

THE ROLE OF PARTNER IN THE PROCESS OF IMPROVING THE QUALITY OF COPING FOR BREAST CANCER PATIENTS

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Abstract

Previous studies have shown that the involvement of responsive partner behavior positively improves the quality of coping to the psychological adjustment in a patient with cancer. This study aims to investigate the role of partner in the process of improving the quality of coping for breast cancer patients. Two couples were involved in Couple Focused Group Intervention (CGI) for four sessions. The patients were diagnosed with early stage breast cancer by an oncologist and Electro Capacitive Cancer Therapy (EECT). The purpose of the intervention program was to improve the quality of coping through planning, coping, focusing on positive aspects, diversion, and interpersonal. The results show an increase in emotional support whose spouse is able to express thoughts and feelings openly and a higher score on interpersonal dimension of coping for those who are able to listen and communicate actively. The involvement of partner is highly significant in managing cancer as a cohesive team.

Keywords: role of partner, breast cancer, quality of coping, couples focused group intervention.

Author's

Biography



Luh Putu Suta Haryanthi is an alumnus of Master Program in Applied Health Psychology from Faculty of Psychology Universitas Indonesia. She is currently working as a Clinical Psychologist. She has an interest in doing research in health psychology and especially related to psychological interventions for patients with cancer. High internal motivation, curiosity, and tenacity to encounter the challenges are the dominant factors of her internal modalities in conducting this research. Hopefully, this research will give many contributions to enhance our quality of life.

Background

The data of basic health research in 2013 published by Indonesia's Health Ministry shows that cancer is a second non-communicable disease that causes death after cardiovascular diseases (heart and stroke) in Indonesia. Breast cancer is one of the main causes of death in women in the world and its prevalence ranges between 1:38 per year (American Cancer Society; Sarafino & Smith, 2012). A source that leads to stress response or in psychological terminology has been known as stressor on breast cancer patients including the diagnosis of cancer itself, therapeutic procedures, medication side effects, cancer's pain, fear of the re occurrence of cancer (Glanz, Rimer & Viswanath, 2008; Manne, et al, 2005) as well as the fear of being a burden to people nearby (De Faye et al, 2006; Young, et al, 2012). Breast cancer affects the health and psychological condition of the patients. One of the psychological impact appears in patients at the early stages is the decrease of self-esteem, problems in the marital relationship (Mona & Singh, 2012), feelings of isolation, and resistance in the adjustment (Young et al, 2012).

In attempting to decrease the impacts of stress, the cancer patients cope with the stressful situations by applying the coping through problem solving, seeking for social support, or avoiding stressful situation. (Anusasananunet al, 2013). Breast cancer patients who respond to distress by refusing to stressful situations including denial, dodge, not caring with their health and suppress their emotions will show a greater level of distress. On the contrary, breast cancer patients who can accept their condition, judge positively, and apply coping focused on the problem will show lower levels of distress (Fischer et al, 2013). Furthermore, couples faced with breast cancer have to deal with a range of stressor, such as emotional concerns and existential issues, medical treatment and its side effects, an altered sexuality and changed social relationships and roles (Fletcher, Lewis, & Haberman, 2010; Rottmann, Ewertz, & Hansen, 2014; Hansen et al, 2015). Several studies have shown the role of partner can improve the cancer patients' quality of life (Manne et al, 2005; Taylor, 2012; Stanton et al, 2011). Partners who use the same coping strategies will enhance their positive thoughts against cancer and increase their involvement in supporting the pair in undergoing breast cancer treatment. Conversely, partner who uses avoidance coping strategies has affected toward negative perception of cancer and the impact for the patients (Stanton et al, 2011). Manne & Ostroff (2008) explain that the partner who is able to communicate effectively will impact on the lower levels of distress than those who respond critically to the early stage breast cancer patients.

The preliminary studies illustrate that many psychological interventions in both individual and group settings which are proven effectively to help people in managing the impact of cancer. In Indonesia, it is still very limited interventions which involve couple in a group setting. The result of Nezu's research shows the partner as coach to improve coping skills for patients in the treatment of problem solving (Manne et al, 2005). As a result, the patients reduce emotional distress, undergo routine medical control, and have good psychological functions. Couple-Focused Group Intervention (CGI) can increase the ability of partner in providing support to the patients, improve the effective communication, and the ability of the couple as a team in facing cancer adjustment (Manne & Ostroff, 2008).

Aims/Objectives

The purpose of this study is to explain the role of partner in the process of improving the quality of coping with CFGI session.

Literature Review

Stress in Breast Cancer Patients

Stress has two components such as changes in the physical and psychological response related to how individual perceives its environment (Sarafino & Smith, 2012). According to Taylor (2012), stress is defined as biochemical changes in the body, physiological, cognitive and behavioral changes in facing stressful situations. Stress also defined as a response which focuses on a person's reaction to stress sources (Lazarus & Folkman, 1987; Sarafino & Smith, 2012)

There are several sources of stress in breast cancer patients' including the decision to the treatment to be undertaken, physical symptoms (such as nausea, pain, fatigue, etc.), changes in appearance (loss of limbs, hair loss, changes on skin's color and weight), hormonal side effects, physical limitations, adjustments in the routine household or job, financial management and expectations or uncertainty of the future (Manne & Ostroff, 2005).

There are many stress symptoms that can be seen in patients with breast cancer. The first symptom is cognitive symptoms such as forgetfulness and difficulty in concentration. Second, emotional symptoms such as: depression, anxiety, oversensitivity and hostility. Third, physical symptoms such as: fatigue, pain, sleep disorders, muscle tension, decreased appetite (Manne & Ostroff (2005). Fourth, symptoms in the partner's relation such as: inadequate communication partner, impatient, easy to get angry, and also isolation. The effect of cancer on marital relationships will depend on the previous quality of these relationships. The impact of cancer often exacerbates pre-existing problems (Carter et al, 1993; Moorey & Greer, 2012).

Coping in Patients with Breast Cancer

Coping strategies are needed by cancer patients in dealing with the problems to adapt with chronic (Taylor, 2012). There are five patterns of coping in cancer patients: 1) seeking social support, 2) focusing the mind to positive things, 3) distancing, 4) cognitive escape-avoidance and 5) behavioral escape-avoidance (Schetter et al, 1992; Taylor, 2012). Cancer patients who used coping through seeking social support, focusing on the positive, and distancing were all associated with less emotional distress from cancer. Conversely, cancer patients who use avoidance coping strategies, tend to experience higher psychological distress and poorer health (Roesch et al, 2005; Yang et al, 2008; Taylor, 2012). Cancer patients commonly use coping strategies such as 1) seeking social support, 2) belief in God, 3) a positive suggestion or behavior or self-affirmation, and 4) seeking information related to the illness (Mukwato et al, 2010).

The results of research conducted by Moorey et al (2003) showed that cancer patients, who apply specific techniques during the therapy process, will show better adjustment to the illness and can reduce their psychological distress. Cancer Coping Questionnaire with 21 item version consists of two dimensions of dealing with the individual coping consisting of sub dimension such as 1) Coping that focuses on common strategies such as relaxation, improving internal strength, and thinking rationally; 2) positive focused such as thinking positively and focusing on the future 3) Planning in which behavioral techniques in managing daily activities such as making priorities and planning or organizing daily activities; 4) Diversion is shifting focus, thoughts and behaviors of thoughts and negative feelings such

as distraction with positive activities and 5) interpersonal relationships is coping with the involvement of partner in activities related to cancer through expressing thoughts and feelings, seeking support, etc. (Moorey et al, 2003).

Couple Focused Group Intervention (CGI)

This method was developed by Manne&Ostroff (2008). Couples Focused Group Intervention method is based on the theory of social cognitive processes, behavioral cognitive and behavioral theories (Manne&Ostroff, 2008). The theoretical concept of "The Social Cognitive Processing Model" explains that disclosure of thoughts and feelings on the significant persons is essential in dealing with stressful situations and assists the process of psychological adjustment (Pasipanodya et al, 2012).

The purpose of the method of CGI is generally to reduce psychological distress and improve psychological well-being in patients with breast cancer and their partners (Manne&Ostroff, 2008). The purposes of this method are divided into four categories:

- a) Improving communication and supportive abilities. The strategy is to identify and implement good communication, learn how to deal with rejection of destructive communication strategy, and identify partner's support needs.
- b) Improving the ability of stress management by learning relaxation method.
- c) Improving the sexual intimacy and improve skills through a focus on the sensation, as well as understanding the impact of breast cancer on sexual intimacy.
- d) Improving the ability of couples to evaluate the impact of breast cancer on the couple and set the goal of interpersonal relationships. Identifying priorities and objectives are valuable to develop relationships identity after cancer treatments.

The process of group intervention facilitated emotional reaction and mutual support in an environment. The improvement of life quality focused on teams that emphasize on the quality and function of the relationship of breast cancer patients and their partners. Through CGI method is expected to increase the couple's ability to provide support, communicate, manage stress effectively, and improve the ability of couples to overcome stress related to cancer as a cohesive team.

Method

Research Design

The design of this study is a case study. The focus of the case study is aimed to gain a more holistic understanding of the phenomenon by presenting the data more deeply of both the process and the dynamics of interaction.

Research Participants

The population in this study is cancer patients who have the specific criteria such as early-stage of breast cancer patients, adult and married; treatments based on Electro Capacitive Cancer Therapy, and live in *Jabodetabek* area in Indonesia. Participants who are involved in this research consisted of four to six pairs. The selected participants were assessed by a medical consultant experienced less significant treatment development and strengthened by researcher's observation results had inadequate coping in overcoming stressful situations related to cancer.

Intervention Program Design

Researcher conducted the evaluation process of the participants who involved in the intervention program "Improving the Quality of Coping for Breast Cancer Patients with Couples - Focused Group Intervention (CGI). The purpose of this program is to observe the role of partner in the process of improving the quality of coping for breast cancer patients. Participants and their partners were given relaxation strategies, focusing on the positive activities, managing daily activities, diverting thoughts and negative feelings with positive activities as well as the frequency of thoughts and seek for their partner's support when they encountered with stressful situations dealing with cancer.

Table 1. CGI Session

Session	Goals	Description
Session 1	<ol style="list-style-type: none"> To speed up the connection between participants To express emotions and improve the active listening abilities To exercise 'breathing in' 	<ol style="list-style-type: none"> Ice breaking Overview program Fishbowl activity Deep breath exercise
Session 2	<ol style="list-style-type: none"> To understand stress and cancer To identify the symptoms of stress both participants and partner To understand about coping stress To reduce stress through progressive relaxation technique 	<ol style="list-style-type: none"> Evaluate the assignment Psycho-education related stress and cancer Identify the body signals Psycho-education related coping with stress of cancer Identification of coping stress with partner Exercise progressive relaxation
Session 3	<ol style="list-style-type: none"> To understand the difference between effective and not effective communication To improve communication of couples effectively To exercise mental relaxation 	<ol style="list-style-type: none"> Evaluate the assignment Psycho-education about the couples communication's patterns Mental relaxation exercises
Session 4	<ol style="list-style-type: none"> To understand the importance of expressing feelings and thoughts to partner To understand partner's needs and support To design priorities related to the future 	<ol style="list-style-type: none"> Evaluate the assignment Psycho-education of self-disclosure and support needs Psycho-education about 'survival with cancer and continue the recovery' Priority & motto of life with partner

Result

They were three breast cancer patients along with their partners who were involved in this research. They had been diagnosed with breast cancer at least two years by the oncologist, but they did not follow up with the recommended treatment by a doctor. They have been using alternative treatments such as herbs. Since the last two years, they have been using Electro Capacitive Cancer Therapy (ECCT).

Stress levels varied from mild to severe over the past week. Frequency of concerns about cancer over the past week ranged from moderate to high worried about the diseases. The emotions that accompany when being exposed to a source of stress on the three participants are feeling fear. It impacts on improvement of sympathetic nerves of work systems that cause recurring headaches, physical fatigue, insomnia and pain sensation. Coping strategies applied to the participants are focused on emotions (Emotion Focused Coping) such as seeking emotional support, expressing emotions and pray.

Data of participant that can only be displayed are two participants with their partners, because one of the participant dropped off. The pretest result shows that the distress scores of both participants are in medium category, it means that they often experience distress in both physical and emotional stress related on their cancer. Both participants use coping strategies that vary in frequency on the type of coping and positive focused. While in the dimensions of planning, diversion and interpersonal relationships are in the category of moderate in which the participants have daily activities planning and are quite often distracted themselves with positive activities and often involve their partners in activities related to cancer by revealing the mind and seeking support from them.

The posttest results show that participants' distress score decreased. For the 2nd participant, all of coping's dimensions has increased in the high category, such as planning, coping, positive focused, diversion and interpersonal. While the 3rd participant shows only two dimensions of coping that increase in the high category which are coping and interpersonal. Table 2 describes the process of evaluation related to the role of partner in improving the quality of coping in breast cancer patients.

Table 2. CGI Evaluation Process

Session	Participant-1	Participant-2	Participant-3
Session 1	The partner did not involve at the first session. Participant believed that the cancer suffered was as a punishment of her partner's bad behavior in the past. Participant perceived that they have barriers to communicate thoughts and feelings about cancer and its treatment. Her partner gave her emotional and instrumental support at this time.	Partner involved in the CGI session and expressed openly their hopes so this session would improve the information and motivate each other. The impact of cancer on marital life for patients seemed more emotional. Instead, the partner was more understanding of her condition.	Partner was quite able to express his thoughts and feelings. He motivated his partner to cancer treatments, was more active in helping everyday's activities at home. She became more dependent with her partner, in the other hand she felt guilty because of burdening the partner with household responsibility.
Session 2	Dropped off because her partner did not show the commitment to involve in CGI sessions.	Couple did deep breathing techniques regularly and felt the benefits in reducing stress levels. Expressed their thoughts with more relaxed. They could identify the source of stress and symptoms correctly, even though there was still rationale.	Couple did not routinely perform deep breathing yet. They were more open in communicating thoughts and feelings than first session. Participant-3 had insight that she tended to require her partner to better understand her.
Session 3	Dropped Off	Participant expressed her thoughts and feelings openly. Her verbalization tended to be detail and coherent, while her partner expressed information more general. It could be potential obstacles in communicating with	Couple tended to show a different perception in discussing cancer treatments. It became an obstacle in establishing effective communication. Participant-3's characteristic was more dominant in communicating, so that her partner tended to

	a partner.	keep silent to avoid prolonged conflicts.	
Session 4	Dropped Off	Being able to recognize the need for mutual support and to express thoughts openly. The differences in perception about their needs could be affected by concerns when their partner did not respond to their own expectations.	An understanding of priority at this time, provided insight to align behaviors that focus on better health. She showed her ability to listen actively of partner's needs and considered his opinions in priority setting.

Discussion

The qualitative data shows that participants who had a strong internal motivation in following CGI session as well as a high commitment in practicing stress management techniques intensively, impact on the symptoms of emotional tension and physical symptoms. According Moorey et al (2003), cancer patients who can apply specific techniques during the therapy process, will show better adjustment to the disease suffered and reduce the level of distress. A similar sentiment was reinforced by the findings of the preliminary study that optimism, openness, commitment to personal growth, and participants found the benefits of the session, will affect the response of the participants in the CGI session (Manne et al., 2005). Participants who experienced the impact of stress on worse physical symptoms, cancer and treatment, will benefit more on CGI session. CGI sessions serve skills for couples to negotiate and discuss issues about the disease that affects their daily lives.

Participants' beliefs to focus more on the body signals and efforts to think more positively to the treatment of cancer are internal modalities that support the improvement of coping. Acceptance of the cancer conditions is paramount. Participants who are more aware of and accept themselves as physical limitations in performing daily activities, will show their selves' and time management in their activities and rest consistently. In this case, there is influence of internal strength to fight against cancer. Conversely, participants who showed indications of secondary gain which is on one hand she still showed denial of the disease by showing her weakness in front of others on his health condition to remain actively involved in the activities. On the other hand, the participants have a strong psychological need to be paid attention and pampered by her partner in daily activities. The condition is sometimes an obstacle in finding a meaning to the illness. Their ability in discovering the benefits of the cancer experience is predicted to have low distress (Carver &Anthoni in Taylor, 2012). Someone who has the ability to control themselves against cancer, treatment and activities will be more successful in overcoming the cancer (Newson, Knapp & Schulz in Taylor, 2012).

Qualitative evidence indicates that one of the symptoms of stress that appears in both breast cancer patients is symptomatic on relations such as inadequate communication

because of different perception, lack of patience in facing the couple, emotional tendencies and silence. After the CGI session, either the patients or their partners are her more aware of differences in the perception and understanding the psychological needs on each other. Although it is still a process, but it has indicated the improvement of relationship quality so that they could better express more openly and be more able to control their emotions. One of the targets in the psycho education of this CGI sessions is to emphasize on building effective and strategic communication patterns and expressed the partner's needs, then the benefits can be felt by the participants who have less emotional support from their partners before the intervention. This is consistent with the theory that the pair's involvement in the form of providing emotional support and helping people to manage themselves in the face of stressful situations is essential. Couples that could facilitate openness of mind and feelings, as well as a focus on the need of support to each other will help relieve the symptoms of stress related cancers with more adaptive coping (Manne&Ostroff, 2008).

Conclusion & Recommendations

The most significant effect of external factor in improving the quality of coping is the engagement of partner. Couples who are able to express their thoughts and feelings openly each other, will gain more understanding of herself and her partner. Couples seem to show emotional support to the patient in facing the distress experience of cancer. The ability of couples in reflecting their thoughts and feelings as well as their willingness to improve their active listening strategies is supportive to improve couples' communication patterns more active. The researcher realizes that there are still many weaknesses in this study, because the results of this study cannot be generalized. Therefore, it is suggested that it can be replicated with a larger number of participants with different types of cancer. The involvement of partners is essential and improved in an attempt of cancer management as cohesive team.

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