareš, J. Diagnostika sociálnej opory u detí a dospievajúcich. *Pedagogika*. 52 (3),2012. 267-289.
29. Mayer, J. T., Melvin, M. M. Effects of Psychsocial Interventions with adults cancer patients: a meta-analysis of randomized experiments. *Health psychology*, 14(2),1995. p.101-108.
30. MEDHELP- Support communities. 2016.[online]. [10. 10. 2016]. Available: <http://www.medhelp.org/forums/list>
31. MYLIFELINE- Support group. 2016. [online]. [10. 10. 2016]. Available: <https://www.mylifeline.org/>
32. Rehse, B., PurkoP.R. Effects of psychosocial interventions on quality of life in adult cancer patients. *Patient Education and Counseling*, 50 (2), 2003.179-186.[online]. Available: <https://ccplanet.cancer.gov/documents/effects-psychosocial-interventions-qol.pdf>
33. Spiegel, D., Classen, C. *Group Therapy for Cancer Patients: A Research-Based Handbook of Psychosocial care*. NY: Basic books. 2008. ISBN 978-0465095650.
34. Suler, J. R. The psychology of text relationships. In R. Kraus, J. Zack, & G. Stricker (Ed.), *Online counseling: A handbook for mental health professionals* . San Diego, CA: Elsevier. 2004. p.19-50. ISBN 978-0123785961.
35. Thompson, T. R. Parrott, R., Nussbaum, J. N. The Routledge Handbook of Health Communication. Taylor,Francis:UK.2011. ISBN 978-0-203-87164-5.
36. Tóthová, L., Žiaková, E. 2017. Šance onkologicky chorých seniorov v súčasnej modernej komunikácii. In: *Šance a limity*

seniorov v súčasnej modernej komunikácii (negatívna a pozitívna IKT v živote seniora). Prešov: Prešovská univerzita v Prešove, s. 132-139. 2017. ISBN 978-80-555-1803-9.

37. Walther, J. B., et al.. Attributes of interactive online health information systems. *Journal of Medical Internet Research*, 7(3), 2005. [online]. Available: <https://www.jmir.org/2005/3/e33/>

38. Žiaková, E. . Možnosti psychologickéj a sociálnej pomoci onkologickým pacientom. *Práca a sociálna politika*, 9(9),2001. p.17–19.

39. Žiaková, E. Podporné programy pre onkologických pacientov/ky ako jedna z možností zvyšovania ich kvality života. In: TOKÁROVÁ, A. (ed.). 2001. *Kvalita života a ľudské práva v kontextoch sociálnej práce a vzdelávania dospelých: zborník príspevkov z vedeckej konferencie s medzinárodnou účasťou, konanej v dňoch 3. a 4. 4. 2001 v Prešove*. Prešov: FF PU, p. 367-374.

40. Žiaková, E. *Psychosociálne aspekty sociálnej práce*. 2. rozšírené vydanie. Prešov: Vydavateľstvo Akcent print. 2005. ISBN 80-8068-060-4.

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