International Journal of Innovative Technology and Exploring Engineering (IJITEE)
ISSN: 2278-3075 (Online), Volume-8 Issue-12, October 2019

Coping Strategy in Differentianting Levels of Post-Traumatic Growth on Housewives Living with Breast Cancer

Zuardin, Amran Razak, M. Alimin Maidin, Muhammad Tamar, Ahmad Yani

Abstract*: The psychological state of a person will be affected when they are diagnosed with cancer and this condition will actually worsen the physical condition of the patient. However, many breast cancer sufferers are able to face this stressful situation positively, and they experience post-traumatic growth. They did a series of coping strategy when they had cancer and some of these strategies were able to influence their post-traumatic growth. The current study aims to investigate and to understand how different coping strategy can affect the level of post-traumatic growth of housewives with cancer. This study used a descriptive-explorative qualitative approach with eight women with breast cancer completed surveys using the Posttraumatic Growth Inventory (Tedeschi& Calhoun). The coping strategy was obtained using an interview. The results of the present study indicate that sufferers performed different coping strategies and this affects their level of post-traumatic growth. Respondents with high post-traumatic growth exercise a problem-focused coping i.e. positive reappraisal and emotion-focused coping strategy, i.e. seeking social support when they first learned about the condition of their disease. Respondents who had low post-traumatic growth, on the other hand, did emotional-focused coping strategies, which isavoidance and distancing when they first learned about the condition of their illness. This study also found several factors that influence patients' strategy. There are differences in the Coping pattern Strategy used by housewives with breast cancer in terms of differences in levels of post-traumatic growth it has. The pattern of coping strategy that is carried out for the first time by housewives with breast cancer could lead themto be in a variety of post-traumatic growth conditions.

***Keywords*: Coping Strategy, Post-Traumatic Growth, Breast Cancer.**

I. INTRODUCTION

Cancer is the leading cause of death worldwide in both developed and developing countries [1]. However, the burden of cancer ismore prevalent in developing countries [2].

Revised Manuscript Received on October 30, 2019.
***** Correspondence Author
Zuardin*, Public Health Doctoral Student at Hasanuddin University, Makassar, Indonesia & Faculty of Psychology and Health Science, UIN Sunan Ampel Surabaya, Indonesia.
Amran Razak, Department of Administration and Health Policy, Faculty of Public Health, Hasanuddin University, Indonesia
M. Alimin Maidin, Department of Hospital Management, Faculty of Public Health, Hasanuddin University, Indonesia.
Muhammad Tamar, Department of Psychology, Faculty of Medicine, Hasanuddin University, Indonesia
Ahmad Yani, Department of Health Promotion, Faculty of Public Health Universitas Muhammadiyah Palu, Indonesia

Research conducted in Malaysian's urban areas on breast cancer patients showed that patients experienced anxiety as much as 31.7% and depression as much as 22.0%. Patients who did not experience adequate financial support usually tend to experience depression [3].
Shont explained that a person would automatically experience shock when he found out he was suffering from a serious health problem, such as whensomeone diagnosed with breast cancer [4]. This condition is then called as a stressful event [5].
The current study aims to investigate and to understand how different coping strategy can affect the level of post-traumatic growth of housewives with cancer.

II. METHODOLOGY

This study used qualitative methods with descriptive-explorative design. The design was considered in accordance with this study which aims not only to describe the form of coping strategy used by housewives with breast cancer with different levels of post-traumatic growth, but also to explore what factors cause these differences.
There aretwo types of analysis unit used, those arecoping strategy and post-traumatic growth. a) Post-Traumatic Growth is a condition where housewives with breast cancer become more appreciative of the life lived, more recognizes one's ability to be more familiar with people in their environment, more diligent in worshiping and other religious activities, and living their life in new ways, after knowing their status of breast cancer is obtained using the Post-Traumatic Growth Scale from Tedeschi and Calhoun [6]. Coping strategy is an effort made by housewives with breast cancer after being diagnosed with breast cancer in order to reduce the pressure experienced [7].
The population in this study was housewives with breast cancer who underwent treatment at the Hasanuddin University Teaching Hospital Makassar. The sample was selected using a purposive sampling technique with certain considerations. The characteristics of the sample are as follows: 1) Residing in the city of Makassar, 2) Following treatment at Hasanuddin University Teaching Hospital Makassar, 3) Willing to be interviewed.
The data in this study were collected through scaling and interviewing the subject. First,the researchermeasured the levels of post-traumatic growth by using the Post Traumatic Growth Inventory (PTGI) from Tedeschi and Calhoun [6]. This scale has previously been translated into Indonesian and by testing the content validity of three experts and the readability test.

After obtaining post-traumatic growth level data, interviews then were conducted on the subject in the form of semi-structured.

In this interview, the researcher prepared an interview guide based on the Coping Strategy theory of Lazarus and Folkman [8].

III. RESULT

This study involved 8 respondents of housewives with breast cancer, two people aged 31 years old, two people aged 35 years old, two people aged 36 years old, one person aged 38 years old and one person aged 39 years old.

Based on the background of their tribes, it can be seen that the respondents of this study consisted of 4 people from Bugis tribe and 4 people from Makassar tribe. In terms oftheir religious profiles, all respondents embraced Islam. As for the first year diagnosed with breast cancer as many as two respondents experienced it in 2007, while 6 others each experienced it in 2008, 2010, 2011, 2013, 2016, and 2018. For more details, an explanation regarding the personal profiles of all respondents can be seen in table 1

Table 1. General Characteristics of Respondents

Name	Age	Occupation	Religion	Tribe	Year Diagnosed
VR	31	Housewife	Islam	Makassar	2007
ER	31	Housewife	Islam	Makassar	2007
YS	35	Housewife	Islam	Makassar	2008
PR	35	Housewife	Islam	Makassar	2010
LM	36	Housewife	Islam	Bugis	2011
UM	36	Housewife	Islam	Bugis	2013
AR	38	Housewife	Islam	Bugis	2016
YL	39	Housewife	Islam	Bugis	2018

This study required groups of respondents with varying levels of post-traumatic growth through purposive sampling technique using the assistance of the scale of post-traumatic growth from Tadeschi and Calhoun given to each respondent. From this, the categories of High (H) and Low (L) with N = 2 were obtained for each of these categories, then further interviews will be carried out in order to collect qualitative data in accordance with the formulation of the problems of this study. So that, for the next discussion, the sample in this qualitative study were 4 people. More details can be seen in table 2

Table 2. Charateristics of Respondents based on Post-Traumatic Growth Levels

Category	Code of Respondent	Score of Post Traumatic Growth
High	HA	105
	HB	98
Low	LA	63
	LB	67

Results Description of Respondents HA and HB

Coming from a family background of the police, she explained that since childhood she had been taught to be a strong and not whiny person [9]. This can be seen from the statement as follows:

"Perhaps, basically if there is a problem, I will not prolong it because I am used to it since my childhood, I am used to being trained from my previous family and my father, my mother had died when I was child…" (153-155, HA)

"It might be because I am from police family, my father is policeman, my elder brothers were policemen, the three are policemen, so that perhaps I am educated not to be whiny…" (192-194, HA)

When HA was diagnosed with breast cancer, trying to do self control,it madeher did not get panic when she got diagnosed. In fact, she tried to find a drug that must be consumed at that time. The effort she made was then called planful problem solving [10, 22], as stated in the following:

"I am not surprised, just let it flow (while laughing). He was surprised, maybe he waited how my response, I rampaged or cried but I did nothing," just response like that'. "so, how about it, Sir?" (1011-1014 HB)

".....oh yes, Sir, I still call you with Sir …, yes, Sir. So, what should I do next for the treatment?" (62-64 HB).

HA explained what she understood at the time to her biological family, she also tried to give understanding to her family so there would be no misunderstanding about her condition at that time. Even this can be called an attempt to seek social support coping which is one type of emotional focused coping where individuals seek social support for themselves who are in a stressful condition so as to relieve the burden they have [11], as stated in the following HA:

"At what time… I beg for permission, uh, with my family, with my parents-in-law especially, what information I have received I also tell them so they know too….*"(173-175, HA)*

*"*I ask with my friends here to give the explanation with my family, please to tell them that this disease is not contagious," (368-371, HA).

Results Description of Respondent LA and LB

When LB was first diagnosed, she felt very sad, disappointed in herself and did avoidance and anger at God for the fate she received from cancer [12, 18]. But she cannot do anything. This can be seen from the following quote:

"At first I felt it, I must be angry with God, why did God give my fate this disease....." (331-332 LB)"

She was afraid to undergo treatment that must be received for life, making her prefer to use efforts to distance by thinking first or in other words delaying treatment [13, 19, 21]. This can be seen in the following quote:

"At the time, I have had the disease, I was advised to take medicine, or chemotherapy, but I had not done chemotherapy yet. Yeah because I heard it has a lot of the side effects, so I was scared."(1024-1026 LA).

IV. DISCUSSIONS

Based on the results that have been obtained by comparing groups of high and low levels of post-traumatic growth, then it is known that groups of respondents who are at a high level of post-traumatic growth are more likely to develop problem focused coping efforts.

In addition, high groups are also known to develop emotional-focused coping efforts in the form of seeking social support and positive reappraisal.

These findings are in line with the research conducted by Ramos and Leal [14] who stated that the problem focused coping and emotional-focused coping strategies both have positive correlations to the high levels of post-traumatic growth a person has. It is also found that coping strategies are positive, in this case positive reappraisal coping and seeking social suppport coping are also significant predictors in influencing post-traumatic growth levels.

In the high group, it can also be seen that the two respondents from the high group were kind to God with the fate given to them, because they had the presumption that they were being given time by God to better improve themselves in order to become a better person. The strategy carried out by these high respondent groups can be categorized as a form of religious coping in the form of a wise assessment of God. Research conducted by Chan and Rhodes [15] found the contribution of religious coping in order to increase the level of a person's post-Traumatic Growth. So it is not surprising to see HA and HB at high levels of post-traumatic growth.

Avoidance strategies that tend to be carried out by groups of respondents with low levels of post-traumatic growth are supported by research from Sahin, Z. A et al [16] who stated that the form of coping strategy that is highly correlated with low levels of Post-Traumatic Growth is a form of avoidance. Avoidance Coping as a form of someone's rejection of her condition is indeed inversely proportional to the concept of Post-Traumatic Growth.

This is seen in what happened to the Low Post Traumatic Growth group. It is known that the respondents were very closed to the status of the disease because they were worried that they would get rejection from family and society [17, 20]. When it is compared to the respondents from the high Post-Traumatic group, there was no apparent internalization of the cancer stigma in them. Even though both of them had felt discrimination over their status as cancer sufferers, they did not internalize this matter and instead preferred to deny the stigma circulating in the society with confidence to appear in front of many people to socialize it.

V. LIMITATIOS

Respondents for this study, although in terms of population in large numbers, but many breast cancer survivors are not willing to conduct in-depth interviews due to the status of their illness.Therefore, there are not many respondents involved. This study used a qualitative approach, so that it cannot be known about the correlation or influence of each form of coping strategy or the factors that influence it to the levels of post-traumatic growth and aspects of PTG on housewives with breast cancer.

VI. CONCLUSIONS

There are differences in the Coping pattern Strategy used by housewives with breast cancer in terms of differences in levels of post-traumatic growth it has. The pattern of coping strategy that is carried out for the first time by housewives with breast cancer could lead themto be in a variety of post-traumatic growth conditions.

The group of housewives with breast cancer that apply the problem focused coping effort for the first time in facing her condition as an individual diagnosed with breast cancer was found to be better able to deliver it to a high post-traumatic growth condition. In addition, the form of positive reappraisal coping and seeking social support coping that has been developed by housewives with breast cancer can lead her to make peace with herself so that she has high post-traumatic growth after being diagnosed with breast cancer.

The group of housewives with breast cancer are more likely to apply emotional focused coping strategies, especially in the form of avoidance and distancing coping when they first find out their condition as cancer sufferers, it seems more difficult to deliver themselves to post-traumatic growth conditions, so they are still at post Low -traumatic growth.

REFERENCES

1. International Agency for Research on Cancer, 2013. Latest world cancer statistics Global cancer burden rises to 14.1 million new cases in 2012: Marked increase in breast cancers must be addressed. World Health Organization, 12
2. Roshandel, G., et al. Pilot study of cytological testing for oesophageal squamous cell dysplasia in a high-risk area in Northern Iran. British journal of cancer. 2014, 111(12): 2235.
3. Hassan, Mohd Rohaizat, et al. Anxiety and depression among breast cancer patients in an urban setting in Malaysia. Asian Pac J Cancer Prev . 2015, 16.9 : 4031-5.
4. Carr, D., & Umberson, D. The social psychology of stress, health, and coping. In Handbook of social psychology. Springer, Dordrecht. 2013, 565-587
5. Irwin, Blair, et al. Patient experience and attitudes toward addressing the cost of breast cancer care. The oncologist 19.11. 2014, 1135-1140.
6. Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2014). Handbook of posttraumatic growth: Research and practice. Routledge.
7. Rice, V. H. (Ed.). Theories of stress and Its Relationship to Health. In Rice, H. V. (Eds.), Handbook of stress, coping, and health: Implications for nursing research, theory, and practice. USA: Sage Publication, Inc. 2011
8. Lazarus, R. S., & Folkman, S.,. Stress, appraisal, and coping. New York, USA: Springer Publishing Company. 1984
9. Aspinwall, L. G., & Tedeschi, R. G. The value of positive psychology for health psychology: Progress and pitfalls in examining the relation of positive phenomena to health. Annals of behavioral medicine, 39(1), 4-15.
10. Girgis, A., et al. Physical, psychosocial, relationship, and economic burden of caring for people with cancer: a review. Journal of Oncology Practice. 2012, 9(4): 197-202.
11. Morris, B. A., & Shakespeare-Finch, J. Rumination, post-traumatic growth, and distress: structural equation modelling with cancer survivors. Psycho-oncology. 2011, 1176-1183.
12. Merluzzi, T. V., & Philip, E. J. "Letting Go": From Ancient to Modern Perspectives on Relinquishing Personal Control—A Theoretical Perspective on Religion and Coping with Cancer. Journal of religion and health.2017, 56(6), 2039-2052.
13. Drageset, S., Lindstrøm, T. C., & Underlid, K. "I just have to move on": Women's coping experiences and reflections following their first year after primary breast cancer surgery. European Journal of Oncology Nursing. 2016, 21, 205-211.
14. Ramos, C., & Leal, I. Posttraumatic growth in the aftermath of trauma: A literature review about related factors and application contexts. Psychology, Community and Health, Vol.2(1). 2013, 43-54.
15. Chan, C. S., &Rhodes, J. E. Religious coping, posttraumatic stress, psychological distress, and posttraumatic growth among female survivors four years after Hurricane Katrina. Journal of traumatic stress. 2013, 26(2), 257-265.
16. Sahin, Z. A., Tan, M., & Polat, H,. Hopelessness, depression and social support with end of life Turkish cancer patients. Asian Pacific Journal of Cancer Prevention. 2013 14(5), 2823-2828.

17. Rottmann, N., Hansen, D. G., Larsen, P. V., Nicolaisen, A., Flyger, H., Johansen, C., & Hagedoorn, M. Dyadic coping within couples dealing with breast cancer: A longitudinal, population-based study. Health Psychology. 2015, 34(5), 486.
18. Yu, Y., & Sherman, K. A. (2015). Communication avoidance, coping and psychological distress of women with breast cancer. Journal of behavioral medicine. 2010, 38(3), 565-577.
19. Li, L., Li, S., Wang, Y., Yi, J., Yang, Y., He, J., & Zhu, X. Coping profiles differentiate psychological adjustment in Chinese women newly diagnosed with breast cancer. Integrative cancer therapies. 2017, 16(2), 196-204.
20. Brandão, T., Schulz, M. S., & Matos, P. M. Psychological adjustment after breast cancer: a systematic review of longitudinal studies. Psycho-oncology, . 2017, 26(7), 917-926.
21. Cheung, E. O., Cohn, M. A., Dunn, L. B., Melisko, M. E., Morgan, S., Penedo, F. J., ... & Moskowitz, J. T. (2017). A randomized pilot trial of a positive affect skill intervention (lessons in linking affect and coping) for women with metastatic breast cancer. Psycho-oncology. 2017, 26(12), 2101-2108.
22. Dooley, L. N., Slavich, G. M., Moreno, P. I., & Bower, J. E. Strength through adversity: Moderate lifetime stress exposure is associated with psychological resilience in breast cancer survivors. Stress and Health 2017, 33(5), 549-557.