

Comparative Study

Psychological Resilience- A Comparative Case Study among Two Women Cancer Survivors

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ABSTRACT

Psychological resilience is one's ability to adapt to stressful situations. Diagnosis and treatment of cancer have a profound effect on mental health. Still, there are people who show remarkable mental strength to overcome adversity. The purpose of the study was to understand the “resilience process” among women who are surviving cancer. For the comparative case study, two women with high resilience were screened using the Brief resilience scale and an interview. They deferred to socioeconomic background. Environmental factors, mental operations, and developmental factors have been identified as key components in building resilience against cancer. Study have compared the supportive factors for each participant as well as their challenges and learn about the interaction process. Identified resilience characteristics coded with reference to Cannon-Davidson resilience scale. In both cases, their adversities interacted with their supportive elements, resulting in resilience to cancer. These resilience processes of participants differed according to their interactions with adversities and protective factors. The study recommends more qualitative studies in the resilience process in cancer survival.

Keywords: *Resilience, Women Cancer Survivors, Adversities, Protective Factors, Coping Strategies, Developmental Factors, Resilience Process*

Resilience can be characterized as “the developable capacity to rebound or bounce back from adversity, conflict, and failure or even positive events, progress, and increased responsibility” (Luthans, 2002). Resiliency is unpredictable – as construct, it's anything but an alternate significance between individuals, organizations, and societies. Individuals could be stronger at one point in their lives, and less during another, and they might be stronger in certain part of their lives than others (Southwick, 2014)

Resilience can be conceptualized as both a developmental process and a dynamic capacity. It is more than a personality trait. Modern resilience research is being applied to a broad range of systems- ranging from children and families to institutions and societies. Resilience will explain simply as a person's ability to bounce back from a challenging life event. Resilience research has an important implication in the areas related to vulnerability reduction and

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mental health interventions, as it is a multifaceted factor that varies with context, time, age, gender, and cultural origin, as well as, within a person under different social conditions

REVIEW OF LITERATURE

The Resilience Theory

Early resilient studies primarily focused on the personal qualities of “resilient children”, those exposed to psychopathology (Masten and Garmezy 1985). Researchers gradually identified that resilience may often derive from various external and internal factors. Systematic research led to the delineation of three important factors implicated in the development of resilience: These include (1) child’s personal attributes (2) family and socialisation (3) wider social environment (Masten and Garmezy 1985; Werner and Smith 1982, 1992).). According to Masten (2005) resilience is “a class of phenomena characterized by good outcomes in spite of serious threats to the adaptation of development”. In the opinion of Rutter (1987), a psychiatric risk researcher, who has given a lot of contributions in resilience research states that “the term is used to describe the positive tone of individual differences in people’s response to stress and adversity.” Janas (2002) emphasised “the term as the ability to bounce back from adversity, frustration, and misfortune.”

Resilience research conceptualized the relation between the risk conditions and how people respond to them, the interaction between these adversities and protective factors in each person's life situations, will explain the resilience process and pathways. Understanding the process of resilience requires clear operational definitions of both adversity and positive adaptations. Contemporary models of resilience explicitly recognize adversity and competence, as well as those processes. This paper analyses the characteristics factors of resilience in two selected women cancer survivors to understand the scope and relevance of an in-depth qualitative study in this area.

Resilience in Cancer Survivors

There is an inextricable connection between mental and physical health. Cancer diagnosis and treatment have substantial repercussions on individuals’ mental health. Resilience is a character strength that is likely to positively impact a person’s health, well-being, performance, and achievement (Cassidy 2016,). Despite the considerable distress with cancer diagnosis and treatment, many cancer patients demonstrate remarkable resilience (Seiler Annina, Jenewein Josef 2019). Cancer resilience is the ability to overcome and cope with cancer's diagnosis, treatment, and life after cancer. Cancer diagnosis and treatment are a prolonged process and a phase of a hard time. Despite this, cancer survivors considerably exhibit high levels of resilience. According to some literature evidence, resilience is an important area for cancer patients because it may provide protection against the negative effects of mental trauma by limiting or absorbing the shock of a sudden cancer diagnosis, the impact of stressful circumstances, and related life changes (Seiler Annina, Jenewein Josef 2019). These resilience factors help to improve mental health along with better treatment outcomes. A growing body of literature has conclusively linked resilience, in both cancer patients and survivors, with better adjustment to the disease, higher quality of life, better mental health, and treatment outcomes (Rowland and Baker 2005). Cancer patients with higher resilience, may experience lower psychological distress and be physically more active. Evaluating levels of resilience in cancer patients then tailoring targeted interventions to facilitate resilience will help improve the effectiveness of psychological symptom management interventions.” (Martin Matzka 2016)

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Studies have shown that survival of cancer can be promoted for personal growth, as well as improved mental and emotional well-being. Even though not everyone reacts to the hardships in the same way, some are more resilient than others (Chan et al. 2006). Understanding which factors differ between cancer patients, as well as cancer survivors who experience psychological growth from those who do not, might have important clinical implications and guide interventions to help cancer patients and survivors deal with the psychological difficulty of dealing with their cancer experience (Ruini et al. 2013; Danaher et al. 2013). It becomes clear when learning about resilience that it mediates the relationship between coping strategies and the quality of life.

Need for a Resilience Study in Women Cancer Survivors

Population-based studies on breast cancer in India have shown five-year survival rates ranging from 42-62% (Jignasa Sathwara,2016). There are a number of factors influencing the survival rate and quality of life among women cancer survivors, such as; stage of diagnosis, age, education, marital status, pregnancy and economical background. Moreover, the general perception that women have more mental strength than men opens up a possibility to study resilience among them.

Individual resilience, coping strategies, and wellbeing are directly related. An in-depth qualitative study about the same among resilient cancer survivors might help those people who face difficulty to cope with cancer diagnosis and treatments. Women are generally vulnerable in Indian society. Cancer-like conditions may make most of them more vulnerable and unable to respond effectively to the disease conditions. Many popular women in mainstream society who have survived cancer also appear to be more empowered and also show post-traumatic growth. A study among ovarian cancer survivors finds that cancer coping was a powerful factor that influenced PTG (Post Traumatic Growth), and reduced stress. (Jeong Min 2020)

Psycho-social intervention is a cost-effective approach that can improve a patient's psychosocial health and quality of life. Hence, strong evidence-based studies are needed to understand the psycho-social health and resilient pathways of people who are surviving cancer, and design possible intervention strategies based on it. Exploring the relationship between the adversities and survival coping can enhance our understanding about resilience, which can ultimately lead to better psychosocial intervention for resilience.

Sample

This study adopted the Comparative case study method. Two Women cancer survivors from Kerala have opted for the analysis. They were chosen after an initial interview was conducted followed by resilience screening. Although both are highly resilient at the time of assessment and with strong resilience behavior in communication and health behavior, they differed in their socio-economic circumstances. The content of the in-depth interviews was analyzed through the Comparative case study method. CD-RISC was used to code the resilience characteristics of the subjects.

Instrument

Two measures were used in this study,

Brief Resilience Scale: BRS designed to measure resilience by including both positively and negatively worded items. Scores on the BRS range from 1 (low resilience) to 5 (high resilience).

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CD-RISC: CD-RISC developed with the assumption of its importance of treatment outcome of mental distress. Content of the scale developed with the help of many other previous research works. CD RISC 25 is a self-administered scale containing 25 items that exhibit good psychometric properties (Connor and Davidson.2003). The Connor–Davidson Resilience Scale has been administered in several studies that evaluated resilience in cancer patients. Data obtained with the CD-RISC in cancer patients, demonstrating that cancer patients who express greater resilience experience (Markovitz SE, Schrooten W, Arntz A, Peters ML 2015).

The following represents the items/characteristics of resilience for the 25 items CD-RISC scale (Connor and Davidson 2003). This case study used these characteristic checklists while examining the resilience behavior in both cases. Those are,

“1. Able to adapt to change 2 Close and secure relationships 3 Sometimes fate or God can help 4 Can deal with whatever comes 5 Past success gives confidence for new challenge 6 See the humorous side of things 7 Coping with stress strengthens 8 Tend to bounce back after illness or hardship 9 Things happen for a reason 10 Best effort no matter what 11 You can achieve your goals 12 When things look hopeless, I don't give up 13 Know where to turn for help 14 Under pressure, focus and think clearly 15 Prefer to take the lead in problem solving 16 Not easily discouraged by failure 17 Think of self as strong person 18 Make unpopular or difficult decisions 19 Can handle unpleasant feelings 20 Have to act on a hunch 21 Strong sense of purpose 22 In control of your life 23 I like challenges 24 You work to attain your goals 25 Pride in your achievement.”(Connor and Davidson 2003)

Procedure

The two case studies of cancer survivors who were screened with high resilience on the Brief Resilience Scale and primary interviews (>4.3) were included in the study. Information was collected through extensive in-depth interviews with the researched women, their immediate families, and caregivers. Using a comparative case study format, the data have been interpreted and discussed. Study have compared the supportive factors for each individual as well as their challenges. Learn about the interaction process by comparing these factors. Identified resilience characteristics coded with reference to CD RISC.

Major Research Questions

- How did you cope with the cancer diagnosis?
- What made you survive the cancer, what were all the challenges? What are your strengths?

(a) Case study of 001 (4.3 high resilience score in BRS); a 41-year-old housewife in Kerala, Kollam district, a mother of two, who survived second-stage breast cancer shared her experience of overcoming the impact of cancer with her determination and family support. When she found an abnormal lump in her left breast, she informed her husband. He immediately directed her to seek medical attention and confirmed she had breast cancer. She underwent mastectomy (breast removal surgery) in 2016 The news of her cancer diagnosis was so scary that it took weeks for her to cope up with the reality. She replied, "When the illness was confirmed, I was anxious about my husband and children. I thought I would die soon." She was financially dependent on her husband. She didn't have many friends outside. She had a very strong emotional bond with her husband and kids. She was reluctant to undergo surgery initially, however, her family persuaded and finally she had her surgical treatment. She was able to get back to life with the love and support of her husband and

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children. She added that as a homemaker, she had misconceptions and qualms (like breast removal) about cancer. She was conscious of her body deformation after surgery. She said, "I do not have many friends. I wanted to talk to someone in a way that would bring peace. And then in the hospital, I met doctors, nurses, and also some bold survivors who already went through those experiences and surgeries, they all helped me to convince myself. It really helped me, I had hope". The person I was always indebted to was my husband. He had become more caring and protective. He was always with me to believe in therapies and survive its struggles".

She said that cancer was an eye-opener as it aids in a profound understanding of the value of family relationships. Initially, her diagnosis altered the whole family's rhythm and affected everyone in one way or another. Frequent hospital visits and her inability to handle household chores also altered her husband's career. She no longer wanted that situation to prolong and was determined to recover quickly. She also stated that her strong belief in divine power abetted her in adversities and made her prouder and more confident in her recovery. Furthermore, she also added that she fought with a lot of struggles throughout her life. The loss of her mother at a very young age had greatly impacted her, and she did not want the same situation to happen to her children. She shared that while recovering from cancer, she used to advise her children that they need to gain the strength to survive on their own without being overwhelmed by circumstances. She shared that cancer has made her a stronger person. Furthermore, she pointed out how important it is for women to take care of themselves and maintain a healthy lifestyle, which most women around us ignore. Likewise, she is very regular in her routine health check-up and very much conscious about the body's warnings of post-cancer health. She always seeks expert advice on anything concerned with her health now. At the same time, she is becoming more vigilant towards the family members' health and lifestyle too. The clear evidence of post-traumatic growth was quite apparent in this case. This kind of detailed empirical investigation in the resilience process in cancer survivors will contribute largely to resilience study.

(b) The Cancer Survival Story of 002, 55-year -old Balammal, (BRS score 4.6) clearly reveals her resilience journey. She is a proud woman who has fought throughout her life. She is an outpatient at an NGO named, "Rajeshwari foundation for palliative care", Trivandrum District, Kerala. Balammal, who was abandoned by her husband in her late twenties, with 3 children aged 10,8 and 6 respectively. She took up the job of sewing to find means for her daily bread and survival. Balammal was diagnosed with endometrial cancer in her early forties. She was referred to the 'Regional Cancer Centre' (RCC, Trivandrum, Kerala) after scanning in the district hospital and there she got the best awareness regarding her medical condition and the kind of medical help she needed from her doctor. She said, "If there is a death, that must happen without much suffering. So, I always take care of myself to the best extent possible, along with finding means to sustain my family". She had a life full of struggles and firmly believed that those experiences made her daring. She was born in a poor family in Thambaram, a small place in Tamil Nadu. She completed her 11th standard in a village school. She remembered her school days when she was good at Mathematics. She was forced to marry a person from Trivandrum, Kerala who was there in her place seeking some job. After a few years of marriage, she came down to Kerala with her husband and gradually disconnected from all relations in her native place. She was never cared for by her husband neither emotionally nor financially and finally abandoned her with three kids. One of her maternal uncles financially helped her initially to survive. She said, "Yes, I was going through very bad circumstances, I don't know how I survived? God was always with me, one way or another. I never give up, I have to take care of my kids' ". She also added that

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her emotions could be handled by herself without being dependent on anyone. In her words *“I was not frightened by the cancer diagnosis. I trusted my doctor. I believed RCC could provide me with the best treatment and I will be fine. I accepted my condition and underwent all the radiation, surgery, and Chemo. I follow all the lifestyle regulations in food and medication. It is 10 years now since I have been diagnosed with cancer, yet not had any issue related to that. Now I am worried about my weakening body because I am not able to sit and work for long. I am here to consult the doctor, anyway, we have to accept this too. Right?”* She is an outpatient of a palliative care center at Trivandrum -Rajagiri foundation, an NGO working for the underprivileged. Now, she is going through a phase of deteriorating health but she shows extraordinary mental strength. In the case of Balammal, her support system was so pathetic as to fight her day-to-day challenges and cancer sufferings. When she was diagnosed, her doctor in the government hospital mentally supported and guided her to find the best medical help. She was undergoing hysterectomy during cancer treatment and found that community care facilities were helping her immensely to maintain her medicines, treatments etc. She found friends in the NGO Palliative care who were having similar physical struggles. The NGO was providing free doctor consultations, medicines, psychological and financial support to her. Amidst all those struggles, she ensured that her children should get a proper education. Her son is currently working in a pharmaceutical company. Her daughters were married. She was currently staying with one of her daughters. She concluded the conversation by saying that *“I believe, I am capable of finding own peace and good health until god helps me remind me the same “*

The comparative analysis of these two cases is approached in two ways, i.e., how a resilient person copes with cancer situations and how a person who shared “cancer made me stronger” became a highly resilient person along with cancer survival.

Here, these two survival stories have some notable differences in terms of their support system that equips them to fight cancer situations. In the first case, she develops herself into a resilient person at the stage of cancer, while the other one gradually develops into a resilient person throughout the struggles of life, and cancer is just another adverse situation for her. During a common crucial health challenge, the two used their best coping strategies with the help of their available protective factors.

However, in both cases, there are notable differences in their psychological and environmental protective factors, when concerned with the acceptance of the disease condition and the preparation of the mind to survive.

The CASE 001, she screened with a high resilience score, her case study identified her psychosocial system, developmental psychological factors, and during a cancer diagnosis. She also explained how she overcame her adverse circumstances to recover quickly.

As shown in Figure 1, her cancerous condition became more debilitating with her challenging psychosocial factors. However, when receiving the right support factors at the right time she was able to overcome all her adverse circumstances. In her case, challenges such as fear of death and anxiety about the life of her spouse and children without her became a basic support / self-motivating factor and it interacted with other support factors at the time. Throughout this battle, her confidence, determination, and emotional control further developed. Her pride as a cancer survivor is kept enhancing her resilience approach towards life. So, her cancer was a turning point in her personal growth.

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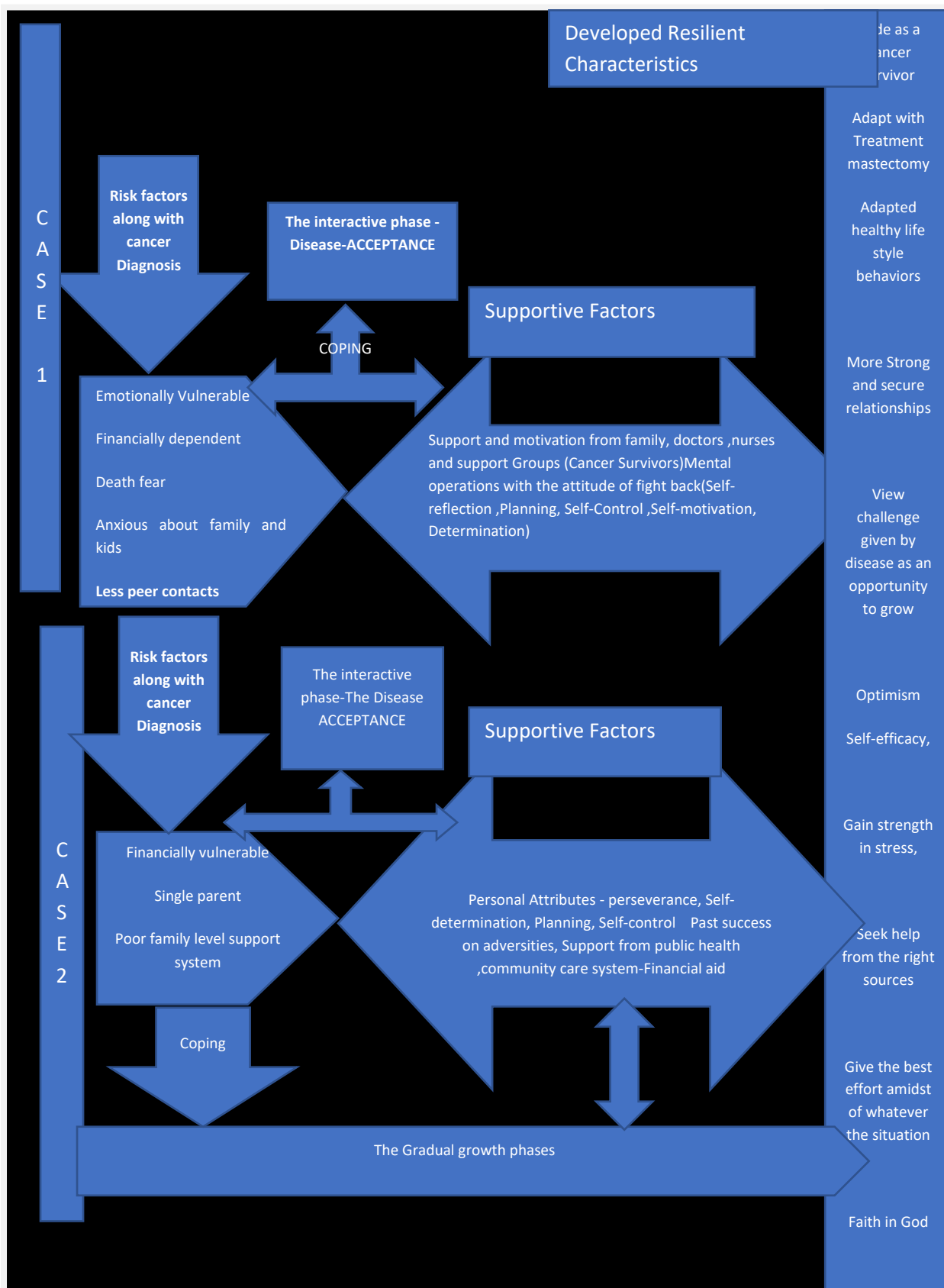
Rutter (2013-2017) a resilience theorist had explained “a turning point effect” in his theories of resilience. “Turning point experiences are those incidents in adults’ life where there is a discontinuity with the disadvantaged past options and provide new options for constructive change” (Rutter2013). Rutter also explained the importance of social and family relationships that protect against emotional challenges. He also highlighted certain individual mental operations; like planning, self-control, self-reflection, sense of agency, self-confidence, and determination. In his opinion, individuals with these mental attributes can act as the strongest supportive factors to overcome challenges other than environmental protective factors.

Balammal: In the case of Balammal, those mental operations were quite evident in her narrations. In the same way, Rutter proposes that it may be the individual’s mental features that alter how they deal with adversity. She is a woman with strong determination, self-confidence, and an attitude of ‘never giving up. Here, the gradual developmental factors themselves are her resilience characteristics’. The community/public health system was a rescue force throughout her cancer diagnosis treatment and aftercare. Financial help was a key factor in her case, which helped her to keep on track in her resilience journey. Norman Garmzey (1984) developed models of resilience through his research works, in his “Protective Vs Vulnerability model”. There he talks about the interrelationship between stress and individual attributes. The relationship of stress with outcome varies depending on the level of those personal attributes under consideration.

In the case of Balammal, those mental operations were most evident in her narratives. Her psychological resilience factors help her fight off cancer. Likewise, Rutter suggests how individuals deal with adversities may be altered by psychological traits. The results confirmed that Balammal is a determined and confident woman and a person who has constructed resiliency through her past experiences. The community / public health system has been a lifeline for her throughout her cancer treatment and care. Financial aid was an important factor in her case, which helped to keep her on the survival track. Norman Gormsey (1984) developed models of resistance through his research work, in which he talks about the "Protective vs Vulnerability Model”, the correlation between stress and individual attributes, and the relationship of stress to effect varies depending on the level of individual attributes under consideration.

So, her environmental factors acted as a support system in the first case. The developmental factors, personal mental operations, and also the community health were the supportive elements in the second case.

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CONCLUSION

The study identified the impact of environmental factors, individual mental operations, and developmental factors in building resilience characteristics against cancer. Acceptance of

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disease conditions was the turning point of survival in these cases and they have found their best coping strategies. They make hope when they have got the proper information about their illness at the right time. An analysis of the first case study revealed her psychological vulnerability, which she survived with the help of her family and motivation from other cancer survivors. Her acquired mental attributes during the phase enabled her to respond effectively to difficult circumstances. In the second case, a woman with a vulnerable childhood, a broken marriage victim, and a single parent of three -displayed resilience throughout her life. She survived because of her resilient traits. In both these cases, their adversities interacted with their supportive elements, it developed resiliency against cancer and that leads to survival. This study recommends more qualitative studies in the resilience process in cancer survival.

This study sheds light on the importance of an in-depth analysis of resilience paths and processes, which could contribute to helping in the area of psycho oncology with an effective intervention. Both environmental supporting factors and individual mental attributes have an equal and important role in the development of resilience which is most favorable for a positive treatment outcome and survival longevity in cancer care. This study recommends a more in-depth qualitative approach to understanding stress factors, protective factors, coping strategies, and their interaction with the effectiveness of the outcome. The process of resilience construction in individuals and communities can better be explained by the theories of Developmental psychology and social psychology.

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Conflict of Interest

The author declared no conflict of interests.

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