

## Introduction

Chemotherapy is one of the most stressful aspects of a breast cancer diagnosis, with up to 90% of patients reporting some level of distress (Costanzo et al., 2007). It can lead to poor functioning and fatigue post-treatment (Buick et al., 2000; Fan et al., 2005), as well as greater depression, anger, and mood disturbance (Hack et al., 2010). Much of the distress surrounding chemotherapy stems from the experiences of side effects. The response to treatment is individualistic; and while some side effects are common, their frequency and severity vary considerably.

Numerous interventions focusing on such strategies as stress management and cognitive behavioural training (Antoni et al., 2001; Matthews et al., 2017) have aimed to reduce distress and increase optimal coping strategies in women with breast cancer. However, these interventions teach women coping strategies that are considered to be generally adaptive, rather than focusing specifically on strategies that have been identified by participants as being most beneficial when responding to a specific aspect of an illness, such as chemotherapy. A more coordinated approach to their preparatory care during this time is required. Although some studies have assessed coping during chemotherapy (Bussell & Naus, 2010; Manne et al., 1994; Shapiro et al., 1997), they tend to use quantitative methods to measure generic coping styles. Even studies that have used a combination of questionnaires and open-ended questions do not explore the strategies women specifically used to cope with chemotherapy (Waldrop et al., 2011). Qualitative research is needed in this context, as questions can be tailored to how women respond to specific side effects of treatment such as fatigue (Magnusson et al., 1999) or hair loss (Frith et al., 2007; Zannini et al., 2012). The current study seeks to understand the subjective experience of women coping with chemotherapy treatment.

## **Aim of Study**

The objective of this study was to explore the types of coping strategies women use to deal with the side effects and distress of chemotherapy. A better understanding of these coping approaches will inform development of more tailored interventions in the future.

## **Methods**

### **Participants and Procedure**

This qualitative study was nested within a longitudinal study examining predictors of distress in women with breast cancer. Women presenting at a University hospital over a three-year period were invited to participate. The sample for this study consisted of 20 women who received chemotherapy as part of treatment for primary breast cancer. Women were eligible to take part if they had a confirmed diagnosis of breast cancer, had completed chemotherapy within the previous 12 months, were aged 18 years or over, and were fluent in English. The mean age of participants was 53.60 years. All respondents were Anglo-Saxon in their cultural background. Ten women received their treatment through symptomatic breast services whilst the remaining ten women received their treatment through the national breast cancer screening service.

The study was approved by the University and Hospital Research Ethics Committees. Eligible women were identified by the breast care nurses within the symptomatic and screening services in the university hospital. Information about the study, along with contact details of the researcher, was sent to these women. Those who agreed to participate and returned the consent forms were contacted via phone, and a time was arranged to conduct the interview.

All interviews were conducted by the first author and took place at the convenience of the participants, either within their home or in a private room in the university. For each interview,

participants were asked to describe their treatment for breast cancer and to identify ways in which they dealt with chemotherapy. The average length of the interviews was 69 minutes (range 22-125min). Interviews were audio-recorded and transcribed into MSWord, before being transferred into QSR NVivo10 software for analysis. A sample of at least 15 participants was sought based on recommendations from previous research (Francis et al., 2010; Guest et al., 2006). After 17 interviews, a consistent pattern of responses was established, indicating saturation had been achieved. Data collection was discontinued after 20 interviews.

### **Interview schedule**

In-depth, semi-structured interviews asked women to tell the story of how they were diagnosed with breast cancer, the type of treatment they received, and their experience of chemotherapy. The following questions, adapted from Lev and Owen (2000), were asked as probes to ensure that all factors were addressed: *What kind of things did you do to deal with the side effects of chemotherapy? What was the worst part of the experience of chemotherapy? What was the best part of the experience of chemotherapy? What advice would you give to other women about to have chemotherapy?* Although these questions were available, most women readily told their stories, which included this information. Participants consulted diaries that they had kept during their treatment as well as records of their treatment and side effects, as memory aids. Demographic and medical information were obtained at the start of each interview. Field notes were made after each interview.

## Data Analysis

The interviews were coded thematically by the authors. Results were organised by theme and subcategory, and quotes describing the themes were extracted. Thematic analysis was used, following the guidelines set out by Braun and Clarke (2006). First, the interviews were transcribed, read, and reread, in order to get an overall sense of each woman's story. The researcher's reflective notes were used to supplement each transcript. The first eight interview transcripts were analysed by the first author to identify themes in each transcript, and themes common to all eight transcripts. Each line of each transcript was analysed and coded openly. These open codes were then assessed for commonalities, and codes that had similar meanings were linked together to form a theme. Themes were then compared to one another, and sub-themes were established following discussion by both authors. This set of themes was then used to code the final 12 interview transcripts. Although the set of themes were used as a guide to code these transcripts, additional themes emerged during open coding, so the original coding framework was amended to incorporate these new codes. Once all transcripts were coded, the themes were again assessed by both authors and refined until a clear set of themes emerged. Illustrative quotations were compiled to give detailed descriptions of each theme.

## Results

Women engaged in numerous types of coping strategies to deal with chemotherapy. The three main themes within coping were *behavioural coping*, *emotional coping*, and *coping appraisal*. Example quotations can be seen in Table 2.

## **Behavioural Coping**

Women engaged in a number of coping strategies that involved behavioural changes or maintenance of behaviour, with the emphasis on controlling the side effects of treatment. This theme was further classified into *anticipatory coping*, *self-care behaviours*, *seeking information*, and *maintenance of activities*.

### **Anticipatory coping**

Based on the information available, a number of women engaged in anticipatory coping for dealing with some of the side effects of treatment. For example, a third of the women had prepared meals in advance so they would not have to cook during treatment: *Before I started the chemo, I had in the freezer ready meals ready, so I could just take one out for me. I also had meals ready for my husband and son (P8)*. This was especially important for women who were responsible for taking care of their families. This preparation helped women feel more in control and assuage their worry about how their families would cope during their treatment.

All twenty women considered their hair loss as traumatic, and to reduce the distress of losing one's hair, had bought a wig in advance. This was seen to be a way to avoid distress related to body image and loss of femininity, as well as a way to hide their illness and its effects from others. Other anticipatory coping strategies utilised by women to deal with hair loss was to cut their hair shorter before commencement of chemotherapy. This can be considered a form of behavioural rehearsal, whereby women prepare for a change in appearance, and eventual hair loss by 'rehearsing' the event. Four women shaved their heads before commencing treatment, in an attempt to exert complete control over when they lost their hair, rather than waiting for it to fall out: *I got rid of my hair before the cancer did. I had that control. I wanted that control, to*

*control when it started ... You went into chemo feeling in control (P10).* This sense of control was seen to be important in alleviating their distress, and alleviating feelings of self-consciousness and worry about how it would affect the entire family.

### **Seeking information**

Although all women reported receiving information about chemotherapy, the information provided was not specific enough to address individual concerns. One woman felt very unprepared and distressed prior to her first chemotherapy session, and mistakenly thought that treatment would cause her to vomit immediately: *I was worried I was going to (get) sick all over the place. I was terrified (P1).* Twelve women actively sought further information about their treatment. Seeking information was considered to be important in determining the causes of cancer and understanding their treatment better.

Written information was not considered to be useful, with many women reporting distress when reading leaflets and on the internet. The amount of information provided was often considered to be too detailed, and only focused on the medical aspects of treatment. Women felt that they did not receive enough information about how to deal specifically with side effects, leaving five women to feel overwhelmed. Many women made the decision to avoid all forms of written information during treatment: *I gave my laptop away to my son, because I went on the internet before the chemotherapy ... I wish I hadn't looked (P19).*

Twelve women found it useful to talk to others who had similar experiences. This was not only a source of information, but also a form of social support, whereby women received reassurance that they were not alone and that their experience was typical: *I got a whole load of different bits of advice from different people, and I suppose that's what is most useful. To let*

people, know what to expect and also to give them helpful hints along the way really (P18). The ability to talk to similar others was considered valuable, both as a way to reduce distress, and increase perceived control.

### **Self-care behaviour**

Engaging in self-care behaviours was seen to be an important part of coping. Although most change in dietary behaviour was as a result of changes in taste and nausea from the chemotherapy, it was considered important to eat healthily as much as possible to avoid further side effects of the treatment: *Nutrition as well is kind of important, when you're going through chemo. Just to give you a bit of strength as well (P5); I made sure I ate, and I made sure that I ate something healthy at those times (P8)*. Drinking plenty of fluids and exercising were also seen as important to take control and to influence recovery.

Although a small number of women reported that engaging in self-care behaviours may not have directly influenced their recovery, engaging in these strategies was considered important to maintain a sense of control over treatment. Many women felt distressed by this lack of control: *Your life's not your own on chemo (P10)*. Self-care behaviours were under the direct control of women, unlike the experience of side effects, so was considered to be an important way to feel part of their treatment: *I think that was maybe part of it too, you felt that there was something that I could do (P8)*.

### **Maintenance of activities**

All twenty women made attempts to maintain their routine and everyday activities as a way to regain a sense of control. The impact that treatment had on their ability to engage in

activities made it much more important for women to be able to maintain a sense of routine, whether it was to continue to cook for themselves, or to engage in small tasks like walking to a shop to buy a newspaper: *I was going out and you know; going out to the pub or wherever. Wherever I would normally go. I didn't think I should lie down and let it get to me (P20).*

Hospital appointments overtook many women's lives, so engaging in routine activities was an attempt to break through this new routine of hospital appointments, and regain a sense of control: *My calendar for that full month of May was hospital, hospital, hospital. Every week there was some hospital appointment (P15).* It was important for women that their diagnosis was not the focus of their lives and that they continued to engage in normal, day-to-day activities.

## **Emotional Coping**

Women also engaged in what can be termed emotional coping; coping strategies that aimed to reduce distress and minimise the psychosocial impact of treatment. These strategies included *refocusing attention, reappraisal, emotional expression, and seeking support.*

## **Refocusing attention**

Refocusing attention was utilised to distract women from their treatment, and included reading, watching TV, or going on holidays. It was seen as a way to refocus one's attention on something more positive. Half of the women interviewed also planned positive and enjoyable activities during or after chemotherapy as a way to refocus attention from their treatment.

Meeting friends for coffee during the days they felt better, or booking appointments for manicures were considered to be important forms of distraction: *If I was feeling good I'd go and have a facial, or I'd have reflexology (P2).*



## Reappraisal

Reappraisal included attempts to view the situation and side effects of treatment in more neutral or more positive ways; for example, treating hair loss as a good way to save money from hair dye and haircuts, and losing weight because of the inability to eat normally due to nausea: *It's the best diet you've ever been on! You lose a pile of weight (P9)*. Humour was an important way to cope for one woman, who discussed how her 'black humour' helped her reappraise somewhat frightening aspects of her treatment more positively. The use of reappraisal was seen to be an effective way of minimising the distress of the treatment and to perceive side effects as less noxious. One woman decided to reappraise the severe negative impact of her side effects as proof that the treatment was working: *My attitude at the time was well at least chemo is doing what it's supposed to do...obviously he had given me the drugs, and they were doing what they were supposed to do (P18)*.

Women also made downward comparisons to others with cancer so that their own experience was judged as less severe: *My best friend, she was actually worse than me with chemo. At least I didn't collapse. She just couldn't get out of the bed (P10)*. Although these comparisons helped some women see their experience as less negative, they were not always effective. For example, one woman compared herself to others who were coping far better, which distressed her further: *There was an elderly lady who was getting the exact same treatment as me and she'd come over to me, say it's better today and then hop off the bed, pick up her basket and off she'd go! (P17)*.

## **Emotional expression**

Emotional expression was used as a way to control emotions. Most women became very upset from their hair loss, and this was often the only time that women cried during the treatment process. More than half of the women discussed how they tried to protect their families from becoming upset, and to do this, they kept their worries and distress to themselves: *I tried to keep a brave face to it all (P4).*

Not expressing emotions; however, often led to further problems with coping. The expression of emotions and distress was considered by some to be a normal part of the process, but two women in particular found it difficult to do so. Expressing emotions was considered to be a turning point for one woman in her ability to cope; once she allowed herself to express her distress, she was able to deal with the situation better: *I couldn't lie down, so I baked a cake. In the middle of baking that cake, I just bawled my eyes out crying; I'd say for an hour. That got it out and I kind of coped then much better from then on (P17).*

## **Seeking support**

Twelve women accessed cancer support services, and found them useful to varying degrees. It was often noted that women felt uncomfortable expressing their concerns to family, so attending support services, whether it was attending a structured stress management programme, or simply talking to women who were also going through cancer treatment, was a way for women to express their fears and concerns without the need to protect others' feelings. Talking to others with similar experiences also provided women with reassurance that their experience was typical, and provided a welcome source of information about coping with specific side effects: *Another thing that was really helpful was talking to other women who were*

*going through it. That was really helpful. Because you weren't trying to protect them, they knew what it was like (P8).* Moreover, discussing their experience of treatment with others was a way to normalise their own experience, reducing feelings of isolation and distress.

Women who did not talk to others about their experience found it much more difficult to cope. One woman found it difficult to cope with her daughter's reactions to her illness, and felt that support from other women would have helped her understand her daughter's reactions more: *It would have been very helpful if I had someone who had been through it who had kids as well, and they had to deal with whatever issues that were thrown up with the kids. I could have thrown something like that against them and said is this normal? Should their grades be falling, or should I be concerned when she's locking herself in her room? (P18).*

### **Coping Appraisal**

Women made appraisals about their coping, and discussed their perceived ability to cope with the side effects of chemotherapy, and the difficulties they faced when attempting to implement coping strategies.

### **Coping ability**

More than half of the women reported feeling able to cope with their diagnosis and treatment, with most perceiving that they coped well overall with chemotherapy: *I think I got more used to it and I was better able to pull yourself together (P4); I got through it ... better than I expected (P20).* Perceived ability to cope was related to expectations of severity. For the most part, women either expected that the side effects they experienced would be less severe (*I was*

*quite cocky about the whole thing really. This is doable, P11), or more severe than they experienced: I didn't get any sickness. I was waiting for it to happen (P15).*

Coping with hair loss was generally considered a success. In particular, hiding hair loss with a wig was seen as successful. One woman found that her expectancy of losing her hair was more negative than the actual experience: *It was almost a kind of a novelty or whatever. I knew I was losing it so I had got my wig, and I had got my headscarves and all that (P5).*

Experiencing more severe side effects than expected led to greater levels of distress and more negative impact, whilst believing that the side effects would be more severe led to an immense sense of relief when the experience was less noxious: *It wasn't too bad at all. From what I saw; documentaries on the TV and that, I was pleasantly surprised; put it that way. It wasn't pleasant but I was pleasantly surprised (P20).* One woman reported how she believed that chemotherapy would alter her forever, but was thankful to find that she felt like herself once treatment was completed: *I felt, whatever this is going to do to me to help me; the side effects, and the negative side; I am never going to recover from it (P12).*

### **Difficulties in coping**

All women reported some difficulties in coping with chemotherapy. Difficulties generally focused on engaging in self-care behaviours, and coping with hair loss. Although women engaged in anticipatory coping, they found that it was not always successful. For example, chemotherapy prevented normal dietary behaviours, which negatively impacted upon the preparations they made for when they were unable to cook: *I found with the chemo, my tastes changed. I couldn't eat anything I'd prepared. I got cravings for things then that I didn't have you know. So, it didn't work out so handy as I had prepared (P8).*

The most common difficulty in coping experienced, was coping with hair loss. All twenty women reported some problems with their wig; some were more minor issues such as it being too warm or itchy to wear. Some women felt so uncomfortable with their wigs that they were unable to wear them: *I had a wig and I wore it from here to a park that's down there, back up again, and never again. It was the most horrible thing ever. I hated it. (P14)*. These problems with coping led to greater distress and alternate coping responses. Women wore bandanas and scarves instead of a wig, or asked family members to prepare meals for the rest of the family when they were unable. Although these difficulties were seen to be distressing, they were dealt with successfully by most women. For three women; however, the experience was so difficult that they felt at times unable to carry on: *The thought at that moment of having four (sessions of chemotherapy); I can't say I would have wanted to kill myself, but I would be close. I just, at that point I thought I couldn't handle that (P12)*.

## **Discussion**

Women utilised a wide range of coping strategies that served different functions. Behavioural coping was utilised to gain a greater sense of control over the disease and associated symptoms and recovery, whilst emotional coping was used to minimise the emotional distress and anxiety experienced as a result of treatment. In line with the current study, previous research asserts that differing coping strategies are more adaptive for certain situations (Endler et al., 2001), and that a combination of coping strategies is used to cope with chemotherapy (Bussell & Naus, 2010; Shapiro et al., 1997), Behavioural coping was used to cope with specific consequences of chemotherapy. Specifically, anticipatory coping such as buying a wig was used to counteract increased feelings of self-consciousness and to combat perceived loss of control.

Previous research asserts that women engage in anticipatory coping to prepare for and accept the side effects of treatment (Frith et al., 2007). Anticipating side effects and engaging in strategies to minimise their impact highlights the importance of the provision of accurate information of the side effects of treatment, and the potential for anticipatory coping as an effective intervention to reduce distress in women receiving chemotherapy.

Written information was considered inadequate and unwelcome. This was often related to its lack of specificity, and the provision of detailed but irrelevant information. Women prefer to receive information that is tailored to them, and that addresses their specific information needs (Brown et al., 2000; Kreling et al., 2006), whilst information on treatment and treatment-related side effects is frequently cited as the most important informational need of cancer patients (Mills & Sullivan, 1999; Morrison et al., 2012). In the current study, seeking information from similar others was considered much more useful than written medical information. According to Buunk and colleagues (2012), the use of information from other patients acts as a reference point, whereby patients can assess how their experience relates to others. The provision of specific information relating to how to cope effectively with the side effects, delivered by other patients, may be more useful than providing basic information in other formats.

Women participated in their recovery by engaging in self-care behaviours, and attempted to maintain routine activities. The importance of maintaining activities such as work and childcare have been seen previously as a way to regain a sense of control (Landmark & Wahl, 2002), with women more likely to maintain their normal activities during treatment if they hold high levels of self-efficacy (Henselmans et al., 2010). Most theories of adjustment to chronic illness include some form of perceived control or self-efficacy (Bandura, 1977; Lev et al., 1999),

so providing information and encouragement to women to engage in behaviours that increase their sense of control is essential, and importantly, can be incorporated into nursing practice.

Emotional coping such as refocusing attention was employed to minimise distress that women experienced as a result of treatment. The use of such distraction techniques (Waldrop et al., 2011) and positive reappraisal of a cancer diagnosis (Karademas et al., 2007) have been effective in decreasing distress. The current study highlighted that women engage in very specific forms of reappraisal to minimise the psychological impact of treatment side effects. The use of reappraisal, therefore, can be an effective form of coping with both general and specific aspects of a disease. Women considered emotional expression as adaptive, but many women were unwilling to express their emotions, leading to greater psychological distress, which has been reported previously (Iwamitsu et al., 2005; Owen et al., 2006). Encouraging emotional expression and positive reappraisal could be included in nursing practice to reduce treatment-related distress.

In line with previous research, seeking support from other patients was considered helpful in reducing distress (Thuné-Boyle et al., 2013; Waldrop et al., 2011). Cancer support services are becoming more available, and the provision of support from similar others, as well as encouragement to engage in emotional expression, according to the current findings, would be beneficial. Access to these services was not available to some women due to their geographical location or financial status, whilst others were unaware of the services available to them. Providing information about local services is important to ensure women are aware of and can access these services when needed.

Women made evaluations of how effective their coping strategies were; those who perceived that they were coping effectively with their side effects reported less treatment-related

distress. In contrast, women who had difficulties implementing coping strategies felt more distressed, reported more problems in general, and attempted to cope using alternative strategies. Very few studies have examined women's perceived efficacy of coping strategies, despite being considered important in models of chronic illness adjustment such as the Self-Regulatory Model (Leventhal et al., 1980). Although coping appraisal is often excluded in coping research (Montgomery & Bovbjerg, 2000), the findings highlight the importance of measuring not only what coping strategies have been employed, but also their perceived effectiveness in reducing chemotherapy side effects and distress. The expectancies of severity of symptoms further contributed to poorer coping appraisal and greater distress. Women who expected more severe consequences reported high levels of anticipatory distress. There is considerable research to show that women who expect to experience side effects tend to report greater levels of chemotherapy-related side effects such as anticipatory nausea prior to treatment (Colagiuri et al., 2013; Devlin et al., 2017; Montgomery & Bovbjerg, 2000). The current study is one of the first to examine the specific coping strategies used when dealing with chemotherapy; the findings can inform future studies that aim to increase sense of control, efficacy and self-management through the encouragement of specific types of coping. To date preparation for chemotherapy typically focuses on physical side effects with very little emphasis on how to cope psychologically. Developing education and information programmes to improve and increase expectancies of success may lead to better preparation for side effects of chemotherapy.

## **Limitations**

The interviews were retrospective, which can be problematic in relation to accuracy of recall. Women were interviewed an average of twelve months after chemotherapy was



completed; however, most women had documented when they received each treatment, and what side effects they had experienced at the time. Time-series designs may be more useful, as women could be interviewed at multiple time points throughout treatment. This method is time and resource-intensive, but the current study provides a basis for future research. Women were sampled from one of the eight centres of excellence for cancer treatment in Ireland which provides service to a large geographical area. Despite this, the inclusion of only one treatment centre may limit the generalisability of the results to all women in Ireland.

## **Conclusions**

This is one of the few studies that have examined the specific coping of women in response to chemotherapy. It provides insight into the kind of strategies that will be useful to help develop relevant support services. Women engage in a range of behavioural and emotional coping strategies to deal with the side effects of treatment, in an attempt to maintain a sense of control and manage the physical impact of these treatment effects, as well as reduce their distress. Interventions to help women manage expectancies and enhance coping efficacy would be useful. Women undergoing chemotherapy also need accurate information regarding the side effects of treatment, and information about local and national support services, to increase opportunities for peer-to-peer support. Oncology nurses are ideally placed to drive the provision of pre-chemotherapy care programmes that includes specific and focused preparatory material to increase adaptive coping and reduce distress.

**Declaration of interest:** none.

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Table 1. *Summary of Demographic and Medical Variables of Women Interviewed*

Variable	<i>M</i>	<i>SD</i>	<i>Range</i>
Age (years)	53.60	7.74	38-65
Time since diagnosis (months)	20.45	11.49	9-48
Time since completed chemotherapy (months)	12.28	9.79	1-18
Number of chemotherapy sessions	6.00	2.42	4-12

  

Variable	<i>N</i>	%
<b>Marital status</b>		
Single	1	5.00
Married	17	85.00
Separated	1	5.00
Widowed	1	5.00
<b>Employment</b>		
Part-time employment	6	30.00
Full-time employment	5	25.00
Working in the home	6	30.00
Retired	1	5.00
No employment	2	10.00
<b>Surgery</b>		
Lumpectomy	14	70.00
Mastectomy without reconstruction	3	15.00
Mastectomy with reconstruction	3	15.00
Radiation therapy: yes	16	80.00
Hormone therapy: yes	17	85.00
Children: yes	18	90.00





Table 2. First- and second-level themes with example quotations

First-level theme	Second-level theme	Example Quotations
Behavioural coping	Anticipatory Coping	I had a wig already got. . . I did have (my hair) short, very short like you know going through the treatment (P3) I had cut my hair, my hair was always kind of short anyway, so when I knew this was happening say, I went every two weeks and got it cut shorter and shorter so that by the time I was going in for the chemo it was, I'd really short hair (P2)
	Seeking Information	I got those books in the hospital, you know there's different books for all the, there's one for radiotherapy, one for chemotherapy, one for everything really. I got those books (P2) You'll always meet somebody else that's in the same boat as yourself. So I think that was good to kind of be in touch with those people as well (P3)
	Self-care Behaviour	I made sure I ate, and I made sure that I ate something healthy at those times (P8). I was very mindful of the fact that it was important to keep the healthy diet as well. I probably ate better when I was on chemo (P18) But I think the water is important. Drink lots and lots of water. It'll help flush out the effects and you'll get over it quicker, d 'you know (P3)
	Maintenance of Activities	Keep trying to keep your life as normal, I think, as possible. And keep doing the things that you always you know you did. Don't let it totally change, you know, your, your routine and your life (P3) Get on as normal as much as you can. Put on make-up in the morning or whatever time you get up at (P7)
Emotional coping	Refocusing Attention	I went on holidays in between ... It was the best thing I ever did, because I got home and I went in (the next day) for the results. So I didn't really think about it when I was away, which was great (P18) I think the trip away was a good help as well. Something to look forward to; it did help a lot. Something out of the ordinary (P20)
	Reappraisal	My skin all over felt like silk... and my nails grew like never before; so, there's positives in it! (P12) When I was doing the chemo, it was great with no plucking the eyebrows, shaving the legs or underarms, I saved a fortune in hair dye and in razors. (P15)
	Emotional Expression	It was the first time I broke down then, up in the day care. I was there and one of the nurses, she's a sister on the ward. She was talking to me and I just burst out crying. That was the first time from the day I was told I had it, that I actually cried. Even with my family or on my own, I never cried. I absolutely never cried. I just burst out that day; I couldn't help it (P19). I think in hindsight, had I cried I would have been better treated. I didn't because that's not my way. That's not how I deal with it at all. I gave the impression that I was flying it and I was able to deal with it. I know I was dealing with it better than others but there were times when I wasn't, and I found I stuck my head into the sand (P18)
	Seeking Support	I did go to the cancer support centre . . . I'd go because I quite liked a chat with the other women, and they'd be saying how they felt and what food they couldn't taste and what did they do ... and it was great having a laugh, and to hear other people talking about it (P1) Another thing that was really helpful was talking to other women who were going through it. That was really helpful. Because you weren't trying to protect them, they knew what it was like (P8).
Coping Appraisal	Coping Ability	It wasn't anything that I couldn't cope with. I kind of knew at that stage (P18)
	Difficulties in Coping	I used to drink a lot of water but I actually found it a hell of an effort to drink water. I didn't want it; the water was ok, but I just didn't feel like drinking. I didn't feel like taking anything down that was going to upset my stomach (P11) My head was tender with losing the hair so quick; I couldn't wear the wig all the time. Or I'd only wear it a bit and then I'd take it off (P1)