

PSYCHOLOGICAL RESPONSES AND COPING STRATEGIES AMONG JAVANESE WOMEN WITH CERVICAL CANCER DURING CHEMOTHERAPY TREATMENT IN SURAKARTA

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Abstract

Cervical cancer is one of the most *deadly* cancers for women and diagnosed most frequently *in developing countries*. In general, women with cervical cancer are diagnosed in their advanced stage. Chemotherapy treatment is proven to have both physical and psychological side effects. However, the patients' perception and acceptance of the disease and therapy are powerfully affected by their values, beliefs, and culture. Javanese is the largest ethnic group in Indonesia whose people have a unique characteristic in coping with health problems. The objective of this research was aimed to develop the concept of psychological responses and coping of Javanese women who suffered from cervical cancer with chemotherapy treatment. This study was designed as a qualitative study. It was a study of Phenomenology. The subjects of research were female patients with cervical cancer under chemotherapy treatment at Dr. Moewardi General Hospital Surakarta. The participants were selected by purposive sampling technique. The instruments of this qualitative study included in-depth interview guidelines, observation guidance, stationary and tape recorder for documentation. The data analysis was carried out by Qualitative Colaizzi analysis. The results of study Psychological responses comprised of anxiety, sadness, low self-esteem and acceptance, sensitivity, as well as spirit to regain healthy state. The coping strategies against psychological changes were highly affected by Javanese perspective toward life and religion, which were, to develop patience and strength, to accept disease as a trial of life, to pray, and to have a faith in fate. Conclusion and suggestion: Javanese socio-culture and religion provided an impact on the coping strategies of female patients with cervical cancer under chemotherapy treatment. Health workers should consider the socio-culture and the belief aspects of the patients; therefore, they would be able to provide the most suitable treatment for the patients.

Keywords: Javanese, responses, coping strategies, cervical cancer, chemotherapy.

Author's biography



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INTRODUCTION

Cervical cancer is the most deadly disease of women around the world, particularly in developing countries. Every year *more than 270,000 women die from cervical cancer and more than 85% of these deaths are in low and middle income countries [1]*. The facts indicate that the patients are generally diagnosed in their advanced stadiums, thus, the treatment found out in the field is the chemotherapy treatment. Nevertheless, chemotherapy has various impacts including physical and psychological effects that influence many aspects of life.

Javanese women are a group that dominates the Indonesian population with its unique and strong characteristics that affecting their behavior including in addressing the health problems. Based on the data associated with the high incidence of cervical cancer as well as numerous effects of chemotherapy, the researchers were interested to find out the psychological responses and coping strategies of Javanese women with cervical cancer against chemotherapy side effects.

OBJECTIVE

In general, the objective of the study was to develop the coping strategies of Javanese women with cervical cancer under chemotherapy treatment.

RESEARCH METHODS

The study was designed using qualitative methods with the Phenomenology approach. The subjects were Javanese women with cervical cancer under chemotherapy treatment at Dr. Moewardi General Hospital Surakarta. The participants were eight women obtained by using purposive sampling technique. The sample criteria were women with cervical cancer who underwent chemotherapy, stadium of cancer was at least II and minimally had received three times chemotherapy. The research instruments in this qualitative study included interview guidelines, observation guidelines, stationery and tape recorders to document the data. The data analysis was carried out by *qualitative Colaizzi analysis*.

RESULTS AND DISCUSSION

1. Responses of patients with cervical cancer under chemotherapy treatment

Psychological responses of the patients based on the interview were supported by information derived from the informants (family) comprised of anxiety, eagerness to recover immediately, sadness, low self-esteem, acceptance, spirit to fully recover, request for more attention, and sensitivity.

a) Do the doctors and medical workers provide sufficient information regarding with the disease?

“Yes, doctor X provides information dealing with the absence of the cure except for chemotherapy and radiation, this treatment is to kill the cancer cells and to eliminate them” (P2), “They have explained it and they informed the development of my condition regularly” (P3), “I always get an update of my condition every time I visit the hospital”, (P4) (P5)(P6),

“I was informed that my previous chemotherapy was less successful, hence, I have to have another” (P7), “They told me about my disease and that I should accept it patiently” (P8).

The patients were provided by comprehensive explanation regarding their conditions by the doctors and medical workers, including the treatments and the developments of their state.

Health workers are completely responsible in providing information about the disease, the options to decide the suitable treatments for the patients including chemotherapy, the strategies to cope with the side effects of chemotherapy, the financial issue and the possibility to obtain financial assistance, and emotional support for the patients [2].

b) Anxiety

Psychological Response of Anxiety

“Surely I am afraid about the effects as people told me that chemotherapy causes discomforts and sores” (P2), “I am anxious about the development of the cancer and that the possibility I will not recover” (P3), “I am afraid for my incurred disease and that I will die and leave my husband and children behind”(I3), “Whether I will be healed or not”(P4), “I am anxious with my condition, how about the cure, what if I die” (P6), “I am afraid and anxious. I just know that cancer is deadly, cervical cancer is a serious disease while my children are too young. If I die, how will my children accept my death? I am worried about the development of my cancer and to be separated with my children” (P8).

The observation indicated that most of the participants had resting and sleeping disorders. It was identified by the patients’ lethargic and pale face as well as eye redness. The anxiety was caused by the disease as they suffered from cancer or another malignant diseases and it became a serious concern if the disease was worse, incurable, or deadly. Another concern resulting from chemotherapy procedures as in accordance to information, chemotherapy caused pain as well as the cost of treatment. In addition, patients were also concerned about the future of their children and family if they passed away.

Anxiety and depression are the most common psychological problems of patients with cancer. Anxiety is defined as a subjective uncomfortable feeling related to the real perception or imagination of threat. Anxiety is mainly associated with the uncertainty of diagnosis, side-effects of chemotherapy and radiotherapy, the lack of personal and social control, progressive physical deterioration, and thoughts of death [3]. Anxiety in cancer patients with chemotherapy can be caused by the treatment itself and the various physical problems experienced during the process, such as, nausea, vomiting, pain, hair loss, sore, skin problems, loss of appetite and so on. They trigger anxiety and may affect the quality of life [4]. Patients with cancer have several identified issues that may affect their health care, such as lack of communication with the doctors, lack of knowledge about the disease and how to handle it, lack accommodation to the health care, financial problems, and the absence of health insurance [2].

Patient coping strategy against anxiety

“I pray for God and beg His pardon” (P2), “I have a faith in God with regards to anything, believe in my fate and destiny” (L3), “I pray more intensely and listen to the religious teachings from the radio” (P3), “I pray for God and worship more” (P4), “I accept it patiently by praying and feel more peaceful after it. Day and night, I always pray and pray” (P6), “I pray and ask to God for mercy and for my full recovery” (P8).

The effort to reduce anxiety was done by praying for the recovery and approaching God, believing that illness was a fate and be patient by performing intensive prayer and worship.

Literatures indicated the spiritual strength is significant to improve the quality of life and the health of patients with cancer. Spirituality helps them in coping with cancer, in understanding the role of the body, soul and mind, and in finding the hope and meaning of illness [5]. Pray stimulates the patients in gaining their expectations with the belief that every disease has its cure.

Acceptance in Java language is called *narima ing pandum*, which is one of the concepts of life adhered by Javanese people. It describes the attitudes of absolute or completely acceptance to the fate determined by God. The Javanese believes that life is destined; everything that happens in this life is in accordance with the will of the God as the Creator of life [6].

2. Spirit to recover

“I have a spirit to gain my full health recovery; essentially, I must have the spirit for it. I want to come back to my paddy-field and to perform my daily activities” (P1), “After the doctor claimed that the cancer is gone, mother becomes very energetic” (I3), “Vigorously, as long as the treatment is carried out, I believe that I will recover soon, I am certain and the doctor also confirms that my condition is getting better” (P5), “I am fighting for it. I want to recover soon since my children are abandoned so I have to fight against this disease, to return to my activities in the paddy-field, to cultivate and regulate people there” (P8).

In accordance to the field note, the researchers observed the spirit of the participants during the interview; in addition, the support from the spouse was also identified from the interview as well as the optimistic for regaining the patients' health. Patients stated that they were optimistic to “recover”. Even though all of them were provided by the description dealing with the disease from the doctor and health workers, it discouraged them to surrender. The improved health conditions and reduced complaints were assumed as a successful recovery process.

Self-confidence is a crucial factor affecting the attitude of the patients. It indicates that self-confidence is the key to individual success in managing illness that can improve health conditions [2].

Patient coping strategy to recover

“I have a spirit to gain my full health recovery; essentially, I must have the spirit for it. I want to come back to my paddy-field and to perform my daily activities” (P1), “Vigorously, as long as the treatment is carried out regularly, the belief to recover soon should come from myself” (P5), I have to fight against this disease, to return to my activities in the paddy-field, to cultivate and regulate people there” (P8).

The endeavors to regain the normal condition were carried out by having regular check-up, obeying treatment schedule, wishing for the health, and visiting the hospital on-time.

Javanese people also possess a life principal of perseverance and determination. Regarding with the treatment of a disease, even though they accept it as a trial of life, they keep on making their best effort to perform the suggested processed [7].

3. Sadness

“After the relapse, I definitely feel sad” (P2), “I feel restless and want to be cured soon as it is occupied the whole family” (P4). “I am sad and anxious... I keep thinking I will leave my family” (P6), “It is common for people with a disease to have a kind of sorrow” (P8).

In accordance to field note, the researcher found out the participants sobbed gloomily and frequently being introvert.

Distress has become a major issue in cancer population. Patient may suffer from either physiology and psychological distress or both. Cancer patients who are undergoing chemotherapy are more likely to experience psychological distress. This could be due to the negative effects of chemotherapy agents, the uncertainty of post-treatment, and the occurrence of psychosocial problems. As a result, the patient may experience normal reactions such as sadness or may develop common psychiatric disorders such as depression and anxiety [4].

Javanese people are inconvenient in expressing their feelings which makes it is difficult for the health workers to recognize the psychological state of the patient. For them, sadness is seldom expressed explicitly, for instance, if they are questioned about their feelings, they just give a regular answer such as “I feel normal” which means there might be a problem. Javanese seems to be in disguise. Javanese thinks and behaves implicitly or likely to be symbolic, their words are full of allegory, symbolism, and certain numbers of thing are not plainly expressed [6].

Patient coping strategy against sadness

“I ask God for forgiveness and pray” (P1), “I ask God for help and dhikr every time I pray and I attend religious teachings. I cry before God for my full recovery” (P4). “I pray day and night and ask God for mercy” (P6). “I ask my families and relatives to pray for my recovery” (P7).

An attempt to overcome the sadness was carried out by coming closer to God, seeking for a support for family and relative, having religious activities such as prayer, *dhikr*, *sunnah* prayers, and attending religious teachings. Family and relative relationships in Javanese community are very important in solving various problems including health issues. If there is a person with disease, then, family, relatives, close neighbors will visit her/him to encourage and provide assistance that become the support for the families.

In facing the grief and sadness, Javanese people generally express their feeling less verbally and endure it as a part of life. They are inconvenient in exposing their hardships and miseries. Those are perceived as the sibling of thoughtfulness and it means self-refrain [7].

4. Low Self-Esteem

“Because (cancer) is a malignant disease. I feel my body is incomplete because of it, actually I am embarrassed for it, but I have no problem with the physical changes” (P3). “I do not have a problem with my disease, but I feel inferior to meet others” (P4). Now that my body is unwell, my hair fall out, my body emaciated, I feel ashamed to meet others (P5). “Since I have been diagnosed cancer, I rarely leave the house” (P6) “During her treatment, mother rarely left the house even if we asked her” (I6), “As far as she knows, cancer is a fearsome and incurable disease. The children and I keep encouraging her. Our child gave her capital to re-start a grocery store to distract her, since she previously had low self-esteem (I3).

Based on the field note, the researchers found out that the participants avoided eye-contact during the interview. The patients felt inferior to meet many people due to their cancer. They perceived that their physical changes including hair loss and weight loss as shameful, thus, they had lower self-esteem and felt more comfortable to stay at home.

Undoubtedly, cancer diagnosis and treatments give negative effects on the image of physical changes as the result of self-esteem disorders. It is affected by the age, the stadium, and the treatments received by the patients, in this case, chemotherapy treatment [8]. An understanding of cultural and social aspects of life and death to enable care professionals to best meet the needs of patients and their families. Family involvement plays a key role in the provision of good care for cancer patients [9].

Low Self-Esteem

“After mother found out her disease, she discussed it with me and children. Then, the whole family encouraged her as she felt ashamed with her disease. Our child gave her capital to re-start a grocery store to distract her, since she previously had low self-esteem...Thank God, she is now excited with it” (I3). “It is true, because as far as we know, cancer is a fearsome and incurable disease” (P3).

The attempts to overcome the issue of self-esteem were by improving the spirit for treatment, performing daily activities as usual, and interacting with regular groups. Family plays a great role in providing supports for the patients.

Family in Javanese belief is a unity, hence, each member of a family and community should be able to socialize with others (Purwadi and Niken, 2010).

5. Acceptance

“Pray for the strength during this difficult time” (P1), “The only option for cancer treatment is chemotherapy or radiation, we have tried herbal medicines to cure it but it fails” (P2), “I accept this disease. Every time I go for the treatment, I pray to God for the smooth process” (P5). “When there is a cure, insha Allah there is a hope for recovery” (I5). “I accept it, somehow, as our life and death belong to God” (P7).

This attitude of acceptance was the follow-up since the efforts had been made, and patients perceived that life and death belong to God. Praying was also carried out as it gave the patient tranquility and strength.

Coping strategy of Acceptance

“The only option for cancer treatment is chemotherapy or radiation, we have tried herbal medicines to cure it but it fails” (P2). “I pray to God for the strength, endurance, and total recovery. Every time I go to the hospital. I pray to God for everything to run smoothly” (P5). “I come close to God by praying more often. I accept my disease as a test of life but I am not giving up in finding the cure” (P7).

An effort made by the patients was by accepting it as a trial of life which should be endured and perceived; however, that did not stop them and continued to search for the cure.

This attitude is in accordance with Javanese standpoint that the lifeline and status as well as the fate of a person has been determined by God, thus, people should bear hardship patiently [7].

6. Request for more attention

“...Mother asks for more attention, she used to perform everything by herself but now she asks for anything including being fed and accompanied” (I3). “...during her chemotherapy, mother asks many things as she suffers from her illness, especially for appetizing foods instead of hospital foods. But when the foods are served, she refuses to eat it, so we just be patient” (I4). “Mother might request for more attention, we understand it since she is ill... she used to eat and cook by herself, now she need helps, she used to regularly clean the house, now she spends her time sleeping”(I6). “We comply with her request as long as it is allowed by the doctor” (I7), “It is our obligation as a family to take care our parents” (I8), “We earnestly take care our parent, the only problem is that we should back and forth to the hospital”(I5).

One of psychological changes of patients with cervical cancer under chemotherapy treatment was patients’ dependency. Previously, they were independent people but after the diagnosis, they requested the family to assist them in having a meal and to accompany them.

Physical disorders and inabilities such as paralysis, lethargic, and pain experienced by patients with cancer often trigger patients’ disability in performing physical daily activities such as bathing, toileting, dressing, preparing meal, and eating [2].

Families coping strategies in handling patients’ request for more attention

“I have a propensity to be sensitive and emotional” (P1)“During her chemotherapy treatment, mother is frequently irritable and easily offended (I1), “I find it easy to feel annoyed and confused” (P4), “In the situation where my mother is seriously ill, I should be more considerate and care for her” (I4), “Perhaps, she asks for more attention, and I fully understand it. She used to do everything by herself from having and preparing her meal and cleaning the house, but now, she should be fed and have more sleep” (I6).

Treatment and therapy for cancer trigger a variety of psychological change of patients. The interview indicated the patients’ various longings during the chemotherapy. In addressing such issue, families should be more concerned to the patients with cervical cancer during their chemotherapy. However, the families perceived it as an ordinary thing. The participants were willing to provide any requests such as to feed and accompany the patients, since they considered it as their turn as the children to take care of their parents.

In Javanese community, family relationships are very essential. Children have an obligation to serve the parents by taking care and providing their needs particularly when they are in ailment. The patients’ request to get more attention was understandable and it was the responsibility of children and relatives to undertake the request. In the case one of family member is sick, family and relative shall accompany, visit, and provide effort, support, and financial assistance. Javanese community is also more convenient when the treatment is carried out by the family rather than by medical workers [10].

7. Sensitivity

“Mother seems to be more sensitive and emotional. But we assume it as a reasonable thing because she is diagnosed with cervical cancer. She is more irritable but merely a negligible madness and not too frequently (I1). “Since mother has been hospitalized, she becomes more sensitive and easily offended, she refuses to have a meal, and we must be patient and understanding with her condition (I5).

Patients with predisposing factors of psychosomatic diseases associated with fatigue and anxiety frequently experience intensive and protracted resentment as well as unjustified manner of expression. Depression, alienation, fear, confusion, anxiety, and sadness are common responses often experienced by patients with cancer. It is also affected by the response of families suffering the grief, fear, and loss [2]. The impact of negative mood regulation expectancies has been studied in relation to depression, anxiety, anger and other symptoms of emotional distress [11].

Family responses in handling sensitive patients

“Each time mother gets angry, we just perceive it as we assume it as momentary madness. Now that we are the children, we have a responsibility in taking care of mother, never consider it as a burden, we take it calmly as we hope by always personally by her side, mother will recover soon” (P3), “We understand the situation that our parent is sick and just be patient” (I4), “We ask our parent to be patient and seek for forgiveness and pray more” (I7), “We just be patient and sincere in taking care our parent, Insha Allah, it will be our deeds” (I8), “We have to be wholeheartedly patient and unemotional in facing the situation” (I3).

One of psychological changes endured by the patients of cervical cancer during chemotherapy process was sensitivity. The families confirmed that patients were more sensitive and temperamental. This mood shifting, in fact, was assumed to be the patients' common response against the disease and the family perceived it with patience, serene, and fully realized the patients' condition as well as sincerely treating the patients as the family believed on the good deeds in taking care for the people with disease.

In addition, for Javanese, family relationships are very important especially for the children who have an obligation to devote to the eldest or the parents by taking care and visiting them, particularly those with disease.

CONCLUSION AND SUGGESTION

Javanese socio-culture and religion provided an impact on the coping strategies of female patients with cervical cancer under chemotherapy treatment. The values and view of life of Javanese society in facing health problems such as cancer were to be patient, praying, put efforts, and motivation from families and relatives. Those things were essential in patient treatment and emotional support system. In this circumstance, children had responsibility to take care of their parents by giving treatment to their parents with illness. Health workers should consider the socio-culture and the belief aspects of the patients; therefore, they would be able to provide the most suitable treatment for the patients.

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