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Comparing Coping Styles in Cancer Patients and Healthy Subjects

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Abstract

The purpose of this study was to compare coping styles between cancer patients and healthy people. The statistical population of this study consisted of all patients who had referred to Laleh Hospital as well as Breast Cancer Research Center. Among them, 80 patients were selected by convenience sampling. Healthy people were selected by random sampling method and the groups were matched in age and education level with each other. The Coping Strategies Questionnaire (CSQ) of Lazarus and Folkman was used and the collected data was introduced to SPSS and was analyzed by descriptive statistical methods as well as ANOVA analysis. The results of this study showed that cancer patients mostly use emotion-focused coping strategies compared with healthy people and they generally use the subscales of confrontive coping, escape-avoidance and seeking social support while they hardly use the subscales of self-controlling, accepting responsibility, planful problem solving and positive reappraisal.

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1. Introduction

Today, the development of stress making factors and the decrease of human tolerance against them due to the change of life style, have made stress a sophisticated and great problem as it is under the influence of different factors and their interactions with each other. Industrialization, ever-increasing changes of science and technology, growth of population, not to be duty bound to traditional mores, variations of family relationship, the changes of family members' roles, rupture of relationship between family members, poverty, privation, disability, chronic diseases (ailments) and the change of cultural and social values could be referred as the most important phenomena creating stress (Kavita, 2009).

Lazarus (1984) believes that in every stressful situation, there are different ways by which one could cope with stresses. Generally, he addresses two types of coping strategies: a) problem-focused strategies and b) emotion-focused strategies. The first one includes attempts for solving the problem generating the considered stress while the latter deal with the ways of decreasing the emotional feelings resulted from the problem with no concentration on the problem itself. Previous approaches have conceptualized coping styles as a mere fixed and almost durable attribute. For instance, Han has classified coping styles in terms of defense methods while Vilant has practiced it in

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terms of maturity. The wide acceptance of Lazarus interactive theory of mental pressure and coping resulted in a considerable change in its conceptualization method. The theory does not consider coping as a fixed behavioral method. Instead, it knows it as personal cognitions and behaviors creating in response to specific stressful situations. This means that coping is considered as a dynamic trend varying by time and in response to objective demands and mental assessment of conditions.

Cancer is one of the diseases which have been tightly and directly linked with the events of a stressful life. Cancer is an abstruse and disabling disease. It is the most important medical-biological cause of fatality in most countries after heart diseases. Cancer patients, encounter different kinds of biological, psychological and social problems [Gabriel, 2008]. Cancer occurs when a specific elementary body cell begins to reproduce rapidly and makes a tumor which attacks intact tissues of the body. As far as the tumor is not destroyed or removed from the body as earlier as possible, it causes damages to the healthy and intact organs of the body which ultimately results in death. Currently, specific kinds of cancers have been recognized which seems that are generated due to the interactions of hereditary and environmental factors as well as some changes in the body's immune system (Almeida and Berry, 2009).

The way people tolerate with stress making events, plays a significant role in the quality of life, life expectancy and the performance of people. Since the number of cancer patients is increasingly growing and only a few researches have been carried out in this field, the current study is about to recognize the difference of coping styles in cancer patients and healthy people.

2. Method

2.1. Statistical Population, Method and Sample Size

This is a causative-comparative study in which the statistical population consists of all patients who have referred to Laleh Hospital as well as Breast Cancer Research Center in 2012. Among them, 80 patients were selected by convenience sampling method. When the healthy people group was matched with the patients group in age and education level, the sampling of the group was conducted by simple random sampling method.

2.1.1. Instruments

Ways of Coping Questionnaire (WCQ) has been prepared by Lazarus and Folkman (1984). It is a 4 point scale questionnaire, ranging from 1 to 4, and consists of 66 questions. According to Lazarus, inherent stability ranges from 0.66 to 0.79 for different coping styles. The Cronbach alpha of this study is 0.87 and 0.66 in healthy and patients groups, respectively. The validity of subscales ranges from 0.57 to 0.81 and from 0.39 to 0.652 for healthy and cancer patients groups, respectively.

3. Results

Table 1 shows the mean and standard deviation of the subscales of coping strategies in cancer patients and healthy people. According to this table, the mean of the problem-focused style subscales i.e. accepting responsibility, planful problem solving and self-controlling is lower in cancer patients compared with healthy people while in the emotion-focused style's subscales i.e. seeking social support, confrontive coping and escape-avoidance it is higher in cancer patients compared with healthy people.

Table 1. mean and standard deviation of the subscales of coping strategies in cancer patients and healthy people

Subscales	Cancer		Normal	
	M	SD	M	SD
problem-focused coping strategies	2.07	0.126	2.55	0.374
emotion-focused coping strategies	2.38	0.178	2.24	0.198

seeking social support	3.57	0.147	2.60	0.428
accepting responsibility	1.49	0.299	2.59	0.656
planful problem solving	1.35	0.194	2.45	0.446
positive reappraisal	1.86	0.244	2.58	0.410
confrontive	2.54	0.296	2.32	0.374
Distancing	2.19	0.578	2.05	0.383
self-controlling	1.67	0.212	2.46	0.322
escape-avoidance	3.11	0.234	2.12	0.469

To evaluate the significance of the difference between two groups, ANOVA test was used following confirmation of its main assumptions. Table 2 shows the results.

Table No. 2: Results of ANOVA test

Subscales	SS	DF	MS	F
problem-focused coping strategies	5.172	1	5.172	70.208
emotion-focused coping strategies	0.435	1	0.435	12.330
seeking social support	20.898	1	20.898	215.979
accepting responsibility	26.304	1	26.304	106.100
planful problem solving	26.504	1	26.504	235.146
positive reappraisal	11.502	1	11.502	104.732
confrontive	1.113	1	1.113	9.946
Distancing	0.395	1	0.395	1.599
self-controlling	13.499	1	13.499	186.863
escape-avoidance	21.419	1	21.419	162.430

The ANOVA results indicate that the use of problem-focused subscales including accepting responsibility, planful problem solving and self-controlling by cancer patients was significantly lower than healthy people ($p < 0.01$) while the use of emotion-focused subscales including seeking social support, confrontive coping and escape-avoidance by cancer patients was significantly higher than healthy people ($p < 0.01$). There was no significant difference in distancing strategies between both groups.

4. Discussion and Conclusion

In this study, the mean of coping style points was statistically significant between cancer patients and healthy people. Therefore, it could be argued that the main hypothesis of the study stating that "there is a significant difference in coping styles between cancer patients and healthy people" is confirmed.

The results of this study agree with the studies of Zhiyang (2008), Matsoshita (2005) and Sohlen et al. (2003) who showed that cancer patients mostly use emotion-focused coping styles. Also, they agree with the results of Derex et al. (2005) who showed that escape-avoidance is one of the most used strategies by cancer patients. However, they are in concordance with the results of Sing (2010), Carbulotto et al. (2010) and Filis et al. (2003) who showed that cancer patients use social support strategy more than healthy people do.

According to Lazarus-Folkman behavior model (1984), the individuals with more intense levels of perceived stress, more use emotion-focused coping strategies. Therefore, it seems that if people believe that the stress could be controlled, they will use problem-focused strategies more otherwise, they will approach towards emotion-focused strategies. Imminent death, challenging with the disabilities of cancer, personal and occupational problems, treatment costs and the abeyance of the future of cancer treatment all and all direct cancer patients to believe that the current situation is not controllable. Therefore, the problem-focused strategies are replaced by the emotion-focused ones.

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