

# MANAGING ANXIETY AMONG BREAST CANCER'S PATIENTS

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## ABSTRACT

*The study focuses on anxiety among breast cancer's patients. It aims at investigating generally the effectiveness of different coping mechanisms and specifically religious orientation in managing anxiety among them. In many ways, psychology books focus on different coping strategies as acceptance, denial, social support, positive interpretation and so on. Moreover, the holy books focus on the importance of religiosity in buffering the feeling of anxiety among patients. Patients believe that God is the foremost and the ultimate to refer to whenever they feel pain. This can help us to find out the religious way to cope with anxiety. Eventually, religiosity, belief, prayers, and other religious orientation proved to be the best way to cope with pain and anxiety.*

**Keywords:** *Anxiety Management, religious coping, Coping mechanisms*

## INTRODUCTION

Breast cancer is the most common cancer among Malaysian women. According to Hisham AN, Yip CH (2004); "There is a marked geographical difference in the worldwide incidence of breast cancer, with a higher incidence in developed countries compared to developing countries". The breast cancer studies shows that from 1998 to 2001 that there were new cases of breast cancer presenting to the breast clinics at Hospital Kuala Lumpur and University Malaya Medical Centre in Malaysia (Hisham AN, Yip CH; 2004).

Cancer patients usually face more psychological problem compared to other patients. The diagnosis of having cancer itself is great challenge. This is followed by lack of patients' personal control over the current treatment method and uncertainty of its outcome. Therefore, anxiety is associated with cancer; it is the most prevalent psychological symptoms perceived by cancer patients (Takahashi et al., 2008) as a response to a threat, and so many patients are anxious. In one study done by Ashbury FD, et al (1998), 77% of 913 patients within 2 years of treatment recalled experiencing anxiety. However, anxiety after cancer diagnosis is not necessarily abnormal, may not present a problem, or may even be a constructive part of dealing with problems (Andersen & Tewfik, 1985).

## ANXIETY IN BREAST CANCERS' PATIENTS

All of us feel anxious sometimes. We may worry about things that might happen or have a restless night of sleep. But, people with an anxiety problem worry so much that it affects their lives in negative ways.

Anxiety is a normal reaction to cancer, women anxiety increases once they discover that they suffer from breast cancer, they feel that they are in a critical conditions and they are toward the grave. Persons with cancer will find that their feelings of anxiety increase or decrease at different times. A patient may become more anxious as cancer spreads or treatment becomes more intense. Consequently, the level of anxiety experienced by one person with cancer may differ from the anxiety experienced by another person. Many cases were treated from this sickness, but others were not. Therefore, psychologists need to give support and hope to breast cancer's patients; they need to help them cope with their feeling and pain. Therefore, religious orientation considers the best coping strategies with cancer's cases.

Anxiety can be defined as an unpleasant subjective experience associated with the perception of real threat; therefore, it is a common symptom in connection with cancer (Ahlberg, et al 2004). In one study done by Ashbury, et al (1998) indicated that 77% of patients within 2 years of treatment recalled experiencing anxiety. On the other hand, anxiety after cancer diagnosis is not necessarily to be normal, understanding the nature of the anxiety in cancer patient populations is important because abnormal anxiety is troublesome the psychological wellbeing of the patients (Sherbourne, (1996) & Sheard (1999)).

Interviewing some breast cancer patients reported that their anxiety is characterized by a number of typical symptoms and signs such as shivering or tremor. They find that their feelings of anxiety increase or decrease at different times. They may become more anxious as cancer spreads or treatment becomes more intense. The level of anxiety experienced by one person may differ from the level of anxiety experienced by another. Anxiety in breast cancer patients is associated with death anxiety, fear of death as a result of their symptom. According to Pollak (1979) this type of anxiety is lower for people who have a positive sense of well-being and sense of meaning in life. In addition, evidence indicates that religious beliefs influence their level of anxiety.

As stated above, anxiety is one of the most dominant psychological challenges associated with cancer. Many researchers have investigated the differences in anxiety level among women receiving different breast cancer treatments. Recently study done by Lim (2011) indicated that anxiety presenting in all treatment types for breast cancer. Moreover, the anxiety level in women who underwent chemotherapy was highest before the first chemotherapy infusion, mediated by age and trait anxiety. This result confirms the needs for more research and studies on anxiety among breast cancer's patients.

## **COPING MECHANISMS**

Coping strategies refer to the specific efforts, both behavioral and events. Appropriate coping and adjustment is important in facing the anxiety associated with breast cancer, even though, the coping depends on how the anxiety is affecting daily life for the patient. Treatment for anxiety can begins by giving the patient adequate information and support, and then developing coping strategies that suit the need of each patient. Payne (1990) stated that chemotherapy recipients employed four predominant styles in coping with the treatment crisis - think positively/fighter, acceptance, fearfulness and hopelessness.

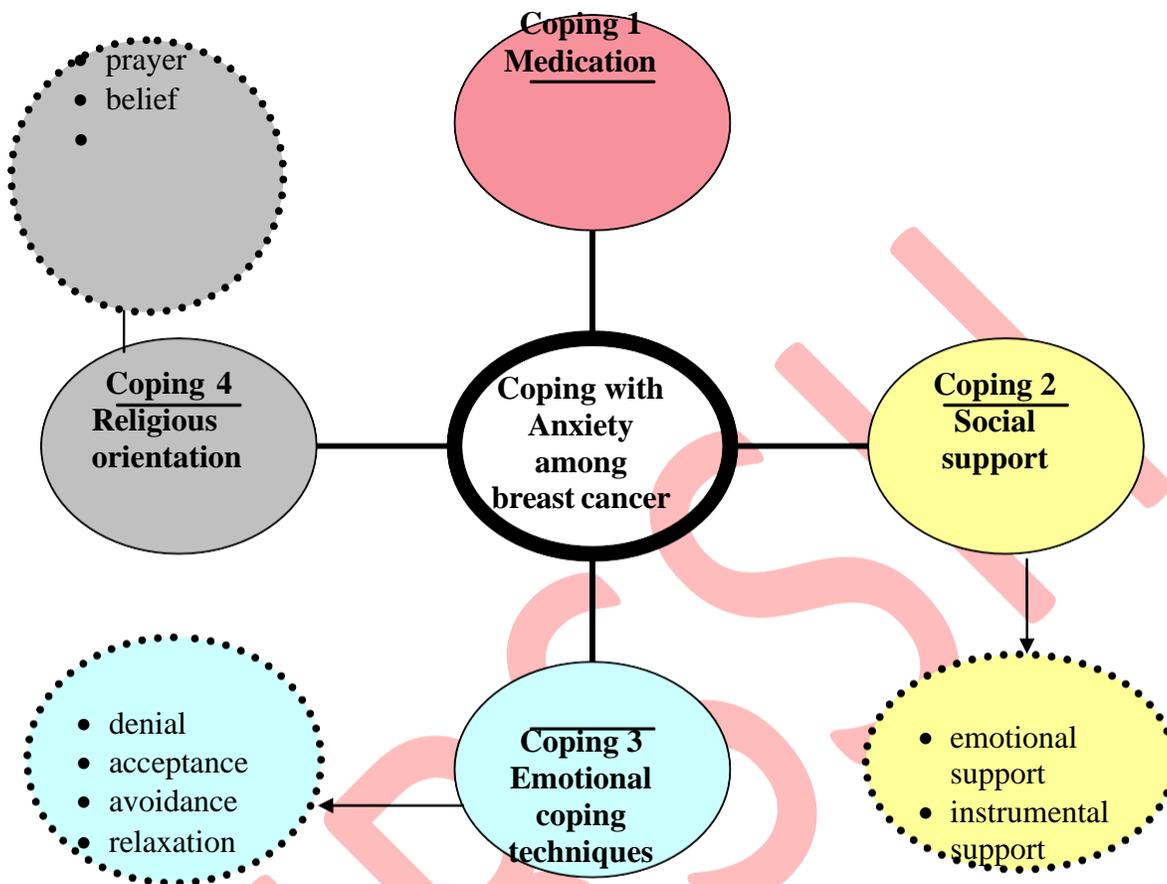
Different studies showed that various kinds of coping strategies are used in different types and stages of cancer Gustafsson & Edvarsson (2006). For instance, Tokai (1995) reported that patients employ the avoidance strategies for not wanting to accept the disease in the period of diagnosis and for encountering more stressful events in advanced stages of the disease. Another study done by Zabalegui et al (2005) suggested that there is a relationship between the coping strategies used by patients with cancer and psychological symptoms including anxiety and depression. Reuter et al (2006) stated that patients using ineffective coping strategies have higher levels of anxiety and depression and that benefiting from social support results in a marked reduction in the levels of anxiety and depression.

Moreover, the importance of social support to good mental health outcomes is well established (Rhodes & Lakey, 1999). As well as the positive effect of good social support, the detrimental effect of negative interactions with significant others in the social environment has also become apparent in psychiatric and other conditions (Wearden, TARRIER, Barrowclough, Zastowney, & Rahill, 2000).

Folkman, and Lazarus (1985) suggested emotional and problem focused techniques, Patients may use the emotion coping techniques as self-control, positive evaluation, accepting, denial and avoidance to cope with their anxiety. In one researcher done by Zabalegui (1999) pointed out that behavioral escape avoidance and cognitive escape-avoidance are the most important coping mechanisms that contribute to the psychological distress of the cancer patients receiving chemotherapy.

One of the most commonly used categories is active coping versus passive/avoidant coping (Carrico et al., 2006). Active coping efforts are aimed at facing a problem directly and determining possible viable solutions to reduce the effect of a given stressor. Meanwhile, passive/avoidant coping refers to behaviors that seek to escape the source of distress without confronting it (Folkman & Lazarus, 1984). Breast cancer's patients may use the active versus passive/avoidant coping to reduce their feeling of anxiety; they can actively face the cancer and seek for ways to eliminate it. Otherwise, they can avoid or escape their thinking on the problem.

Diagram 1



## **RELIGIOUS ORIENTATION**

Researches show that religion, belief and spirituality can play an important role in the management of anxiety, sickness, and disease. Religious coping has been widely used by patients with all types of chronic diseases, including cancer. To this end, the notion that religion and spirituality are unimportant in the lives of patients can likely be dispelled. However, many questions remain unanswered. However, at this point, researcher will try to answer one of the most important questions that is “why religion is important in managing anxiety among breast cancer’s patients?”

Within the last few years the connection between religiousness and psychological adjustment has become a subject of increasing interest within the field of health care (Koenig et al., 2002). Religious or spiritual issues seem to play an important role in the coping process for many patients, particularly those facing severe and potentially life threatening illness such as cancer (Gall et al., 2005). Across studies of participants with diverse types of cancer the majority reported, often spontaneously, religious faith to be a major source of

support in dealing with their illness (Feher and Maly, 1999). It was assumed that religious involvement may help cancer patients in order to relieve stress, retain a sense of control, maintain hope and self-esteem as well as a sense of meaning and purpose in life (e.g. Levin.&Taylor, 1997; Taylor, 1993).

Religion plays an important role in managing anxiety and stress in human being. Accordingly, Kaye (1994) highlighted that the recent interest in complementary and alternative medicine has reintroduced the importance and interrelatedness of spirituality and medicine. Spirituality and religion may help patients and those who care for them to cope with illness as well as other stressful events in life. Along the same lines, Pargament (1997) suggested that religion may provide faith and hope in that divine intervention may aid in controlling the outcome of the illness and can then aid individuals in continuing treatment despite adversity.

Many current studies focus on the importance of prayer, ritual, belief, worship, and communicating with God in curing the patients and affecting their well-being. Preliminary results have shown such great relationships between overall health and spirituality that some care providers are providing to patients. Kutz, (2004) found that prayed-for patients (an experimental group of patients that had received prayer from a group of participants instructed to pray for them) diagnosed with bloodstream infections recovered significantly faster than patients with the same type of infection that had not received prayer.

## **CONCLUSIONS**

Keeping anxiety at a minimum level in cancer’s patients are very important. There may be times patients may just want to draw back and hide sickness for a while. There may be times when this is appropriate, but hiding usually does not help because it does not deal with the cause of anxiety, finding ways to deal with it is vital. Patients can help deal with anxiety by using simple adjustment as social support, acceptance, denial, positive interpretation or religious coping.

The vast literature on religious orientation and health is evidence of the widespread belief that the ways people cope is somehow linked to their health. This paper showed a variety of mental health issues among breast cancers' patients, including anxiety, coping mechanisms, religious orientation, and relationships between them and mental well-being and adjustments.

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