

Risk Coping Strategies Among Chinese Breast Cancer Survivors: A Qualitative Study

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Abstract

Breast cancer (BC) is intricately linked with emotions, underscoring the importance of BC survivors adopting effective coping strategies. This study utilized qualitative research methods and semi-structured interviews to explore the evolving coping strategies of 15 Chinese BC survivors throughout their recovery journey. Through the process of coding and organizing the interview data, it was found that individuals frequently shifted from employing negative coping strategies to employing active coping strategies when faced with risk. The transformation approaches include from ineffective emotional venting to positive reappraisal; from focused on thought/rumination to avoidance; from putting into perspective to positive focusing; from other blame to positive refocusing; identifying and cleaning up irrational emotions; self-awareness growth. Furthermore, three coping strategies emerged: emotion-focused coping; problem-focused coping; and meaning-focused coping. Each coping strategy offers unique strengths and appropriate situations. The findings underscore the importance of fostering a positive outlook on risks among BC survivors and continuously enhancing their coping skills to navigate the challenges they encounter.

Keywords: *Breast Cancer, Chinese Women, Qualitative, Coping Strategy.*

Introduction

Breast cancer (BC) holds the highest incidence rate among female cancers. However, with advancements in medical technology and the continuous refinement of clinicians' expertise, the mortality rate associated with breast tumors is declining. BC is gradually transitioning into a chronic illness (Bazzi et al., 2023). The 5-year relative survival rate for BC in China has risen from 75% in the mid-1970s to 90% in recent years (Li et al., 2016). Many survivors are prepared for long-term management of their condition. BC survivors endure significant physical and mental stress due to breast defects resulting from the disease, as well as the pain and complications stemming from treatment. Furthermore, the fear of postoperative recurrence exacerbates their emotional strain (Maass et al., 2019; Aitken & Hossan, 2022; Carreira et al., 2018). These negative emotional impacts may persist even after treatment concludes. When coupled with other chronic stressors prevalent in women's family lives, these risk factors significantly affect the quality of life among BC survivors (Hu et al., 2021).

However, individuals may also develop coping ability because of the traumas they experience. When individuals possess the ability to assess risks, the cognitive process of how-to better handle stress and then restore internal and external balance reflects the individual's coping strategies. The research on coping styles pioneered by Lazarus & Folkman (1984) distinguished coping styles into two categories: problem-focused and emotion-focused coping. The former focuses on solving problems that cause psychological distress, primarily by making plans and taking action to solve them. The latter aims to improve the negative emotions associated with the problem, focusing on distracting attention from activities that cause negative emotions or seeking emotional support. Psychologists generally agree that problem-focused coping is more effective, and consistently linked to lower stress levels and improved mental health outcomes compared to emotion-focused coping (Bhagat et al., 2020; Carroll, 2020). However, in situations where the problem cannot be directly altered or resolved, emotion-focused coping strategies may prove beneficial (Ben-Zur, 2020). Individuals do not only use one coping style, but often acquire a series of coping strategies. Coping is a

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dynamic process involving the interaction of an individual's internal and external resources, which can be active or passive in response to adversity (Stephenson & DeLongis, 2020).

After facing BC, many women do not succumb to despair but instead find a renewed sense of purpose in life. The challenges they encounter serve as 'key turning points' (Rutter, 1987) or 'bifurcations' (Flach, 1988) in life development, opening possibilities for changes in coping strategies. It includes changing an individual's assessment of stressful events and behavioral strategies adopted to relieve psychological stress. Since the 1940s, the study of coping strategy has been widely used to explore the process of obtaining human mental health. Scholars typically employ corresponding questionnaires to measure coping strategies in research studies (Monticone et al., 2014; Hamby et al., 2015). Although questionnaires can measure individual coping abilities, they cannot discuss and describe the unique risk coping experiences of BC survivors. This research proposal employs qualitative research methods to investigate the risk coping strategies of Chinese female BC survivors, aiming to delve into individuals' abilities to navigate challenges, enhance their quality of life and life satisfaction, and inspire others facing similar risks.

Ethics Approval

This study was approved by the UKM Research Ethics Committee (Ethics Code No. JEP-2023-728)

Methods

Design

This study uses qualitative research methods, through case study research methods, and semi-structured in-depth interviews. Through interaction with the participants, the researcher gains a nuanced and detailed understanding of the research problem, obtaining a comprehensive insight into the quality of experiences (Silverman & Marvasti, 2008). This approach facilitates the extraction of richer and more profound data, allowing for the exploration of various coping strategies based on the narratives provided by the participants. Purposive sampling was utilized to select research subjects, recruiting a total of 15 BC survivors based on the saturation criterion (Strauss & Corbin, 1998).

Data Collection

After signing of the informed consent form, individual interviews began. The researcher scheduled one or more interviews based on the informants' availability and aimed to saturate the data as much as possible. Subsequently, the recorded interview data were transcribed into text format and organized for analysis. The interview outline for this study encompasses the following themes: i. BC diagnosis and treatment experience, ii. experiences and feelings during treatment and recovery, iii. challenges encountered during this period, iv. coping strategies employed, v. positive changes observed before and after the illness. Throughout the interviews, an open and flexible approach was maintained, with a willingness to adapt and learn from the informants' experiences, allowing for modifications to the interview process as needed.

Data Analysis

The data were analyzed utilizing an inductive approach following Braun and Clarke's guidelines (2006), with the thematic analysis process unfolding as follows: i. Data familiarization, ii. generating initial codes, iii. searching for themes in the data, iv. reviewing themes, v. creating a report.

Trustworthiness

This study employed Guba and Lincoln's (2014) quality evaluation model to assess the validity of qualitative research. pre-interviews were conducted to define interview criteria, validate the interview outline. The researcher adhered to scientific research methods, maintained neutrality. Word-for-word transcription was utilized to uphold the authenticity of transcribed text. During data analysis, topics were analyzed and refined

while respecting participants' values, maintaining an open-minded approach, and avoiding personal inferences, subjective assumptions, or value judgments.

Findings

Participants

A total of 15 Chinese BC survivors were recruited for this study. Details of the participants' information are given in Table 1.

Table 1. Demographic Information of BC Survivors' Informants

Age	Marital Status	Education	Profession	Age of illness	Illness and treatment	Relapse or metastasis
40	Divorced and has a daughter	Secondary education	Clerk	6 Year	Stage 2 bilateral infiltrating breast-conserving surgery	None
42	Married with a daughter	Postgraduate	Unemployed	7 Year	Right side axillary and ovarian excision	None
40	Married with a daughter	High school	Military retirement	24 Year	Right side mastectomy	Lung metastasis
40	Married with a daughter	Undergraduate	Industrial design retirement	7 Year	Stage 3 with slightly diffused lymphatic spread, right side partial mastectomy	None
43	Married with a daughter	College	Management post retirement	9 Year	Stage 2 infiltrating left breast mastectomy	None
45	Married with a son	College	business	10 Year	Breast-conserving surgery	Bone metastasis
42	Married with two children	High school	Unemployed	2 Year	Triple-negative BC	None
43	Married with a son	Undergraduate	Financial director retires	7 Year	Right side excision	None
45	Married with a son	Undergraduate	Business	5 Year	Stage 2A triple-negative BC, excision surgery	lymphatic, bone, and lung metastasis
43	Married with two children	Undergraduate	Obstetrician and Gynecologist	1 Year	Invasive BC, right side mastectomy	None
40	Married with two children	High school	Unemployed	9 Year	Unilateral mastectomy	Bone metastasis
40	Married with a daughter	Undergraduate	Unit employees	2 Year	Stage 1 triple-positive BC	None
43	Married with a daughter	College	Retire	1 Year	Right side mastectomy	None
46	Married with two children	Postgraduate	Retire	3 Year	Breast-conserving surgery	None
45	Married with two children	Undergraduate	Resign	2 Year	Triple-negative BC, unilateral mastectomy, with excision of ovaries and fallopian tubes.	Metastatic skin cancer

Changes In Coping Strategies

From ineffective emotional venting to positive reappraisal

BCS 10 was maliciously commented and slandered by a nurse during a physical examination. She said that her coping strategies before getting sick was to directly vent her emotions and have a big fight with the nurse. This is an ineffective emotional venting, which refers to over-reliance on emotional venting without adopting other more effective coping strategies. It may seem like she is venting her anger, but in fact it will cause greater harm to herself. In some cases, venting may allow the individual to remain trapped in negative emotions. After experiencing the pain of BC, she changed her coping strategy and chose to accept the experience, compromise with what had happened, and not conflict with others. This acceptance as a

positive coping strategies is positively associated with optimism and self-esteem, reducing the appearance of anxiety (Carver & Scheier, 1994). Later, she influenced her emotions through positive thoughts, and recognized her own approach that represented inner strength. This was a kind of positive reappraisal, which refers to giving events a positive meaning based on an individual's growth experience. As she said:

“the nurse saw my chest and armpits and casually said that my body was ‘ridden with holes’. I felt very uncomfortable at the time. If it was my previous personality, I would be angry again and have to argue with her. Now that I have experienced the pain, I warned myself not to be angry. I just talked to my husband. Although she lacks medical ethics, at least my heart is strong!”

BCS 10

From focused on thought/rumination to avoidance

Compared to focused on thought/rumination, avoidance is also a passive response. But in the face of huge trauma, temporary avoidance is an improvement in coping strategy. BCS 5 talked about the changes in the way of coping after relapse compared with when BC was first diagnosed. For the first time, she was filled with panic and fear, and she focused on thought/rumination, focusing on the feelings and feelings related to the negative event. This response, if sustained over the long term, will lead to higher levels of depression (Hoeksma et al., 1994). The second time she chose to let herself go through avoidance, which reduced the damage to herself to a certain extent compared to the first time. As she said:

“Compared to the last time, when I was flustered and frustrated, had trouble sleeping and eating, was in panic all day long, and sat at home alone without wanting to do anything or being unable to do anything, this time, I have made some progress, right?”

BCS 5

From putting into perspective to positive focusing

BCS 1 talked about her first and second bathing experiences. Both times, she used emotion-focused coping, but the first time she cared about other people's opinions, always remembering that she was a patient, and being careful in her actions. She also showed some rebellious psychology, deliberately showing that she didn't care about the lack of breasts and showing her ‘relief’ about the illness. In fact, she was very concerned about it and did not dare to ask anyone to help her rub the bath. She knows this is putting into perspective, comforting herself to reduce the seriousness of the event in her mind. For the second time, she defeated her inner fear and accepted her own identity. She gained more confidence and calmness. With a grateful heart, she embraced the surrounding environment. Although she could not completely get rid of her emotional troubles in one go, she positively refocused herself, try to encourage herself to think about pleasant, exciting things. Focusing on positive things can be considered a form of ‘psychological escape’ or can be defined as turning to or focusing on more positive things in order to think less about actual things. She ultimately achieved greater emotional peace and security. As she said:

“The last time I went to the bathhouse to take a bath, I kept it secretive at first, thinking that people would look at me with surprise when they saw my scars. As I sat in the bath, I began to think, BC is nothing special, you can all come and see me, I am so fearless. Until this time, I was generous and took a bath normally, thinking about enjoying myself in a pure hot spring. I was thinking silently in my heart: ‘I am confident, I am brave, I am grateful.’ I also went to enjoy a rubbing bath.

BCS 1

From other blame to positive refocusing

BCS 11 went to the hospital for a check-up, but there was something wrong with the hospital's machines and the medical staff spoke harshly. It took a lot of trouble to get a small thing done, and she spent a whole morning working back and forth to get it done. She has made great progress in emotional control. From the other-blame way of coping in the past, she is now able to deal with challenges more calmly. This is a positive refocusing. As she said:

“In the past, I would have yelled at him three times, which would have greatly damaged my vitality. Now that I have practiced so hard that no matter how angry he is, I will remain unmoved, try to make amends afterwards, and not be surprised by anything.”

BCS 11

Identifying And Cleaning Up Irrational Emotions

In the family relationship of BCS 9, in the process from fearing her father to confessing her father, and from being critical of her husband to understanding her husband, she has always had an emotion-focused coping style, but initially her irrational cognition led to her taking her father away. She treated love as pressure and avoided her father. Because of low self-esteem, she alienated herself from her husband and constantly doubted and accused her husband. Later, after taking the initiative to find ways to clear up her emotions, she felt her father's love again, understood her husband's support, and reconciled with her family, which also improved her negative emotions. As she recounted:

“Before, I didn't dare to chat with my dad or express my thoughts because I was afraid. Also, my low self-esteem after getting BC made me stay away from my husband. I drew gratitude paintings every day to cleanse my negative emotions. I cleared away my inner fears and found my father's love. I also gave up being picky about my husband.”

BCS 9

Self-Awareness Growth

The change in coping strategies is related to the growth of self-awareness. In the past, BCS 14 often formed a pleaser personality to avoid conflicts, and her needs and emotions were always ignored. In particular, there may be a tendency to be defensive, reluctant to express and present oneself when faced with difficulties and illness. After reflection, she began to actively try to communicate openly with others, express herself, and became more willing to face her own emotions and needs, which helped her better cope with challenges and difficulties.

“I think my growth, for example, I am now able to easily communicate with everyone here, which I would not have been able to do before, because I know that many patients with illnesses like ours have a common strong defensive psychology. If something is bad, it will never be expressed, and it will never show itself when we are not ready.”

BCS 14

After an individual has experienced the baptism and transformation of suffering, it often brings about changes the coping strategies. When the individual changes from negative to positive emotion-focused coping, the individual chooses a coping strategy that can alleviate the inner pain and discomfort. Get rid of negative emotions and face everything with a positive attitude. Positive emotion-focused coping is beneficial to individuals, of course, depending on the degree to which the problems faced by the individual are controllable.

Types Of Coping Strategy

Emotion-Focused Coping

Emotion-focused coping (Lazarus & Folkman, 1984) aims to improve the negative emotions associated with the problem and focuses on dealing with emotions and emotional reactions rather than directly solving the problem or coping with the stressor. The goal of this coping style is to reduce the pain and discomfort associated with affective and emotional reactions. The above examples about emotion-focused coping can be divided into two categories: negative ways and positive ways. More negative coping strategies include avoidance, other blame, focus on thought/rumination, ineffective emotional venting (anger, sadness, fear, etc.) etc. These are often viewed as meaningless coping strategies that may produce short-term emotional relief or aggravate emotional problems, but often do not help solve the underlying problem and may even worsen the problem. If an individual continues to use negative emotions to cope, it will easily cause mental internal friction, which is not conducive to illness recovery and interpersonal communication. More positive emotion-focused coping include positive refocusing, positive reappraisal, self-comfort, and acceptance. Emotional catharsis can also be carried out through painting and other methods to help people calm down or reduce emotional reactions when facing pressure.

Among them, different BC survivors have different judgments on whether avoidance is a negative coping style. When some uncontrollable circumstances occur, such as money that has been lost, it seems more meaningful to avoid it than to try to solve the problem. BCS 3 had gone through the low point of divorce. Later, when she faced BC, her daughter's illness, and being defrauded of money, she never collapsed like the first time. She chooses to avoid painful feelings while taking positive actions to deal with the problem:

“Nowadays, life is slowly getting better. Although God is giving you one blow after another, you can't stop getting up, right? I can only get up and run as fast as I can. I can hide for a while, but if I can't, I can't do anything about it.”

BCS 3

In the face of illness, initial avoidance may relieve pain and anxiety for survivors. Escape from illness identity is more like 'let it go' of obsessions, and maintaining an optimistic attitude and healthy lifestyle is enough. As BCS 12 said:

“I also feel that the best way to recover is to return to a normal life. If you pay too much attention to your condition, you will always treat yourself as a patient.”

BCS 12

This coping strategy also helped BCS 10 accept her identity as a survivor. She was used to the role of a manager in the workplace, when the nurse called her by her full name, she was very uncomfortable. Later, after she realized that the reason for her psychological pain was that there were too many things that she could not 'let it go', and her mind became stronger, she no longer resented the nurse.

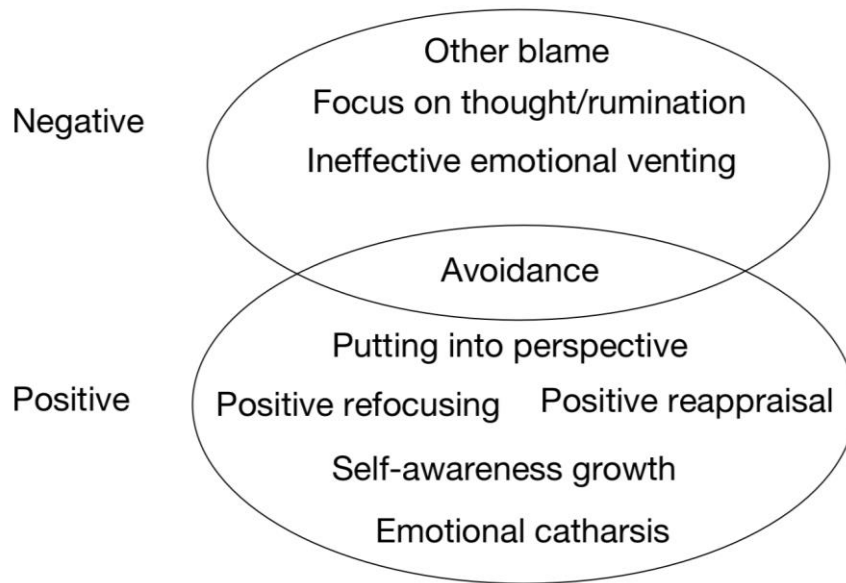


Figure 1 Emotion-Focused Coping

Problem-Focused Coping

problem-focused coping involves finding effective strategies to solve problems, developing plans, and taking actions to solve problems to address specific stress-related challenges. In order to better treat the illness, BC survivors have tried every means to find the best medical resources. For example, BCS 4 said:

“I live in a small suburban area, so I hired local experts to perform the surgery, and then determined the post-surgery treatment plan, including chemotherapy and radiotherapy. ”

BCS 4

In addition, BCS15's condition worsened repeatedly. In order to seek consultation from experts, when she could not get an appointment, in order to race for life, she kept looking for opportunities to ask the doctor for an additional appointment. Under the threat of illness, she faced the difficulties and took active actions to solve the problem. BCS 6 actively searched for BC groups after falling ill, hoping to join the organization and stay together with everyone. This behavior of proactively seeking social resources is a kind of perceived social support. People actively seek resources, utilize resources, and even create resources, and obtain material and spiritual support from the social relationships they have. These social supports can reduce individuals' psychological stress reactions, relieve their nervous mental state, and improve people's social adaptability.

Unlike emotion-focused coping, the problem-focused coping shows a rational attitude towards the problem. When BCS 13 was diagnosed with cancer cell metastasis, she seemed particularly calm, as she said:

“There was more than one transfer. I am not afraid of death, but deep down in my heart, I still want to live on my own. illness must be related to my own conditions, personality, or daily life, etc. I am very grateful to be in my current state.”

BCS 13

When survivors have the decisiveness and perseverance to face and solve problems, they will be different from those who are afraid of offending the attending doctor or dare not easily try the treatment methods of other doctors. For example, BCS 15 is strong enough to proactively seek help from doctors, and after collecting valid information, decisively tries treatments from other doctors without being affected by some emotional worries or the guilt of betraying the attending doctor. This kind of problem-focused coping style gave her a greater chance of survival by taking courageous action to solve the problem. Problem-focused coping focuses on solving real problems or coping with stressors to reduce or eliminate the underlying cause of emotional discomfort. In summary, personal traits such as optimism, perseverance, understanding of social support, planning ability, high self-esteem, courage, etc. all help to better cope with problems.

Meaning-Focused Coping

After experiencing BC, they felt the importance of their loved ones and their lives, rethinking their life values and goals, bringing new enlightenment to their individual values, beliefs, and goals. This coping style emphasizes the individual's inner motivation and emotional satisfaction, generates a steady stream of motivation for the individual, and helps to better cope with stress and difficulties.

Individuals adopt certain cognitive strategies to give meaning to situations when coping. This meaning-focused coping style is more effective than problem-focused coping in overcoming major crises. For example, BCS 8 can endure hardships and is strong. She experienced a life of running away from home with no food and no place to live when she was a child. She also served as a soldier when she was young. Even though she has rich ability to cope with pressure. When the cancer cells spread to both lungs, she still almost wanted to give up treatment and almost suffered a mental breakdown. But fortunately, being with her husband at this time gave her new strength. Her reluctance to leave her family gave her fight against death a new emotional meaning, and she found her faith again, so she showed a stronger desire to survive. Taking a more proactive approach to illness and treatment. As she said:

“My husband and I had been separated for many years, and just after we reunited, cancer cells appeared again and again. I wanted so much to maintain this happiness, so I had a strong desire to live. During the treatment for lung cancer, even though I was afraid of chemotherapy and my body's white blood cells dropped off a cliff, I persisted in fighting the illness and finally completed the treatment independently.”

BCS 8

After BC, BCS 7's state of mind changed, and she found a meaning-focused way of coping. Before, she was worried and anxious about many things and felt that life was hopeless, which was a negative way of coping. However, after falling ill, not only the survivors themselves, but also the whole family realized that the most important thing in life was to live well, and other issues became insignificant compared to the value of life. It reflects the profound impact of illness on one's outlook on life and values, as well as people's re-examination of life in the face of a health crisis. As BCS 7 says:

“In fact, before I got sick, we had many, many worries. We felt that we really had no hope of life. However, it seems that after I became ill, our family felt that nothing was a big deal and that living well was a big deal.”

BCS 7

Discussion

Some survivors adopt negative coping styles during the early stages of BC detection and later transition to more positive coping styles. The types of coping styles are also more diverse, developing from emotion-focused coping to problem-focused or a combination of both coping styles. Positive emotion-focused coping requires individuals to master various methods of relieving emotions. Focusing on positive emotions can only temporarily relieve stress and cannot solve the real problem, while focusing on negative emotions will lead to adverse consequences. Problem-focused coping requires individuals to master effective

strategies for solving problems. This style is associated with better quality of life in survivors with chronic disease (Black et al., 2020). Meaning-focused coping is most closely related to resilience reconstruction because finding and giving deep meaning to life events is one of the key elements that many people use to achieve resilience reconstruction in the face of adversity. This may involve an individual's re-understanding of crisis events and a re-evaluation of life goals and values. Individuals need to have certain insights and reflective abilities, and with a more positive attitude, regard adversity as an opportunity for individual growth and development, looking for a sense of value and meaning. Folkman and Moskowitz (2004) pointed out that this coping style is particularly effective for long-term stressful events that cannot be resolved with problem-focused coping.

The above different coping styles have their advantages and appropriate situations. How BC survivors flexibly choose coping strategies and timely adjust strategies and integration when facing adversity is a test of their resilience. Lazarus and Folkman (1984) proposed the goodness of fit hypothesis, which believes that subjective control evaluation is a regulating factor in coping effects, and problem-focused coping style are used in highly controllable situations. Using emotion-focused coping style in highly uncontrollable situations is most likely to lead to optimal coping outcomes. Cheng et al. (2014) points out that in scenarios with higher constraints, coping flexibility is more likely to help individuals obtain positive adaptive consequences. On the contrary, the stress-vulnerability hypothesis proposes that in high-stress environments, the effects of some positive factors may be inhibited (Li et al., 2012; Weger & Sandi, 2018). On the one hand, the likelihood of resilience is reduced at the highest levels of risk. On the other hand, once risks reach a certain level, even those protective factors that are considered certain will lose their ability to withstand risks (Wang et al., 2023).

As Folkman (1984) pointed out when stress is evaluated as uncontrollable, emotion-focused coping style will become more positive and more beneficial to survivors in relieving stress. Wiley et al. (2016) found that when the disease is uncontrollable, seemingly negative coping strategies such as avoidance are more meaningful than active strategies such as problem-focused. Problem-focused strategies are only effective when the disease is controllable. For example, the three-factor model of coping proposed by Billings & Moos (1981) is a coping style composed of positive cognition, positive behavior, and avoidance. Individuals no longer just avoid solving problems and suffer from poor coping, but actively think and act on the basis of eliminating stress, with the ultimate goal of solving problems. Avoidance can be expressed as 'escape', 'let it go' or 'seeking support from others'. For BC survivors, it is appropriate to avoid the identity of BC survivor, return to life with a normal psychology, face treatment rationally, and actively adapt. There is also a good way to cope with the new life.

This way of coping is also very similar to the idea of 'Give and Receive' in Chinese culture, which advocates people to coexist with 'cancer', avoid limiting themselves to adversity, prevent excessive struggle with temporarily unchangeable parts, and choose to focus their energy on what can be changed in life, and they need to accept the existence of 'cancer cells'. It is not recommended that people regard themselves as the opposite of the environment and become involved in endless confrontations with the environment. Therefore, the connotation of resilience has two additional perspectives in addition to resisting crises, one is to give up the control perspective of the binary opposition between people and the environment; the other is to learn to find things that can be changed on the basis of accepting real life (Tong et al., 2021).

The changes in the informants' coping styles also show that individuals' coping abilities can continue to improve in the process of coping with risks. As survivors experience the stress of cancer, they continually evaluate the stimulus and stress, the severity of the risk factor, and whether it will cause harm, loss, or challenge. People continuously adjust their strategies by improving their coping strategies and deepening them again after receiving feedback effects. Some people's coping abilities have been further improved, and they are becoming more and more accepting of cancer mentally, gradually returning to a normal life, arranging their diet and rest appropriately, maintaining a good social level, and their bodies are gradually recovering better. There are also some people who have not grown up. Under the influence of negative factors and unable to let go of the coming of cancer, they have always called themselves patients. They continue to suffer from maladaptation and cannot deal with cancer rationally. They are over-treated and consume their bodies, or they are mentally depressed until they collapse and commit suicide. Survivors who

have long-term negative coping should promptly seek help from professionals such as medical workers, social workers, or psychological counselors.

Study Limitations

This study found that during the interview process of the research subjects, the interview questions included understanding of coping situations and coping traits, and required BC survivors to recall how they dealt with stress in the early days of the disease and now. Individuals tend to have recall biases for things that occurred long ago. On the one hand, in terms of memory ability, it is impossible for an individual to accurately recall everything he has done. On the other hand, an individual's recollection of coping strategies is affected by the consequences of the coping. Therefore, when selecting research subjects, the time and condition of the survivors' illness have a great impact on the research results. This should be foreseen in future research to ensure the validity and comprehensiveness of data collection.

Impact Statement

This study provides an in-depth analysis of the coping strategies of BC survivors in the face of risks. Individuals need to continuously learn and reflect on themselves to gradually improve their coping abilities. Every individual has unlimited potential that can be tapped. Sharing experiences of battling the disease can offer valuable insights to fellow BC survivors navigating similar challenges. Such narratives can bolster morale, deepen understanding of personal strengths and weaknesses, and refine risk management skills. It also allows more people to learn to view disasters from a positive perspective, recognizing disasters as an avenue for personal growth and transformation.

Conclusion

This study explores the coping strategies and changes among Chinese BC survivors. Survivors should recognize life's ongoing journey and view crises as opportunities for growth and adaptation. In different scenarios, choose a response strategy. Meaning-focused coping is the most effective coping style and emphasizes the individual's inner motivation and emotional satisfaction. When an individual maintains a positive attitude and has expectations for the future, this strengthening effect will continue to improve coping abilities. BC survivors need to continuously accumulate and master ways to adjust their mentality, proactively understand BC-related knowledge, reduce fear of the disease enhance their sense of self-control, and actively cooperate with the arrangements made by doctors, and social workers. Recognizing irrational emotions, embracing temporary depression, and using mindfulness techniques aid in emotional regulation, and learning the ability to normalize and contextualize adversity experiences.

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