



# Coping Among Married Couple with Cancer Survivor Partner

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**Abstract. Background:** People with cancer can have many adverse psychological impacts from the diagnosis. However, when dealing with advanced cancer, not only patients experience stress, but stress is also experienced by the family particularly spouse.

**Aim:** The aim of this study is to describe coping in couple whose spouse has advanced cancer.

**Methods:** This study is conducted according to qualitative phenomenological design. Purposive sampling was used for recruiting patients and data collection was conducted by semi structure in depth interview with 5 spouses. Data were analysed using collaizi method.

**Results:** The age range of the couple is 28–45 years old. Three dominant items that emerged from interviews were spiritual growth, stronger relationship and reaching out new goal.

**Conclusion:** Couples used some coping strategy to support each other during the cancer journey that benefit to them. Hence, addressing appropriate couples program to increase their coping ability are needed Atlantis.

**Keywords:** Couples · Coping · cancer

## 1 Background

Cancer is a disease which is caused by abnormal growth of cell that can cause morbidity and mortality [1]. According to World Health organization [2] reported in 2018, cancer is in the second leading cause of death and approximately 1 in 11 women and 1 in 8 men are reported to die from cancer [3]. Patients with cancer are often associated with pain and suffering. It is not only affects the patient in physical aspect, but also affects in psychological and social [4]. Patients with cancer usually experienced distress starting from the initial process of diagnosis until the process of curative treatment. Huda et al. [5] have shown that patients with cancer have increased negative emotions and also linked with psychological distress. Patient with cancer often found has a poor quality of life since they were experienced negative impacts on various aspects of life including relationships with others, withdrawn from social activity due to cancer progress, limited productivity and long-term negative impact. [6, 7]. However, when patients are facing the problem and try to seek and follow the treatment, not only them encounter distress

but stress is also experienced by the spouse [8]. Theoretically, in married couples, when the partner come up against stress, the other partner directly or indirectly will affect with stress too. Sometimes this condition will along with the inability of partner to cope with the stressor. Particularly, partner is main caregiver for their spouse. Previous research found that the partner who take care their spouse has higher distress compared to other people in family. This distress can be caused by the additional responsibility that they took over such as house's keeping and taking care the children [9]. Furthermore, the fear of losing their partner, extra roles in providing support and taking care of partner and financial instability made distress become greater along with the inability of the partner to cope with it. [9, 10].

Coping with cancer and its related burden can take place at different levels. A recent study supports the assumption that different coping strategies will be applied for each individual related to their situation and demographic factor occur simultaneously and are used depending on availability [11]. Lazarus and Folkman [12]. Described coping efforts are as an individual process. Recently, dyadic approaches, in which couples respond to a shared stressor through a collaborative process, have also gained increasing attention [13]. As cancer is a stressor that affects both patients and spouses as well as the close social network, coping and support efforts from all these parties should be considered.

Dyadic stress is a form of stress when stress are faced by a partner as a unit [13]. Particularly, partner have to cope with stress by using several coping strategy [14]. However, when coping strategy is applied by couples, this coping strategy is well known as dyadic coping [13]. Dyadic coping aims to balance the couple relationship in order to protect themselves from negative impacts of stressor caused by cancer and its journey. It induce the couple's relationship become stronger and better dealing with the stressor. Despite the extensive quantitative research about coping with cancer, there have been fewer qualitative studies in this coping area. A recent interview study among married couple with breast cancer survivor wife detect that communication, personality, household pattern and economy were affecting the dyadic coping. However, how the dyadic coping goes between them and its impacts need to be explored more. Therefore, this study aims to identify dyadic coping among married couples with a cancer survivor partner and to see the impact of coping on the couple relationship as well.

## 2 Methodology

This research used a qualitative approach with phenomenology design. We conducted the data through in-depth interviews and observations. Participants were selected using purposive sampling technique that meet inclusion criteria. The inclusion criteria for this study are 1) couples who are 20 - 60 years old of age; (2) couples in a monogamous marriage; (3) lives in Riau Province (4) the partner of the married couple is cancer patients undergoing treatment and (5) not having mental health history. In total, there were 5 participants that included in this study. This number of participant has fulfilled the minimal number of participants for qualitative study according to Creswell [15] that recommending at least two participants. Eligible respondents were contacted and informed regarding research procedure, Informed concerned were gained first before conducting the research interviews.

We conducted face to face semi structured interviews by one interviewer for each (NH and ER) in one referral hospital in Riau between September 2022 and October 2022. The guidelines interviews were prepared by the team. It consist of three question related to the main changed that happen in their self-related to cancer diagnosis, their relationship condition and the support that they gave to their partner. The interviews were conducted in in a comfortable room and undisturbed environment near of oncology ward. All interviews were recorded. Transcribed verbatim were made according to pre-defined transcription rule. During data collection and analysis, all data is anonymized. Data were analysed using Collaizi method. Collaizi method were chosen since the use of Colaizzi's method of data analysis enabled new knowledge to be revealed and provided insights into the experiences [16]. The process starts from the stage of transcribing verbatim transcripts which obtained from interviews results and field note. The verbatim transcripts were read repeatedly and categorize the keywords to establish categories. Then, the categories are grouped into subthemes and retrieves main themes.

### 3 Results and Discussion

In this study, 5 spouses were interviewed. Their age range was 25–40 years old. Since no substantial new information was obtained after the 5 interviews, data saturation could reasonably be assumed and re-recruitment was declined. 2 patients had a spouse with breast cancer. One of each patients had cancer nasopharyngeal colorectal cancer and tongue cancer. The time since diagnosis was less than 1 year for all patients. The interviews lasted between 30 and 60 min. Sociodemographic and medical characteristics are given in Table 1. Generally, the finding of study highlighted the important aspects of the spouse's experiences about their partner's diseases, their coping and how this condition affect their relationship. Three themes were retrieved which included spiritual growth, stronger relationship and reaching out new goal.

#### (1) Spiritual growth

Cancer made patients more aware of their spiritual side, so they consider spirituality an inseparable part of their lives. It is not only experienced by patient, in but also the spouse which taking care of them. They considered themselves very close to God and supported by Him.

*“God wants me closer to him in this way”*

*“I obey God more.”*

*...” I always feel God near me and help me, it made me more positive in all the way”*

Most of them prayed on time and their aimless prayers had changed to a loving and closer to the God.

*“Before, I wasn't very committed and didn't behave much. But now, I try to be better and improve myself by doing Dzikir, and do praying on time.”*

**Table 1.** Demography and clinical characteristic respondent

Category	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Name	Tn H	Ny M	Ny S	Tn K	Ny T
age	35	26	45	60	26
gender	Male	female	female	male	female
religion	Islam	islam	Islam	Islam	Islam
occupation	working	Not working	not working	working	working
Previous education	Diploma	SMU	SMU	SMU	Bachelor
Type of spouse cancer	Breast cancer	colorectal	Ca Tongue	Breast cancer	KNF
Insurance	NationalI nsurance	NationalI nsurance	NationalI nsurance	Company nsurance	NationalI nsurance
Income	More than national minimum weight	The same and less than national minimum weight	More than national minimum weight	More than national minimum weight	More than national minimum weight

Furthermore, they now considered spiritual and put it as top priority instead of thinking more about material benefits in anything.

*“The disease made me think less about material side and turn to spiritual side of things more.”*

Results of present study that was conducted to explain spiritual growth in cancer patients showed that participants considered the disease as a growth phenomenon that had caused positive spiritual changes in them. It has been frequently cited in Islamic literature that hardships and disasters can lead to human growth [17]. It was found that spouse try to cope themselves by taking successive spiritual growth steps. In mysticism, obstacles and problems are considered constructive opportunities and factors for growth, so that, suffering, failure, and defects are excuses for ascending to transcendence and compensating for these short falls [18]. In this relationship, spouse see God as their kind soul-mate, and feel God and understand their suffering. They considered God as their everything which assist and help them to face the journey. They found such tranquility that they had not before the disease because they ignoring God [17].

Disease also changed people views in more spiritual way. Before their illness, people were engaged in material life and prioritized their physical, mental, and social needs, and paid less attention to spirituality. But, disease changed their view that distanced them from material life and focus on spiritual dimensions.

## (2) Stronger relationship.

When cancer is diagnosed in one member of a couple, both individuals' lives change dramatically, and both almost inevitably feel some loss of control. Healthy partners often take on new roles in the household and may face additional complex tasks.

"I always try to help her doing household duty. I know she suffered with pain"

The possibility of impending death encourages some couples to revalue their time spent together, thereby enriching their relationship as the respondent stated

"I just want to spend the time with him and making a good memories. Previously, we rarely meet because we live in different city".....

When facing the cancer diagnose, couple felt that they must reprioritize and strengthened their relationship [19]. Spending more time together and having more time to become more closer and explore their relationship are one of the way their strategies to face the cancer journey. Previous research also showed that those kind action have their greater appreciation of relationship following the onset of cancer [20].

The marital relationship can be a source of emotional and practical support for both patient and partner during the cancer experience and help them cope with the stressors. Therefore, maintaining the quality of this relationship is an important goal

## (3) Reaching out new goal

Most partners stated that they try to cope with the cancer diagnosis by trying to state their new goal with their partner. For the first time, they felt that it is hard but it is really helpful.

"we focus on our new goal, fighting for the cancer and support each other".....

"finally decide to set our new goal and face it together make us felt relief...."

It is widely thought that couples develop ways of thinking by setting their new goal about their future which help maintain normalcy and sustain quality of life during the challenges of stressful experiences. Setting goals is a great way to ensure that couples are on the same page. It is a way to plan the future and plan how couples will both get there together furthermore. It allows both partners to communicate their desires and solving their problem together [17].

The qualitative data acquired in this study provide profound insight about the experiences of partner's with cancer and how they cope with it. Generally, most partner use different strategies to help them cope with their partner cancer diagnosis. According to the results of this study, they try to use logical coping strategies that can strengthen their coping and support their partners such as spiritual growth, stronger relationship and setting the new goal. Nevertheless, partners in this study seems quite emotional and need some support to help both of them. Interventional program that focus on how the patient rebuild their relationship and stating the real new goal are needed to strengthen their coping in adjusting complicated situation. Furthermore, the finding of the study

also emphasized the importance of spiritual aspect to help the partners to deal with their spouse's cancer journey.

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**Authors' Contributions.** *NH* – developing a research proposal, collecting data, data analysis, and publication manuscript.

*ER* – developing a research proposal, collecting data data analysis and publication manuscript.

*SW* – developing research proposal, data analysis, and publication manuscript.

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