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Review

Sexual education of institutionalized minors

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Received 24 February, 2011; Accepted 29 January, 2013, Published May 2014

This research analyzes the common sexual characteristics of the minors who pass part-time or full-time courses in the institution. There is a possibility to implant programs of sexual education in schools which serve children from home with their parents present, and whose parents and teachers could act together to develop their sexuality, bringing a better integration of the children, when they become adults in the environment. There is no adjusted communication in traditional schools. Students, teachers, employees and school directors, as well as parents do not know how to handle minors' sexuality, and everything about this subject is unknown. They punish children for it, which originates apprehension, doubts or traumas, adding to the troubles that make part of their own deficiency. In institutions which receive children at social risk, sexuality receives the same treatment. It is either ignored or children are punished for it. It is not clarified or taught to the children, because most often the professionals that work in this area have no proper preparation to deal with sexuality. However, the expression of sexuality is natural in these age groups irrespective of the problem that caused the minors to be institutionalized. In most cases, sexuality is exacerbated due to natural curiosity, pleasure, day-to-day boredom and lack of affection from parents and educators. How to deal with these children is difficult because lack of information, age or situation lead to different performances of the teachers, employees and their own parents. With these facts, we have general and other specific procedures for the public involved.

Key words: Anti-conception, sexual education, sexually transmitted diseases, mass communication, sexuality

INTRODUCTION

REPRODUCTIVE AND SEXUAL HEALTH

Women's sexual emancipation, emergence of anti-conception pill, freedom of means of communication, and the building up of big urban centers contributed to the so called Sexual Revolution. However, often times, this revolution has reduced to sexual appeal and tyranny; at a time, it was impossible to bring together knowledge and freedom of choice to the new sexual practice. In some cases, the changes in cultural physiognomy concerned with sexuality have been characterized by permissivity,

with no counterpart awareness that irresponsible sex can provoke deep lesions in the stability of the individual and family. All of these are due to lack of knowledge/information. This lack of information begins by the individual not knowing his/her own body, its structure and functions. As women have their genital apparatus "hidden", they know less about their sexual anatomy. It is known that they lack knowledge of or make improper use of anti-conception methods. STD and AIDS are acquired by this means and they proliferate in a frightening way.

Sexual appeal comes to us by any means of mass

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communication, such as newspapers, television, radio, books, magazines, outdoors, cinema. For this reason, a clarifying sexual education which can be offered in schools or at home becomes the main *combat weapon* against the disinformation generated by the media (Barroso and Bruschini 1982). In the educational field, sexual matters are still surrounded by omission and/or negligence. However, fortunately, some institutions have already realized the need to develop a competent, serious, true, wide and updated work of sexual information – to facilitate the acquisition of proper information and orientation about the biological, psychological, sociological, and cultural aspects of sexuality – offering conditions for a critical continuous reflection of humans' sexual development. To meet this need, we decided “to embrace this cause”, consequently to enable students of the 8th period of Psychology Course of Gama Filho University to have the opportunity of enjoying some of the basic information for the development of this project (Barroso and Bruschini 1990).

Justification

The openness of our society to the matter of sexuality expresses itself through the media, flow of information, sexual appeals, changes in customs, and imposes the need to establish a frank dialogue with individuals about sexual and reproductive health.

The contemporary society has shown increasing concern in things relating to reproduction and prevention of diseases. However, one should also take into consideration the realization of the individual, the meeting itself and affective relationship. Consciously or unconsciously, the society realizes it cannot remain distant to an aspect as important as this. So, how do we assist? How do we participate in a positive way to help individuals to better position themselves in matters related to sexuality without fear and guilt? Hence, our work is important. Somehow, we can contribute to better information regarding such topics. So this is a project of love and commitment, which has the participation of various professionals who work in this area, in an interdisciplinary way. Thus, it is considered to be deeply reflected. And it is with immense pride that we participate in this effort, certain of the contribution, even if small, to the society.

Impact of sex in childhood

Adults have an interesting belief: they believe that the young child understands everything that he/she sees on television and knows that what he/she is watching is just fantasy. Faced with such a belief, one can ask: does the child understand what he/she is seeing when watching a sexual act? If we agree with such statement, the TV

networks would no longer need to display the age intended to watch sex scenes on screen. This statement implies that the child is seen as a miniaturized adult. If we do, we are not allowing a distinction between the adult and the child. In case we do not agree with such statement, we emphasize childhood once we distinguish the child from the adult. While we cannot deny that the child does not need sex, this does not apply to knowledge of genital or knowledge about sex. The ideology of TV networks about the increase in number of viewers and the declared fight for audience has transformed most programs to pornography, irrespective of the time. Sex is widespread in TV and the worst is that children watch. When asked about bad quality programs, those responsible for programming defend themselves using the following argument: “We offer what the public want to see”.

According to the Brazilian deputy, Mr. Mauro Monteiro “pornography on TV in broad daylight hurts the statute for children and adolescent”. The ostensive divulgation of erotic provocative low level scenes on Sunday prime-time, when children and parents are meeting constitutes a clear violation of the law. Given the exacerbation of sex, we can ask: what are the impacts of these scenes on the mind of the child? How do very young children, without understanding of sex, feel about such scenes? (Maldonado 1994).

In conclusion, a child in the early childhood does not have the means to understand a scene of sexual nature. His/her development has not reached yet the stage of comprehending such an act. The excess of sex visualized by children can be pernicious for their development, being presented to them as the model of immorality, by which they will learn that people are immoral, causing them to have an unreal idea of the world.

THE CONSTRUCTION OF FEMALE AND MALE SEXUALITY

Sexuality, understood from a broad and comprehensive approach, manifests itself in all phases of human life and, unlike the most common concepts, has genitality as one of its aspects. Within a wider context, one can consider that the influence of sexuality permeates all human manifestations, from birth to death. However, this influence was denied during the height of humanity history, especially among people linked to the Jewish and Christian traditions, the so-called “Western civilization”. The curious thing about this event is that in the older known biblical tradition (circa 950 b.C.), there is no contempt for the sexual nature of man.

In fact, Genesis could interpret the sexuality exposed there as just one aspect of life; it is neither inferior nor enhanced in relation to any other one. Thus, the most exempt exegesis features motivation for the divine creation of woman and the attenuation of the anguish of

vital loneliness of man. However, the patristic interpretation of the Bible, which has influenced our culture for centuries, considers sex as a necessary evil, permissible only for the reproduction of species. Based on this interpretation, the confusion between sexuality and genitality continues to this day.

ANTICONCEPTION AND SEXUALITY

In recent years, there has been growing concern of society in general, and health and education professionals in particular about the serious consequences of the exercise of sex by young people, who by their own peculiar characteristics due to their age are not capable to evaluate and to bear the burden of an active sexual life. Although in an irresponsible manner, it is evidenced that among adolescents this way of practicing is more usual.

Among the frequent "side effects" in the exercise of sexuality, undesirable pregnancy is one of the most fearsome, due to the biological, psychological and social consequences that come with it. In fact, once there is an undesirable pregnancy, the adolescent (usually single, because nowadays marriages are increasingly late) is left with the only three possible solutions, with none satisfactory: abortion, marriage of convenience or, to be an unmarried adolescent mother. Thus, as in any other issue related to health, prevention is still the best medicine. And how do we prevent? The ideal thing is for the adolescents to be educated by their families in a way for them to assume their sexual life in a positive and responsible manner (Costa 1986). However, as this is not done, it is up to us, health professionals and educators to take the task of minimizing the negative consequences of their sexuality exercise through family planning.

Sexually transmitted diseases (STDs)

From the earliest known civilizations such as the Mesopotamian, the Egyptian and the Greek, gods and goddesses of fertility were worshiped, the latter being universally renowned as a gift. In these civilizations, the worship of such goddesses was not uncommon; it was usually done through ritual prostitution, and this certainly was also exercised with more pragmatic purpose. Therefore, already in these societies, promiscuity was one of the determinants of the rise of Sexually Transmitted Diseases (STDs).

These diseases have always brought a strong emotional component in addition to organic symptoms. Until recently, named "Venereal Diseases" took this denomination of the priestesses of the temples of Venus, who worked as prostitutes as a way to worship the goddess of love.

Maybe it is necessary to remember that sexual activity -

especially sexual initiation - has undergone profound changes in recent decades. In fact, contrary to what occurs among adolescents now, male sexual initiation was usually performed with prostitutes, and the development of a "venereal disease" had ambivalent feelings. If on one hand, it was considered as a proof of virility and thus resulted in boasting; in contrast it was also a reason to feel guilty, with a certain mustiness of "impurity". STDs then had a markedly pejorative character, reaching young singles, for which a certain tinge of promiscuity was tolerated, or prostitutes.

Serious men, zealous parents, as well as "family women" were theoretically protected from such dirty infections. In cases when a husband, in a "moment of weakness", acquired an infection and he conveyed it to his wife, the doctor would be involved in an attempt to treat his wife without her knowing the "seriousness" of her harm.

Way back, when therapeutic resources were not very efficient and some of these diseases (example, syphilis) were practically incurable, fear triggered - as it is done today with AIDS - the most conservative sectors of the society aiming to suppress sexual expression not to get involved.

Acquired immunodeficiency syndrome (AIDS)

Acquired immunodeficiency syndrome (AIDS) is an infectious disease caused by a virus of the retrovirus family (composed of RNA), called "Human Immunodeficiency Virus" (HIV), able to parasitize the human immune system, leading to depression of immunity.

Consequently, there is the emergence of opportunistic infections and malignant neoplasias, especially the "Kaposi's sarcoma." It is a serious disease with no cure so far, which affects men and women in varying proportions. The syndrome is complex in its pathophysiology, at the point of questioning the existence of a single etiological factor. Some authors, like Duesberg (1992) believe that HIV is just another opportunistic micro-organism, considered as safely correlated to the syndrome "risk behavior" for over eight years.

It is assumed that the first cases of AIDS dated from 1977 and 1978 in Africa, Haiti and the United States. However, pneumonia caused by *Pneumocystis carinii* in homosexual male in 1980 and 25 cases of Kaposi's sarcoma found also in homosexual male in 1981, suspected as a viral etiological factor, were used to clarify these cases (O'Brien et al. 1999).

The transmission of HIV, initially linked to anal intercourse (mostly homosexual), is now also accepted as being transmitted by vaginal heterosexual contact, transfusion of blood components, sharing of contaminated needles and via placenta. Sexual contact accounts for cases of death, focusing more on men than women, with an average ratio of 10 to 1 in the United States

(O'Brien et al. 1999). After contamination, the virus penetrates the interior of white blood cells (macrophages, in particular) and can remain there for an unknown time interval between infection and onset of symptoms. The viral replication occurs primarily in immune cells, such as in lymphocytes, macrophages, Langerhans cells and nervous system cells.

Child sexuality

The Puritan society of early twentieth century believed in the absence of sexuality in children, because the false moral proclaimed at that time conceived childhood as innocence.

When people were asked about sexuality, they would say it was absent during childhood and that it would awaken only at puberty (Calderone and Ramey 1996). According to Freud (2010), sexual instinct does not penetrate in children during puberty. Thinking that a child is free of sexuality is not just an error; it is a major mistake, because a child presents manifestations of this instinct since his earliest age. Sexual development takes place amid an individual's peculiarities. However, it is difficult to determine the correct priority of sexual development. In a child, the manifestation of his sexual life can be observed at about three or four years old. The discovery of infantile sexuality postulated by Freud placed sexuality at the center of psychic life.

Sexual constitution differs from individual to individual due to the intensity of the source of excitation. Freud's investigations led him to discover that most of the repressed thoughts and desires referred to conflicts of sexual order are seen in the first years of the individual's life (the neurotic symptom refers to a substituted satisfaction of repressed sexuality). That means in childhood, it is concluded that early experiences during childhood leave deep marks in the individual.

Sexual myths

From the moment many individuals are taught to ignore or to get little information about sex, sexual beliefs end up gaining strength of indisputable truth. These are not only part of the repertoire of "uninformed people", but are also accepted by professionals who, even reaching a high status, do not get rid of some degree of "ignorance" about sexuality. This lack of knowledge about human sexuality is present in some professional situations (doctors, nurses, psychologists, among others) that, based on little curiosity about the subject or even a clear bias against it show little knowledge or erroneous beliefs about sexuality and eventually spread these beliefs in their area of expertise, prejudicing their clients/patients.

However, sexual taboos differ from myths and superstitions, not only in their formal meaning, as in day-to-day. Thus, the term taboo is basically linked to the

concepts of sacred and to the notions of purity/impurity, permitted/prohibited and vice/virtue.

General purposes

This work aims to give participants the opportunity to position themselves in various matters relating to the subject of human sexuality and sexual and reproductive health (Gewandsznajder 1997).

Specific purposes

Construction of female and male sexuality

- Distinguish between "role" and sexual identity
- Reflect on the distinction between "role" and sexual identity
- Identify sexual identity
- Identify sexual roles
- Reflect on the dynamics and differences of sexual roles
- Detect the characteristics of the role of man and woman
- Reflect on the differences of opinions about sexual roles
- Demonstrate the power of cultural stereotypes
- Identify and reflect upon the stereotypes with relation to the female and male sexual role in Brazilian society today
- Discriminate sex roles in our cultural context
- Discriminate sex roles in the various social classes that make up our society.

Male and female sexual anatomy and physiology

- Provide information to the participants on the form and functions of the reproductive organs of man and woman
- Make the participants to identify the sexual organs of man and woman and their respective functions in the reproductive process
- Identify the sexual organs of man and woman and their respective functions in sexual response
- Understand the anatomy and physiology of male and female sexual response
- Identify the stages of sexual response.

ANTICONCEPTION AND SEXUALITY

- Assess the association between sex and reproduction
- Identify the fertilization process
- Identify the conception process
- Know the existing contraceptive methods
- Allow participants to reflect on the feelings associated with the use of contraceptive methods
- Identify methods of contraception from its classification
- Recognize the reversible and irreversible contraceptive methods
- Examine the circumstances underlying the option by either methods of contraception
- Know the available contraceptive methods and their influence on sexuality.

SEXUALLY TRANSMITTED DISEASES (STDs)

- Learn the several sexually transmitted diseases
- Facilitate the settlement of some concepts about characteristics, causative agents, signs, symptoms and consequences of non-adequate treatment of STDs
- Recognize the emotions raised by STDs
- Analyze the sex factors that determine or facilitate the spread and development of STDs.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

- Facilitate the settlement of some concepts about AIDS
- Facilitate the settlement of some concepts about characteristics, causative agents, risk behaviors and symptoms of AIDS
- Correctly identify ways of transmission of AIDS
- Recognize the emotions raised by AIDS by both the carrier and society in general
- Facilitate the identification of emotions, attitudes, biases, and doubts related to AIDS.

SEXUAL MYTHS

- Recognize that, alongside scientific information, there are sexual myths, beliefs and taboos
- Identify the most common sex myths in Brazilian culture
- Reflect and evaluate the influence that sexual myths can have on the lives of individuals.

Type of population served

Adolescents, youths, adults and couples.

Institutions visited

- Moncorvo Filho Hospital – Sector of Sexology. 90 Moncorvo Filho St. Downtown. Rio de Janeiro-RJ, Brazil. Telephone number: 221-7577, extension 1113.
- Nova Iguaçu General Hospital (Posse Hospital) – Sector of Gynecology, 953. Henrique Duque Estrada Mayer Av., Posse, Nova Iguaçu-RJ, Brazil. Telephone numbers: 667-4112 / 660-3582.

Professionals interviewed

- Prof. Dr. Paulo Roberto Bastos Canella – Director at the Gynecology Institute of Rio de Janeiro Federal University (RJFU), Professor of Master in Sexology and Supervisor of Clinical Practice at the Sexology Department of Moncorvo Filho Hospital (RJFU).
- Prof. Dr. Maria do Carmo de Andrade Silva – Coordinator of Master in Sexology and Supervisor of Clinical Practice at the Sexology Department of Moncorvo Filho Hospital (RJFU).
- Prof. Dr. Maria Luiza Macedo de Araújo – Professor of

Master in Sexology and Supervisor of Clinical Practice at the Sexology Department of Moncorvo Filho Hospital (RJFU).

- Dr. Cleonice Santos da Silva – Chief of Obstetric Center Section of Nova Iguaçu General Hospital (Posse Hospital).

Research questions

1. Is there a possibility of holding four lectures at the level of information?
2. What are the objectives of the work?
3. What type of attendance is done?
4. Who are the professionals involved?
5. Who are the clients served, their socio-cultural level, gender, age, origin?
6. What days and time do the participants attend the interview?
7. What kinds of subjects are addressed by clients, or do managers indicate the subjects?

Interviews reports

Interview with Professor Paulo Canella - Moncorvo Filho Hospital

Moncorvo Filho Hospital is dedicated to attending to women with gynecological problems, climacteric, carcinogens, breast and clinical and surgical problems. As for attendance, there are patients that come with medical problems and others with medical and surgical problems.

In relation to purchasing power, or socioeconomic status of customers, it is low and medium level, if they would be sorted alphabetically by category of class D, F and/or some class C. These are people with primary education (mostly), some did not complete high school and/or complete with no level of instruction.

People that attended are of all ages from childhood to adulthood, from all over the regions- the suburbs, suburbs of Leopoldina, peripheral zone and slums.

Professionals working in the hospital are doctors and teachers of Federal University of Rio de Janeiro, giving assistance and training. Furthermore, care exists in the Institute of Gynecology located in the hospital, and the Institute of Endocrinology and Diabetes, which is next.

Services are offered from Mondays to Fridays in the morning and afternoon. There are treated gynecological problems, discharge, climacteric, sexuality, breast, uterus, ovary and malformation of organs.

Interview with Dr. Cleonice - Nova Iguaçu General Hospital

Yes, there was contact with Dr. Serafim in anonymous testing on Wednesday, Dom Walmor.

Information and orientation

Psychosocial attendance: Doctors, Nurse, Social worker and Physiologist.

The Moncorvo Filho Hospital is dedicated to attending to people from various districts of the “Baixada Fluminense” with poor socioeconomic profile, and without employment contracts. Their age and gender are very diverse and clientele includes homosexuals, heterosexuals, women and children. There are a large number of children aged zero to one year from the obstetrics and mothers identified from prenatal care. We have special program for pregnant women.

The opening hours are from 8:00 a.m. to 5:00 p.m. Periodic consultations depend on the clinical situation of each patient.

The subjects are approached by clients in individual sessions, so there is support and reflection. When care is in group, the subjects are diverse, respecting the reality of the patient.

Professionals invited

- Verônica Lúcia Dantas de Gusmão – Clinical Psychologist, Specialist in Human Sexuality and Master of Sexology by Gama Filho University (GFU); Graduation Professor in Psychology and Supervisor of Applied Service (APS) in Psychology of Celso Lisboa University Center.
- Andréa Serra Graniço – Professor of the Graduation Program in Physiotherapy, Specialist in Human Sexuality and Master Student in Sexology by Gama Filho University.
- Luís Moacir Nascimento Pereira – Professor of the Graduation Course in Psychology and Nursery of Gama

Filho University, Clinical psychologist, Post Graduated in Human Sexuality and Master Student in Sexology by Gama Filho University.

- Trícia de Meio Assad – Professor of the Post Graduate Course in Human Sexology of Instituto Brasileiro de Medicina de Reabilitação (IBMR), Physician by Souza Marques Technical Education Foundation, Specialist in Human Sexuality by IBMR, Master Student in TSDs by Fluminense Federal University and Master Student in Sexology by Gama Filho University.

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Review

The intellectual property of women as it relates to the role of Sabina Spielrein in the lives and works of 20th century male psychologists

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The research and publications of Carl Jung (1875 to 1961), Sigmund Freud (1856 to 1939), Jean Piaget (1896 to 1980), Lev Vygotsky (1896 to 1934), and Alexander Luria (1902 to 1977) are well known in psychology and education. But who inspired some of the ideas, theories, and research of these noted scientists of the 20th century? The answer is Sabina Spielrein. Spielrein knew these men intimately. She was the first patient of Carl Jung at Burgholzli Hospital, a member of Freud's inner circle of psychoanalysts in Vienna, the psychoanalyst of Jean Piaget, and the mentor and teacher of Vygotsky and Luria. This article describes the influence Sabina Spielrein had on the lives and works of these five men. After answering the question, "who was Sabina Spielrein?" this article explores how Spielrein inspired and influenced some of the theories of Jung, Freud, Piaget, Vygotsky and Luria as well as helped set the agenda for their research. The article concludes with suggestions for how we can honor and include other women whose works have been marginalized as well as how to work for gender equity, particularly in the area of intellectual property.

Key words: Women, marginalized, history, psychology, psychoanalysis.

INTRODUCTION

Students in a beginning course in general or developmental psychology have probably been introduced to the lives and works of Carl Jung, Sigmund Freud, Jean Piaget, Lev Vygotsky and Alexander Luria. However, the same students are unlikely to have ever heard of Sabina Spielrein (Aldridge, 2009). The purpose of this article is to explain the role that Spielrein played in the lives and professional works of these five famous men of the 20th century. The extent of her role in each of these men's lives may never be known. Still, there is little doubt that she inspired each of them (Etkind, 1997). It remains a mystery as to whether she acted as a muse, or if some of

her ideas and works were actually copied or stolen from these dead white men (Aldridge and Christensen, 2013). The article begins with a description of who Sabina Spielrein was. It continues with an exploration of her contributions to the lives and works of five noted psychologists of the 1900s. Finally, the article concludes with a consideration of the intellectual property of women today as they navigate the patriarchal system of research and publication. Suggestions are made for how professionals can incorporate the research of women scholars into their work and how to support gender equity.

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Who was Sabina Spielrein (1885 to1942)?

Sabina Naftulovna Spielrein was born on 7 November, 1885 in Rostov-on-Don, Russia into a wealthy family. Both Sabina's parents were doctors. Her father was an entomologist, and her mother was a dentist (Carotenuto, 1982). "She had three younger brothers: Isaac, Jan and Emile. All of the Spielrein children received formidable education in Europe and became professors during the Soviet period" (Etkind, 1997, p. 132). Isaac was a leading industrial psychologist in Russia until he was arrested in the political upheaval of 1935 (Etkind, 1997).

In 1904 Sabina was admitted for hysteria to the Burgholzli Hospital near Zurich, Switzerland, where she became the first patient of Carl Jung. She later attended medical school in Zurich, becoming a physician and later one of the first women psychoanalysts. She was admitted to the Vienna Psychoanalytic Society in 1911 and worked with Sigmund Freud as part of his inner circle (Kerr, 1993). Somewhere around 1912 Spielrein married Pavel Scheftel who was also a doctor from her hometown of Rostov. Later they had their first child a daughter named Ranata.

From 1920 to 1923 Spielrein worked at the Rousseau Institute in Geneva where she was Jean Piaget's psychoanalyst and also studied child language (Etkind, 1997). Her husband, Scheftel soon returned to Russia in 1920 where he had a common law marriage with another woman. Together they produced a daughter named Nina. In 1923, Spielrein returned to Russia and lived in Moscow for approximately one year. There she became a mentor to both Lev Vygotsky and Alexander Luria. All three of them became members of the Russian Psychoanalytic Society (Carotenuto, 1982).

Little is known about Sabina's life after her return to Russia. In 1923, she worked for the State Psychoanalytic Institute and assisted in overseeing the work of the Russian Psychoanalytic Society (Carotenuto, 1982). One source reports that Spielrein actually had "three jobs from September 1923 on: as a researcher at the State Psychoanalytic Institute, as a doctor and pedologist in a village called Third International, and as chair of the child psychology division at the First Moscow University" (Etkind, 1997, p. 171).

A year after returning to Russia, Sabina moved back to Rostov-on-the-Don and was reunited with her husband. There Sabina Spielrein and Pavel Scheftel had a second daughter, named Eva. During the 1930s the Scheftels lived in a three room dwelling. "In 1937, Pavel Scheftel died of a heart attack" (Etkind, 1997, p. 176). Sadly, in August of 1942, Sabina, Ranata, and Eva were executed along with many other Jews at a synagogue in Rostov (Kerr, 1993).

While these are the details of Spielrein's personal life, she also intimately knew and worked closely with Jung,

Freud, Piaget, Vygotsky and Luria during her lifetime. This article is primarily concerned with how she influenced their lives, and how she specifically awakened and perhaps even directed the research paths and many of the writings of these five prominent scientists.

How Sabina Spielrein Influenced the Lives and Works of 20th Century Male Psychologists

Spielrein was Jung's first patient at Burgholzli Hospital near Zurich, a member of Freud's inner circle of psychoanalysts in Vienna, Piaget's psychoanalyst and colleague in Geneva, and Vygotsky and Luria's mentor and teacher in Moscow. This next section questions the extent that Sabina influenced each of these scientists of the 1900s.

Carl Gustav Jung (1875 to1961)

The personal relationship between Carl Jung and Sabina Spielrein is well documented through the letters between them, Spielrein's diaries, and Jung's letters to and from Freud (Carotenuto, 1982; Etkind, 1997; Kerr, 1993; McGuire, 1974). But how did Spielrein shape and influence Jung's ideas, theories and writings? There are at least four areas and possibly many more in which Spielrein contributed to Jung's work. These include 1) his discovery of the anima, 2) the power of the unconscious that shapes one's destiny, 3) the nature of eros, and 4) the ideas and precepts Jung proposed in his book *Psychology of the Unconscious*. She also contributed to Jung's interest in mythology and to other ideas Jung used in the concept development of analytical psychology (Etkind, 1997).

Most experts on Jung believe that Spielrein was his inspiration for the discovery of the anima. According to Jung, the anima is "the inner feminine side of man" (Sharp, 1991, p. 18). But how did Jung realize this? One answer is through his relationship with Sabina Spielrein. In a letter to Sabina, Jung wrote, "*The love of S. for J. made the latter aware of something he had previously only vaguely suspected, that is, of a power in the unconscious that shapes one's destiny, a power which later led him to things of the greatest importance*" (Carotenuto, 1982, p. 190). Later Jung called that power the anima. Jung found that the anima is projected onto an external woman if he is not fully conscious or aware of his anima. As Jung's first patient, Sabina became Jung's projected anima, of which he was not aware at the time. She did much to inspire many of Jung's ideas, especially as Jung began to realize the relationship between a man's inner woman and women from the outside who influence and awaken his life forces (Carotenuto, 1982).

While working with Spielrein, Jung began to realize the

power of the unconscious as it shapes one's destiny (Kerr, 1993). Jung realized the salience of bringing unconscious contents into consciousness through his intense and embarrassing experience with Spielrein. As the son of a protestant minister and the wife of one of the wealthiest Swiss women of the times, Jung was caught off guard by Sabina and the unconscious contents that came to light during their relationship. Jung's conscious view of himself was severely shaken by the unconscious that shapes one's destiny. His encounter with his own shadow was activated. Jung's ideas about the shadow began to take shape as his encounter with Spielrein deepened (Kerr, 1993).

As the power of the unconscious began to rise into the conscious activities of Jung and Spielrein, the influence of eros was also unleashed. Jung began to realize that eros has a dark as well as bright side (Carotenuto, 1982). "Acquaintance with Sabina helped Jung to discover completely new spaces in his own eros, a realm that he sincerely believed was confined to his happy marriage. His ethical principles seemed so contradictory to his inner reality that, at the peak of his crisis, he was horrified even by a trivial invitation to give a lecture on ethics" (Etkind, 1997, p. 156). The encounter with Sabina and dark eros assisted Jung into his study of mythology and eventually his personal understanding of the collective unconscious (Kerr, 1993).

According to Etkind (1997), Jung's *Psychology of the Unconscious* was synergistic between Jung and Sabina Spielrein and was written based on what he learned from his work with her. How much did Sabina influence the development of *Psychology of the Unconscious*? In 1912, Spielrein published an article entitled, "Die Destruktion als Ursache des Werdens" which was printed almost simultaneously with Jung's *Psychology of the Unconscious*. "Later, Jung indicated that Spielrein's ideas were linked to one of the chapters in his book, one in which he discussed the double meaning of maternal symbolism" (Etkind, 1997, p. 152). We also know that "the crisis in his relationship with Sabina did indeed bring Jung to the insights that he articulated for the first time in his *Psychology of the Unconscious*—thoughts that he would rework many times" (Etkind, 1997, p. 157).

In summary, Sabina Spielrein may have influenced Carl Jung and his theory of analytical psychology in at least the following ways:

His discovery of the anima

His understanding of the power of the unconscious that shapes one's destiny

His explorations into the nature of eros

His ideas in the book Psychology of the Unconscious

Sigmund Freud (1856 to 1939)

As with Carl Jung, the personal relationship between

Sigmund Freud and Sabina Spielrein is well documented through the letters between them, Spielrein's diaries, and Freud's letters to and from Jung (Carotenuto, 1982; Etkind, 1997; Kerr, 1993). But with regard to Freud's theories and writings, what did Sabina Spielrein contribute? There are three salient topics that Spielrein had a major impact on Freud's ideas? These include 1) Freud's definition of transference and countertransference (Kerr, 1993), 2) his interpretation of the death instinct (Cooper-White, 2013; Etkind, 1997), and his views concerning hysteria (Aldridge, 2009).

Freud discovered transference, and particularly countertransference in his correspondence with Jung about Sabina Spielrein (McGuire, 1974). In the early days of psychoanalysis the notion that the "patient" would fall in love with the doctor (transference) and the idea that the psychoanalyst, in turn, could have strong, erotic feelings for the patient was not yet known. Freud and Jung simultaneously noticed this because of Spielrein's relationship with Jung during their patient/doctor relationship (Carotenuto, 1982). So, Spielrein was a major influence in the development and understanding of transference and countertransference (Cooper-White, 2013).

In 1911, Sabina wrote a paper entitled, "Destruction as the Reason for Becoming" which she presented to the Vienna Psychoanalytic society in November of that year. Many consider this to be one of Spielrein's most noted works (Carotenuto, 1982; Etkind, 1997; Kerr, 1993). In this paper, Spielrein argued that "every act of creation implies a process of destruction. The instinct of self-reproduction contains two components: the life instinct and the death instinct" (Etkind, 1997, p. 151). Contrary to Freud's idea that the sex drive and life instinct were the predominant human force, Spielrein suggested something in addition to the sex drive (Cooper-White, 2013). Spielrein proposed the death instinct or the human drive toward annihilation and destruction (Etkind, 1997). At first, Freud did not accept this at all, but later changed his mind and developed the death instinct into his theories. Specifically, "Freud incorporated this very idea—that Eros and Thanatos are two equally powerful forces in human nature—into the foundation of the final edifice of his doctrine" (Etkind, 1997, p. 150). Freud (1922) also used Spielrein's work on the death instinct into his book, *Beyond the Pleasure Principle*.

Since Spielrein was Jung's first patient, Jung sought a treatment plan. In consultation with Bleuler, the Director at Burgholzli, he chose Freud's method of working with hysteria (Kerr, 1993). Freud had written a book with Breuer entitled *Studies in Hysteria* (Freud and Breuer, 2004) but had not explicitly delineated the treatment for it in the book. When Freud found out that Jung was attempting to use this book for treatment, Freud became concerned. Freud wrote, "I am now and then astonished

to hear that in this or that department of a hospital a young assistant has received an order from his chief to undertake a 'psychoanalysis' of a hysterical patient" (Kerr, 1993, p. 88). Freud quickly began to rethink his work on hysteria based on the actual clinical case of Sabina Spielrein. Years later, after Spielrein became a psychoanalyst, she also questioned Freud's methods of dealing with hysteria and had her own ideas about its nature and treatment (Aldridge, 2009).

In summary, Spielrein may have influenced the nature of Freud's theories and practices in the following areas:

1. *His definition and beliefs about transference and countertransference.*
2. *His acceptance of Thanatos as well as Eros (or the death drive as well as the sex instinct).*
3. *His ideas and treatment of hysteria.*

Jean Piaget (1896 to 1980)

When Spielrein arrived in Geneva, Switzerland in 1920, her work was about to have a major impact on another famous scientist of the 1900s—that of Jean Piaget. Until 1920, 24-year-old Piaget had been studying mollusks from a scientist's viewpoint and epistemology from a philosophical perspective. That all changed about the time he met Sabina Spielrein (Etkind, 1997). Sabina Spielrein guided Jean Piaget's research and works in several ways. These include:

- 1) Piaget's early work in psychoanalysis and child psychology (Piaget, 1920), including his research agenda, (which was probably influenced by his psychoanalysis with Spielrein) (Etkind, 1997),
- 2) Piaget's research on speech and language in young children (Aldridge, 2009; Santiago-Delefosse and Delefosse, 2002),
- 3) Piaget's research on space, time and causality (Spielrein, 1922), and
- 4) His methods of conducting research (Etkind, 1997).

Piaget's first published article in psychology was concerned with child development and psychoanalysis (Piaget, 1920). It was published around the time Spielrein arrived in Geneva and became Piaget's colleague, as well as his psychoanalyst. In 1921, Piaget began psychoanalysis with Spielrein which lasted for eight months (Binguier, 1980). During this time, the seeds of Piaget's lifelong research agenda were formed. Spielrein had a major influence on the direction Piaget's work was to take from this time onward (Aldridge and Christensen, 2013).

"Spielrein was one of the first psychoanalysts who showed an interest in child language" (Staniago-

Delefosse and Delefosse, 2002, p. 723). Just before Sabina met Jean Piaget, she had presented a paper at the Sixth International Psychoanalytic Congress in The Hague. Spielrein had begun a new research agenda for herself on child language and speech. The subject of her talk was "On the Origin and Development of Speech" (Spielrein, 1920). Spielrein described two kinds of speech in this talk—autistic speech and social speech. After working closely with Spielrein, ironically Piaget unveiled his research on two types of speech—egocentric speech, which he contrasted with socialized speech (Piaget, 1923). "It is interesting to note that Spielrein returned to Russia in 1923, around the time that Piaget's research and writings moved from language to moral development. There is little doubt that Spielrein shaped Piaget's views on child language and thought" (Aldridge, 2009, p. 319).

Piaget's research agenda seemed to coincide with the topics of Spielrein's scholarly presentations and publications. Imagine that? For example, in one "presentation, given at the 1922 Berlin Psychoanalytic Congress and therefore chronologically coincidental with Piaget's earliest experiments, Spielrein mused about the genesis of concepts of space, time and causation in children's consciousness" (Etkind, 1997, p. 163). The similarity of Piaget's work in types of speech and later his experiments in causation, time and space were always strikingly similar to Spielrein's research presentations and publications.

"In all of this, Spielrein's ideas were remarkably close to those of young Piaget. Positing the very same problems, Spielrein and her Swiss patient began from a common point but set off in different directions" (Etkind, 1997, p. 164). The topics of Piaget's research were not the only topics that were similar to that of Spielrein's. The research methods chosen by Piaget were also remarkably corresponding to those of Spielrein. The clinical interviews and case study methods designed by Spielrein were adapted, if not directly adopted by Piaget, using a Spielrein template for conducting and recording research (Etkind, 1997).

In summary, Spielrein may have influenced the ideas and works of Piaget in the following ways:

1. *His earliest works in child psychology, including his research agenda.*
2. *His research on speech and language development in young children.*
3. *His research on space, time and causation.*
4. *The research methods he used .*

Etkind (1997) summarizes Spielrein's contribution to Piaget very effectively. He says, "Given all this, can it be said that Spielrein's ideas dominated the thoughts of young Piaget (as might be said of the aging Freud's)? Whatever the power relations between the two, one cannot fail to recognize Spielrein's obvious contribution to

the trajectory of Piaget's scholarly development, a contribution both emotional and intellectual" (p. 165).

Lev Semyonovich Vygotsky (1896 to 1934)

Spielrein returned to Russia in 1923, living for a short time in Moscow. About the same time, Lev Vygotsky moved to Moscow from provincial Gomel. Sabina continued her psychological work with children, focusing particularly on speech development. "Vygotsky followed in Spielrein's footsteps. The difference was that Spielrein at that time was already a scholar of worldwide repute, and Vygotsky was a precocious debutant" (Etkind, 1997, p. 173). Vygotsky would later work closely with Spielrein's brother Isaac in the International Society for Industrial Psychology (Leontiev, 1990).

In 1924, Vygotsky was virtually unknown. But suddenly he began to publish prolifically in the areas of child psychology, child language and speech development, and abnormal child development (van der Veer and Valsiner, 1991). What happened? Etkind (1997) suggests, "in view of Vygotsky's unusually high level of productivity following his presentation in Petersburg [in 1924], it seems necessary to seek another explanation for his sudden psychological 'conversion'" (p. 173). As with Piaget, the answer, once again, appears to be Sabina Spielrein. Spielrein contributed to Vygotsky's work in at least three ways. These include, 1) Vygotsky's work in psychoanalysis, including the Russian Psychoanalytic Society and his contribution to Freud's theory, 2) His research in the area of child language and thought, and as with Piaget, 3) The research methods Vygotsky employed.

Spielrein, Vygotsky and Luria were all members of the Russian Psychoanalytic Society. Spielrein was a lecturer at the State Psychoanalytic Institute when Vygotsky became involved in psychoanalysis. Most likely, Vygotsky attended Spielrein's lectures at the State Psychoanalytic Institute and probably perceived "her lectures as the last word in international science" (Etkind, 1997, p. 173). Spielrein connected Vygotsky intimately with Freud's work to the point that Vygotsky published, jointly with Luria, his first theoretical work—the foreword to Freud's *Beyond the Pleasure Principle*. But remember, in this book Freud had revised his own theory to incorporate Spielrein's contribution of the death instinct. While Freud briefly referenced Spielrein in his book, sadly and unprofessionally neither Vygotsky nor Luria ever mentioned her name in the foreword (Etkind, 1997).

A second major contribution Spielrein made to Vygotsky's research was in the area of speech and language. What is truly remarkable is that Spielrein left Geneva where she worked with Piaget and almost immediately began to work with Vygotsky in Moscow.

Some researchers suggest that both Piaget and Vygotsky's research in language and thought were based on Spielrein's theories. However, Vygotsky and Piaget interpreted Spielrein's ideas in different ways—hence, the difference in their two theories of language development (Aldridge and Christensen, 2013). Other researchers are not as bold, but do connect the language and speech research of Piaget and Vygotsky through Sabina Spielrein (Santiago-Delefosse and Delefosse, 2002). "It appears that both Piaget and Vygotsky were influenced by her pioneering work, each of them in unique ways. Her work may therefore be the 'missing link' between Piaget and Vygotsky, thus contributing to a better understanding of those epistemological issues involved in the authors' debates concerning child language, thought and socialization. Neither author has acknowledged his debt to Spielrein" (Santiago-Delefosse and Delefosse, 2002, p. 723).

Other researchers have come to similar conclusions. "Vygotsky's acquaintance with Spielrein could have played...a role in the formation of his psychological interests. It seems likely that Spielrein served as a mediator between the two schools of world psychology, Jean Piaget's genetic psychology and Lev Vygotsky's cultural-historical psychology" (Etkind, 1997, p. 174).

Vygotsky's methods of research, especially in speech, language and thought development, were probably taken from Spielrein, as well. "In her experiment with words, with what lies behind words, and with what can be done without them...(were what) led Vygotsky into psychology" (Etkind, 1997, p. 174). Vygotsky's research continued to approach and research methods used by Spielrein (Santiago-Delefosse and Delefosse, 2002).

In summary, Spielrein probably had a powerful impact of Vygotsky's work in the following ways:

1. *His work was at its beginning, an unknown, when he met Spielrein.*
2. *His work in psychoanalysis and his understanding of Freud's theories.*
3. *His research in the area of child language, speech, and thought.*
4. *His research agenda and methods.*

Alexander Luria (1902 to 1977)

Less is known about the influence of Sabina Spielrein on Alexander. Nevertheless, there is no doubt that Spielrein contributed much to Luria's ideas and research at the beginning of his career (Kerr, 1993). Specifically, they were members of the Russian Psychoanalytic Society. It is also documented that Spielrein served as Luria's mentor and teacher (Kerr, 1993). He most likely attended her lectures at the State Psychoanalytic Institute. And,

whether Luria admitted it or not, his understanding of Freud was partially due to Spielrein's contributions to Freud's theories. As previously mentioned, Luria, along with Vygotsky, wrote the foreword to Freud's book, *Beyond the Pleasure Principle*, in which Freud revised his own ideas to incorporate Spielrein's death instinct. Freud did recognize Spielrein in this work. He acknowledged, "Spielrein anticipated...a considerable portion of these speculations" (Freud, 1922, p. 55). Again, neither Luria nor Vygotsky mentioned Spielrein in their foreword to the book. Still, Spielrein may have influenced Luria's career in the following ways. Future researchers will probably discover other ways in which Spielrein influenced Luria. His work in psychoanalysis and his understanding of Freud's theories.

His general understanding of psychology through his work with Sabina at the Russian Psychoanalytic Society as well as the State Psychoanalytic Institute.

In considering Sabina Spielrein's contributions to these five famous men, it is salient to note that much more is known about her relationships with Jung and Freud. These are explicitly documented through the correspondence among Spielrein, Jung and Freud, and through Spielrein's diaries (Aldridge and Christensen, 2013; Carotenuto, 1982; Kerr, 1993). However, "a detailed analysis of the continuity between Spielrein's works and the early works of Piaget, Vygotsky, and Luria has yet to be written. For the time being, we must content ourselves with observing the striking temporal coincidence in the change of interests in young people so far apart from each other in Moscow and Geneva, after meeting this extraordinary woman" (Etkind, 1997, p. 175).

The intellectual property of women as they navigate the patriarchal system

What can we learn from the story of Sabina Spielrein about the intellectual property of women? During Spielrein's lifetime, the ethics of research and publication were all but non-existent. Those were the days of psychological torture experiments that spanned most of the 20th century. Unethical research from "Little Albert" (Watson and Rayner, 1920) to the Stanley Milgram's (1974) "Obedience to Authority Study" were commonplace. But what does this have to do with Sabina Spielrein? If torture was allowed as an accepted practice in research studies, we can only imagine how the patriarchal system treated women's intellectual property. There is no doubt that Sabina Spielrein inspired and contributed tremendously to the lives and theories of Jung, Freud, Piaget, Vygotsky and Luria. Piaget, Vygotsky, and Luria never acknowledged their debt to Dr. Spielrein. Jung and Freud reluctantly gave her a footnote in their lives and research. This is unconscionable. And

Sabina is just one example of numerous women whose intellectual property was borrowed or has not been properly acknowledged.

The time has come to take action. We can honor Sabina Spielrein by making a difference in the future. What can we do? The following suggestions are made.

Every woman theorist, researcher and writer must stand up and demand that her intellectual property must be published, referenced and acknowledged as her own.

Both women and men must work for gender equity in higher education and academia. There is still much work to be done.

Everyone must work together to ensure that future publications are gender equitable in every way. Specifically, many of the references in this article refer to Sabina Spielrein as "Sabina", yet discuss men such as Sigmund Freud, as "Freud". We must tell the story of her story as well as history, working toward gender equality in our professional publications.

Professors in college and university classes in all academic areas must work to incorporate the stories of women like Sabina Spielrein and tell these stories along with the dead, white, western men that have previously taken priority in curricula.

Finally, we must all work to protect the rights of women theorists, researchers and writers in all professions.

ONE FINAL THOUGHT

Along with Freud, Jung, Piaget, Vygotsky and Luria, Sabina Spielrein deserves an important place in the annals of 20th century psychology. Unfortunately, she and other women psychologists have been marginalized or forgotten. During her lifetime, Spielrein was often referred to as the "little girl" by her male colleagues. This was certainly the case in the published letters between Freud and Jung (McGuire, 1974). Freud wrote to Jung, "I have hit on a few objections to your method of dealing with mythology, and I brought them up in the discussion with the little girl" (McGuire, 1974, p. 469). And, in a letter Jung wrote to Freud, he said, "I'll gladly take Spielrein's new paper...It demands a great deal of revision, but then the little girl has always been very demanding with me" (McGuire, 1974, p. 470). Dr. Spielrein was anything but a "little girl" to the men she guided, mentored and assisted in developing each of their theories and research agendas. As we seek to be vigilant in our approach to women's intellectual property and rights, perhaps we should write "her story" in the proper sense, referring to these men as the little boys who did not always give credit to Dr. Spielrein, when credit was due.

Conflict of interest

Author has not declared any conflict of interest.

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Full Length Research Paper

A study of seeking guidance and support coping strategy of cancer patients

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This study on seeking guidance and support coping strategy was conducted with 120 cancer patients of Lok Nayak Jay Prakash Hospital, New Delhi. The study was based on 2x2x2 factorial design experiment with two conditions of mode of treatment (chemotherapy and surgery), two types of extroversion (extrovert and introvert), and two types of neuroticism (emotionally stable and emotionally unstable). Thus, there were eight groups of subjects with 15 subjects in each group. Coping Response Inventory and Eysenck Personality Inventory was used to collect data from all subjects. The statistical analysis of data revealed that seeking guidance and support coping of extrovert cancer patients was significantly more than that of introvert cancer patients; and seeking guidance and support coping of emotionally stable cancer patients was significantly more than that of emotionally unstable cancer patients. The interaction between the mode of treatment and extroversion, and another interaction between extroversion and neuroticism was also significant.

Key words: Personality, coping, guidance and support, extroversion, neuroticism, cancer patients.

INTRODUCTION

The diagnosis of cancer can have a shocking impact upon individuals and their families. Cancer is traumatic emotionally because of deformity and functional impairment resulting from both the cancer and its treatment. Many concerns exist from a psychological perspective for the cancer patient, including the reaction to the cancer itself, the threat to one's mortality, body image issues, fear of treatment (surgery, radiation, and chemotherapy) and potential disfigurement, family, social and vocational issues, and normal psychological responses such as anxiety and depression (Lackey et al., 2001; Kearney and Richardson, 2006; Norton and Manne, 2007).

Coping involves cognitive and behavioural efforts to manage problems caused by stressful situations. Coping

as a dynamic process is based on an individual's appraisal of the extent to which the stressor outweighs their psychological resources (Lazarus, 1984). Coping includes adaptive efforts to manage the external or environmental aspects of a stressor, and avoidant behaviours to minimize exposure to the stressful situation (Lazarus, 1993).

Many researchers have studied the person's ability to cope with cancer and their coping strategies that a person uses to deal with serious illness. Many different types of coping have been identified and defined for people dealing with cancer. These include denial, information seeking, and avoidance, thinking about past good times, learning illness related procedures, blaming

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others, and seeking the support of others (Moos, 1977; Cohen and Lazarus, 1979; Corr et al., 2003; Doka, 1996; Samson, 2006).

More recently, coping strategies have been categorized by several researchers. (Krause, 1993) categorized the coping of cancer patients into four types: Active-cognitive, active-behavioural, problem focused, and emotion-focused. She described active-cognitive coping as an attempt to manage one's appraisal of a stressful event, such as considering several alternative ways to handle the situation, and active-behavioural as using behavioural attempts to deal with the illness. (Krause, 1993) defined problem-focused coping is any attempt to eliminate the sources of stress in the life of a person with cancer, while attempts to manage emotional stress and to maintain equilibrium were grouped under emotion-focused coping.

Evidence from research suggests that an individual's preferred coping style is influenced by situational and dispositional factors (Carver et al., 1989). However, different coping styles may influence an individual's ability to master, tolerate, reduce a source of stress. Active coping methods include coping efforts that others have referred to as problem-focused, which are directed at altering the person-environment relationship, and emotion-focused which are efforts directed at regulating the emotional response to the situation (Goodkin et al., 1992). Problem-focused coping has been associated with less depression, fewer physical symptoms, improved quality of life and better immune function. Avoidant coping is referred to by some as Emotion-focused coping has been linked to anxiety, depression, emotional and physical distress and poorer quality of life (Swindells et al., 1999). However, in some chronic stress conditions, both problem- and emotion-focused coping appear to have positive benefits of health and well-being (Swindells et al., 1999). Thus, the effects of coping may not depend as much on whether problem or emotion-focused coping styles are used, but rather if active or avoidant methods are utilized, particularly in situations of cancer patients.

Coping through emotional approach (that is, coping through actively processing and expressing emotion; (Stanton et al., 1994; Stanton et al., 2000) may enhance adjustment in cancer patients. The adjustment to cancer indicates that coping through cognitive and behavioural avoidance is detrimental to adjustment and perhaps to health status (Carver et al., 1993; Stanton and Snider, 1993; Epping-Jordan et al., 1994; Jensen, 1987). Given these findings, one would expect that the opposing strategy of actively approaching the stressor through processing and expressing emotions would be beneficial. However, studies with breast cancer patients have not used adequate measures to cope up with emotional approach.

According to Moos (1992), Billings and Moos (1984), Folkman and Lazarus (1985) and Roth and Cohen (1986), the coping approach is similar to problem-focused coping, while avoidance coping is similar to emotion-

focused coping. Seeking guidance support coping strategy and is one of the problem-focused coping strategies.

Personality plays an important role in almost every aspect of the coping process. It has been linked to (Bolger and Schilling, 1991; Bolger and Zuckerman, 1995), the likelihood of engaging in certain coping strategies (David and Suls, 1999; O'Brien and DeLongis, 1996; Watson and Hubbard, 1996), and the effectiveness or outcomes of these coping strategies (Bolger and Zuckerman, 1995; Gunthert et al., 1999).

One model of personality that has been found particularly useful in understanding coping is the two-Factor (Eysenck and Eysenck, 1964). These personality dimensions are Neuroticism (N), and Extraversion (E). Further, it has long been recognized that the behavioural expression of personality traits may differ depending upon situational factors (Magnussen and Endler, 1977). However, the extent to which the role of personality in coping varies by situation has remained relatively unexamined in the coping literature.

Neuroticism (N)

In a study examining coping with a broad set of stressors, we found those higher on N to report lower levels of problem solving, and higher levels of confrontation, escape avoidance, and self-blame (O'Brien and DeLongis, 1996). Consistent with this, in coping with family stressors, those higher on N reported higher levels of interpersonal withdrawal, escape avoidance, and self blame (Lee-Bagglely et al., 2004) as compared to those lower on N. However, those high on N are not necessarily rigid copers, nor do they necessarily lack the ability to cope using a given adaptive strategy. Rather, they appear to choose the wrong strategies, given the particular situation with which they are coping. Across several studies, we have found evidence that, like others, those high on N do vary their coping across situations.

Extraversion (E)

Consistent with the findings of retrospective research on coping (McCrae and Costa, 1986), findings suggest that individuals higher on E appear to be effective and active copers in that they are more likely to use a variety of ways of coping and to do so effectively (Lee-Bagglely et al., 2004; Newth and DeLongis, 2004), including cognitive reframing and active problem solving. In one study we found that those higher on E were more likely to benefit from engaging in cognitive reframing in comparison to those lower on E.

There are very few studies that have explored the relationship between personality and coping strategies. Therefore, to mitigate the lack of empirical research on these topics, the present research has been proposed to

Table 1a. Mode of treatment.

	Chemotherapy		Surgery		Σ
	Extrovert	Introvert	Extrovert	Introvert	
Emotionally stable	15	15	15	15	60
Emotionally unstable	15	15	15	15	60
Σ	30	30	30	30	120

explore the relationship between personality and coping strategies specially seeking guidance and support coping among the cancer patients in India.

METHODOLOGY

Sample

The sample consisted of 120 cancer patients, registered for treatment since last two years for the chemotherapy, radiotherapy and surgery in LNJP Hospital, New Delhi. The age of patients ranged between 20 to 65 years. 60% of the sample had undergone chemotherapy, 40% had undergone radiotherapy, at the time of the study. They were regular visitors for treatment in the hospital. From the point of view of the location of cancer in the body it was heterogeneous ranging from brain tumor to urinary bladder cancer and the diagnosis was confirmed in all the patients. The socioeconomic status of cancer patients centering on lower or middle class and the education level varied from illiterate to Post-Graduate.

Measures

The measure adopted was Coping Response Inventory (Moos, 1992). This measure consisted of 48 items, tapping 8 coping strategies: logical analysis, positive reappraisal, seeking guidance and support, problem solving, cognitive avoidance, acceptance or resignation, seeking alternative rewards, and emotional discharge. The first four coping styles are considered examples of approach coping strategies, and the last four are examples of avoidance strategies. Another measure adopted was Eysenck Personality Inventory (Eysenck and Eysenck, 1964) a 57-item measure designed to assess the personality dimensions of Extroversion (E) and Neuroticism (N). The EPI also includes a Lie scale (L) to identify participants who tend to respond in a socially desirable fashion.

Procedure

The patients were tested individually in the hospital with their written consent. First few minutes were spent in rapport formation, the personal data sheet, which included age, sex, education, occupation, income, marital status, type of cancer and treatment. The testing took approximately one hour and the same procedure was followed for other patients as well. The sample consisted of 120 cancer patients accommodate each of eight cells in the 2x2x2 factorial design.

RESULTS

From Tables 1a and 1b, it was seen that mean seeking

guidance and support coping strategy score of extrovert cancer patients was more than that of introvert cancer patients. Further mean seeking guidance and support coping strategy score of emotionally stable cancer patients was higher than that of emotionally unstable cancer patients. With a view to find out whether the aforestated trends of differences between the mean seeking guidance and support coping strategy scores stated earlier were significant or not, analysis of variance was computed. Its result is mentioned hereunder in Table 2

It has been found from Table 2 that the first hypothesis regarding mode of treatment of cancer patients was retained. It can be said that the mode of treatment of cancer patients did not play any significant role for seeking guidance and support coping strategy differences. The second hypothesis regarding the extroversion of cancer patients was rejected at 0.01 level. The mean value of extrovert patients was 11.45 and introvert patients was 10.03. Similarly the third hypothesis regarding the neuroticism of cancer patients was rejected at 0.01 level. The mean value of emotionally stable patients was 11.85 and emotionally unstable patients are 9.63.

The interaction between the mode of treatment and extroversion was significant, as the F ratio was 43.26. It meant that the Mode of treatment and extroversion trait of patients bring significant effect upon the seeking guidance and support coping strategy scores of cancer patients. Another interaction between extroversion and neuroticism was significant as the F ratio was 5.66. It meant that the extroversion and neuroticism trait of patients bring significant effect upon the seeking guidance and support coping strategy scores of cancer patients.

The significant results of bivariate interaction (mode of treatment x extroversion and extroversion x neuroticism) may be elaborated further using t-test comparison. The computed t- ratios are depicted in Tables 3 and 4 respectively.

It was noted from Table 3 that mean seeking guidance and support score of extrovert cancer patients treated by surgery was significantly higher than that of introvert cancer patients. It meant that Extrovert patients used seeking guidance and support coping strategy better than the patients of introvert personality, if they are treated through surgery.

Again, mean seeking guidance and support score of

Table 1b. Mean and Std. Deviation values of seeking guidance and support coping strategy of cancer patients.

Mode of treatment	Extroversion	Neuroticism	Mean	S. D.	N
Chemotherapy	Extrovert	Emotionally stable	10.53	2.10	15
		Emotionally unstable	9.80	1.82	15
		Total	10.17	1.97	30
	Introvert	Emotionally stable	12.60	1.80	15
		Emotionally unstable	9.60	2.06	15
		Total	11.10	2.44	30
	Total	Emotionally stable	11.57	2.19	30
		Emotionally unstable	9.70	1.91	30
		Total	10.63	2.25	60
Surgery	Extrovert	Emotionally stable	13.73	1.22	15
		Emotionally unstable	11.73	1.39	15
		Total	12.73	1.64	30
	Introvert	Emotionally stable	10.53	2.44	15
		Emotionally unstable	7.40	1.92	15
		Total	8.97	2.68	30
	Total	Emotionally stable	12.13	2.50	30
		Emotionally unstable	9.57	2.75	30
		Total	10.85	2.91	60
Total	Extrovert	Emotionally stable	12.13	2.34	30
		Emotionally unstable	10.77	1.87	30
		Total	11.45	2.21	60
	Introvert	Emotionally stable	11.57	2.36	30
		Emotionally unstable	8.50	2.25	30
		Total	10.03	2.76	60
	Total	Emotionally stable	11.85	2.35	60
		Emotionally unstable	9.63	2.35	60
		Total	10.74	2.59	120

Table 2. ANOVA summary on the seeking guidance and support coping strategy (P < .05).

Source of variation	SS	Df	MS	F	P
Treatment	402.47	7	57.49		
Mode of treatment (MOT)	1.41	1	1.41	0.37	
Extroversion (E)	60.21	1	60.21	15.72	< 0.01
Neuroticism (N)	147.41	1	147.41	38.49	< 0.01
MOT × Extroversion	165.67	1	165.67	43.26	< 0.01
MOT × Neuroticism	3.67	1	3.67	0.96	
Extroversion × Neuroticism	21.67	1	21.67	5.66	< 0.05
MOT × E × N	2.43	1	2.43	0.63	
Error	428.52	112	3.83		
Total	830.99	119			

SS=Sum of square; Df=Degree of freedom; MS=Mean square.

Table 3. Breakup of the significant results of bivariate interaction (Mode of treatment × Extroversion)

S/No.	Mode of treatment	Extroversion	Mean	S.D.	t	P
1.	Chemotherapy	Extrovert	10.17	1.97	1.63	
		Introvert	11.10	2.44		
2.	Surgery	Extrovert	12.73	1.64	6.56	< 0.01
		Introvert	8.97	2.68		
		Extroversion	Mode of Treatment			
3.	Extrovert	Chemotherapy	10.17	1.97	5.49	< 0.01
		Surgery	12.73	1.64		
4.	Introvert	Chemotherapy	11.10	2.44	3.22	< 0.01
		Surgery	8.97	2.68		

Table 4. Breakup of the significant results of bivariate interaction (Extroversion × Neuroticism)

S/No.	Extroversion	Neuroticisms	Mean	S.D.	t	P
1.	Extrovert	Emotionally stable	12.13	2.34	2.49	< 0.05
		Emotionally unstable	10.77	1.87		
2.	Introvert	Emotionally stable	11.57	2.36	5.15	< 0.01
		Emotionally unstable	8.50	2.25		
		Neuroticism	Extroversion			
3.	Emotionally stable	Extrovert	12.13	2.34	0.93	
		Introvert	11.57	2.36		
4.	Emotionally unstable	Extrovert	10.77	1.87	4.24	< 0.01
		Introvert	8.50	2.25		

surgical cancer patients was significantly higher than that of chemotherapy patients. It meant that surgical cancer patients used seeking guidance and support coping strategy better than the patients of chemotherapy, if they are in extrovert nature.

Further, mean seeking guidance and support score of chemotherapy cancer patients was significantly higher than that of surgical cancer patients. It meant that chemotherapy cancer patients used seeking guidance and support coping strategy better than the surgical patients, if they are in introvert nature.

In other words extrovert trait in patients treated by surgery increases the seeking guidance and support coping strategy whereas introvert trait in patients treated by chemotherapy increases the seeking guidance and support coping strategy in them.

In Figure 1 the y-axis is used to show scores on the seeking guidance and support coping strategy scores. Lines are used to connect the means for the two levels of the extroversion factor. That is, one line connects the two means for extrovert (12.73 and 10.17) and another line connects the two means for introvert (8.97 and 11.10). The fact that those two lines are not parallel is an

indication that there is an interaction between the two factors. However, extroversion seems to have a different effect (mean=12.73 and 8.97) at the level of surgery, we say that there is an interaction between the extrovert and introvert at the level of surgery.

In Figure 2 the lines are not parallel, so there is likely to be an interaction. Because the lines intersect, it appears that the two mean of chemotherapy (11.10 and 10.17) are not higher or lower than the two mean of surgery (8.97 and 12.73), so there is no main effect of mode of treatment of cancer patients. However, mode of treatment seems to have a different effect between the two levels of extroversion, we say that there is an interaction between the mode of treatment and extroversion.

From Table 4 it was observed that mean seeking guidance and support score of emotionally stable cancer patients with extrovert trait was significantly higher than that of emotionally unstable cancer patients with extrovert trait. It meant that emotionally stable cancer patients used seeking guidance and support coping strategy better than the emotionally unstable cancer patients.

Again, mean seeking guidance and support score of emotionally stable cancer patients with introvert trait was

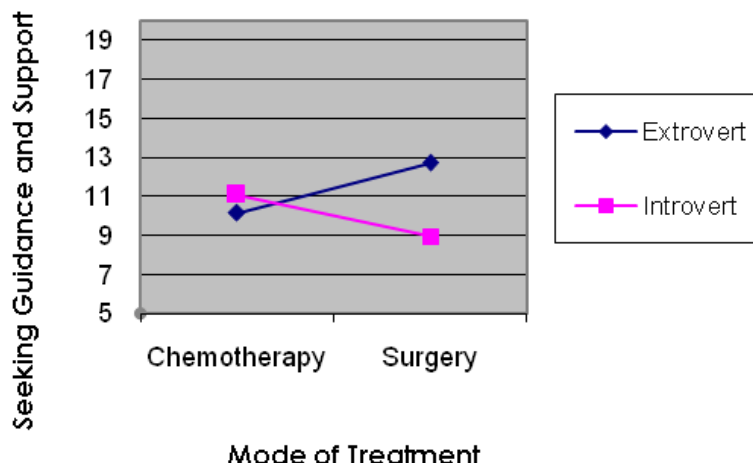


Figure 1. Interaction between extrovert and Introvert at level of mode of treatment.

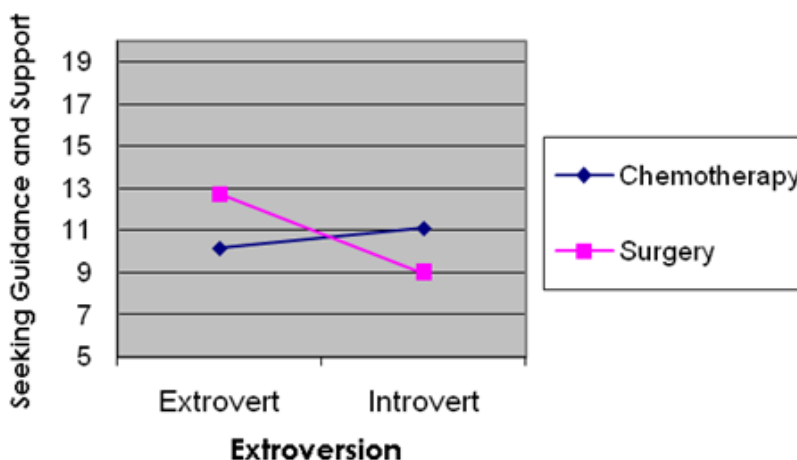


Figure 2. Interaction between chemotherapy and surgery at level of extroversion.

significantly higher than that of emotionally unstable cancer patients with introvert trait. It meant that emotionally stable cancer patients used seeking guidance and support coping strategy better than the emotionally unstable cancer patients.

In other words emotional stability of cancer patients independent of their extroversion trait of personality promotes seeking guidance and support coping strategy in cancer patients.

Further, mean seeking guidance and support score of extrovert cancer patients with emotionally unstable was significantly higher than that of introvert cancer patients with emotionally unstable. It meant that extrovert cancer patients with emotionally unstable used seeking guidance and support coping strategy better than the introvert

cancer patients with emotionally unstable.

In other words, extrovert trait of personality in neurotic cancer patients increases seeking guidance and support coping strategy.

In Figure 3 the both lines are not parallel, so there is likely to be an interaction. It appears that the two mean of emotionally stable (12.13 and 11.57) are higher than the two mean of emotionally unstable (10.77 and 8.50), Neuroticism has an effect on seeking guidance and support coping strategy. However, since neuroticism seems to have a different effect between the two levels of extroversion, we say that there is an interaction between the extroversion and neuroticism. Note that the two profiles deviate from paralleling each other, the interaction effect.

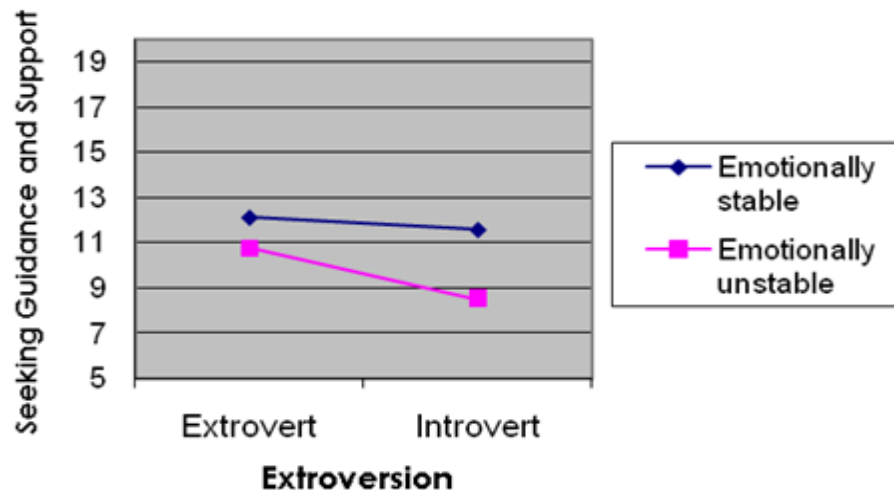


Figure 3. Interaction between emotionally stable and emotionally unstable at level of extroversion.

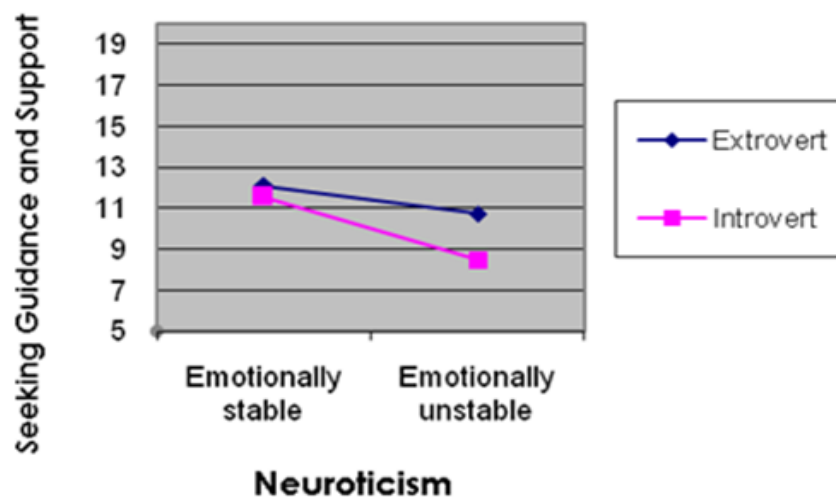


Figure 4. Interaction between extrovert and Introvert at level of neuroticism.

In Figure 4 the both lines are not parallel, so there is likely to be an interaction. It appears that the two mean of extrovert (12.13 and 10.77) are higher than the two mean of introvert (11.57 and 8.50), Extroversion has an effect on seeking guidance and support coping strategy. However, extroversion seems to have a different effect (mean=10.77 and 8.50) at the level of emotionally unstable, we say that there is an interaction between the extrovert and introvert at the level of emotionally unstable.

DISCUSSION

The result of the present study showed that the extrovert cancer patients used seeking guidance and support

coping strategy (Morasso et al., 1996) because they were optimistic, sociable, and enthusiastic; therefore, extrovert patients spent most of their time with other persons or family members (Eysenck and Eysenck, 1964). In this same time they have greater opportunities of interaction due to which they shared their feelings and consulted about their disease and coping strategies. These types of patients always use behavioural attempts to seek information, guidance or support from others. Similarly emotionally stable cancer patients used seeking guidance and support coping strategy to seek information, guidance or support from others (Behen and Rodrigue, 1994; Chen et al., 1996; Huang and Shen, 2000). In other words they might have used seeking guidance and support coping strategy because these patients were

calm, and low even tempered persons. Therefore a number of investigators have examined the relation between coping style and functioning among cancer patients (Stanton et al., 1994, 2000). Seeking guidance and support may also temporarily be a problem-solving resolution. Supportive family members and friends may minimize patients' problems. Moreover seeking guidance and support is not the same as receiving it; distress individuals may request help from those who cannot or will not assist them (Moos, 1992).

The impact of social support and guidance on cancer patients have suggested that social stress decreases, where as social involvement increases the length of time the patients survives and is related to positive coping or approach coping or seeking guidance and support coping strategy and adaptation among the patients. Emotional support by family members inculcates a sense of well being in cancer patients. Wortman et al. (1979) suggested that social support might constitute important resource in coping with cancer. Emotional support refers to behaviour, which assures an individual that his personal feelings are understood by others and considered normal in his situations.

Conflict of Interests

The author(s) have not declared any conflict of interests.

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The background of the entire page is a dark, textured surface. In the center, there is a close-up of a microscope lens, which is out of focus. To the right, a glowing yellow light bulb is visible, also out of focus. The overall aesthetic is scientific and academic.

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