



## **Journeys Toward Growth: A Qualitative Study on Motivation for Healing, Coping Strategies, and Areas of Growth among Iban Cancer Survivors**

**Aina Razlin Mohammad Roose\* & Aleksandra Simbah Endawi**

Faculty of Cognitive Sciences and Human Development, Universiti Malaysia Sarawak, Sarawak, Malaysia.

### **ABSTRACT**

This study explored cancer survivors' life experiences in moving towards growth. Four Iban participants were interviewed and the data were thematically analysed. This paper concludes that the cancer diagnosis impacts participants mentally, emotionally, and physically. Spiritual strategy is the most used coping strategy, and participants were highly motivated by social support. Participants also reported to experience growth mostly in the area of relationship with others. It implies that the findings of this study are able to expand posttraumatic growth (PTG) among Asians literatures and contribute as references for counsellors and psychologists to develop appropriate psychological interventions that suit the patients' culture. Further explorations on the spiritual and social elements for psychological interventions among Asian cancer patients are recommended.

**Keywords:** cancer, motivating factors, coping strategies, growth, thematic analysis

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### **ARTICLE INFO**

Email address: [mrarazlin@unimas.my](mailto:mrarazlin@unimas.my) (Aina Razlin Mohammad Roose)

\*Corresponding author

<https://doi.org/10.33736/jcshd.4782.2022>

e-ISSN: 2550-1623

Manuscript received: 5 July 2022 ; Accepted: 21 September 2022; Date of publication: 30 September 2022

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## 1 INTRODUCTION

Cancer is a life-threatening illness that exhibits a huge global health concern. In Malaysia, cancer is a third leading cause of premature death (Mehrnoosh Akhtari-Zavare, et al., 2018). There were 48,639 new national cases of cancer recorded in 2020 and the number of cases is expected to double by 2040 (GLOBOCAN, 2020; Schliemann, Roshidi Ismail, Donnelly, Cardwell, & Tin, 2020). Breast cancer constituting the most cases, followed by colorectal cancer, lung cancer, nasopharyngeal cancer, and liver cancer (Azizah AM, et al., 2019). Sarawak, the largest state of Malaysia which located in northwest Borneo Island, recorded a total of 10,297 cancer cases of all types as reported in the Malaysian National Cancer Registry Report 2012-2016. However, the state portrays contrast pattern of cancer incidence in other Malaysia's states whereby nasopharynx cancer is the top common cancer among Sarawakian males of Iban ethnicity (Azizah AM, et al., 2019; Linton, et al., 2021).

Cancer can severely impacts individual's quality of life (QoL) including physical and psychological wellness. Other than physical effects such as weight loss, body weakness, hair loss, premature aging (Abdolghani Abdollahimohammad, Mohammadreza Firouzkouhi, & Mahin Naderifar, 2019), loss of mobility, growth disorders, and neuro-cognitive problems (Belpame, et al., 2019), past studies also reported that individuals with cancer are vulnerable to psychological distress such as anxiety (Sanjida, et al., 2018), post-traumatic stress disorder (PTSD) (Cordova, Riba, & Spiegel, 2017), obsessive compulsive disorder (OCD) (Bronner, Nguyen, Smets, van de Ven, & van Weert, 2018), stress, anger, despair, worthlessness (Abdolghani Abdollahimohammad, Mohammadreza Firouzkouhi, & Mahin Naderifar, 2019), depression, and phobia (Yi & Syrjala, 2017). This is due to being overwhelmed by the diagnosis, treatments, or side effects of cancer (Bronner, Nguyen, Smets, van de Ven, & van Weert, 2018).

Despite the undesirable impacts, many studies have identified positive changes in the aftermath of trauma, known as posttraumatic growth - PTG (Paredes & Pereira, 2018) among cancer patients. PTG is a term coined by Tedeschi and Calhoun (1995) which describes positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018). A growing body of literature investigating the relationship between cancer and PTG revealed that the growth perception is prevalent in cancer patients at different degrees, ranging from 60% to 95% (Zsuzsanna Tanyi, et al., 2020; Peng, Su, Huang, & Hu, 2019).

While several PTG research have rapidly conducted in recent years, they have not yet been investigated extensively in Southeast Asia (SEA) populations (Rich & Sirikantraporn, 2020). Studies on PTG among cancer survivors are mainly conducted in Western countries such as USA and Australia (Menger, Nurul Asyiqin Mohammed Halim, Rimmer, & Sharp, 2021). Similarly, although studies on cancer among Sarawakians have been conducted as early as 1960s (i.e. Muir & Oakley, 1967), the exploration on PTG among Sarawakian cancer survivors has not yet performed.

Literatures proposed that trauma responses and strategies to overcome trauma vary across time, place, and social subgroup. Thus, it is critical to obtain an overall understanding of aspects

associated with PTG among Asians for cross-cultural and global perspective (Rich & Sirikantraporn, 2020). Sarawak consists of diverse ethnicity, and Iban forms the largest indigenous category (Linton, et al., 2021). Although majority of Iban people are Christian, their belief and way of life are still influenced by the traditional culture. Festivals such as Gawai (Gawai Asal, Gawai Antu, and other Gawai) for example, is related to their traditional religion called *pengarap asal*. Their customs and cultures also influenced by animism such as believing in faith healers and witch doctors, spirits or souls of the dead, art of premonition (the ability of reading into someone's future and those who learn the art can also read minds), and relationship between men and animals (Jacqlyn Patricia Jelani & Salmah Jan Noor Muhammad, 2018).

This present study aims to explore life experiences of Iban cancer survivors which covers the early impacts after the diagnosis, the motivational factors for healing, the applied coping strategies, and the growths after trauma. The findings of this study can expand references for PTG literatures among Asians, as well as to provide new insights for psychological interventions development in helping Asian survivors moving towards growth.

## **2 METHOD**

This study is a qualitative study, using Interpretative Phenomenological Analysis (IPA) approach. According to Smith and Osborn (2015), IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences. It is suitable for researchers to understand the innermost deliberation of the 'lived experiences' of research participants as it allows the interviewees (research participants) to express themselves and their 'lived experience' stories the way they see fit without any distortion and/or prosecution (Alase, 2017). IPA also allows researchers to interpret based on their own experience and knowledge, and explore the meaning of the experience for each participant (Smith & Osborn, 2015).

### **2.1 Sample and sample size**

Four participants were selected. The sample size for this study was determined in line with Creswell's (2014) recommendation for qualitative study which is four to five.

### **2.2 Sampling method**

A purposive sampling took part in this study. Participants were chosen based on these criteria:

- a) age 18 and above
- b) diagnosed with any type of cancer
- c) able to understand and communicate in Malay, English, Malay Sarawak, or Iban language

There is a justification for each selection criteria. The first criteria is based on the model of PTG process (Tedeschi & Calhoun, 2004) whereby cognitive processing (involving cognitive structures threatened or nullified by the traumatic events) plays an important role. This is because PTG is related to development of new meaning of life and interacts with life wisdom (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018). Thus, the selection of adult participants is believe to

be more suitable, considering their maturity in meaning-making process. The second criteria is related to the scope of study, as the purpose of this study is to explore individuals' life experiences with cancer. Hence, participants involved in this study should be among persons who diagnosed with cancer disease. The third criteria is about languages for communication between researchers and participants. As this study is a qualitative study, language barriers would impeded the explorations among participants through the interviews.

### **2.3 Ethical procedures**

Participants were given informed consent forms and assured of confidentiality whereby their personal data and information are not disclosed in any research reports and publications. Although there is no direct benefit nor risk involved to participants, researchers shared contact information for a centre offering counselling services to participants, should any conflict arise.

### **2.4 Data Collection**

Semi structured interviews were conducted, ranging from 1 to 2 hours. Each interview was recorded and transcribed verbatim. Participants were requested to describe their experiences with cancer using the following questions:

- Tell me about your experience dealing with cancer.
- What motivates you to heal?
- What strategies you used in moving towards growth?
- Tell me about the growth you experienced due to cancer.

### **2.5 Analysis**

Thematic analysis was used in this study. The six-step framework for conducting a thematic analysis by Braun & Clarke (2006) was followed to generate initial codes and defining themes. Each interview transcript was thoroughly read, and the texts were analysed to extract the main data. The summative descriptions of participant's narrative and translations were noted in the left margin, while the interpretation of the statements was written in the right margin. The key ideas for each question were identified to provide themes.

## **3 RESULTS**

The interviews for data collection were conducted in Malay and Iban languages. For this article, participants' responses were translated to English by the researchers themselves.

### 3.1 Sample Characteristics

The sample of this study comprised four Iban participants (two females, two males), aged between 30 to 46 years. Participants experienced different types of cancer and received chemotherapy or radiotherapy treatment. Table 1 illustrates the type of cancer and the duration of time since the diagnosis for each participant.

**Table 1.** Participants' type of cancer and time duration since the diagnosis.

Participants	Gender	Type of Cancer	Time Duration since Diagnosis (years)
R1	F	Cervix Cancer	8
R2	F	Breast Cancer	6
R3	M	Thyroid Cancer	7
R4	M	Colon Cancer	11

### 3.2 Early impacts after diagnosis

The diagnosis of cancer is considered an experience that is potentially traumatizing for patients (Zsuzsanna Tanyi, et al., 2020). The analysis of the interviews revealed three main themes and six subthemes emerged. Participants described the diagnosis and treatment procedures as painful experiences, and affected them mentally, emotionally, and physically.

**Table 2.** Early impacts of cancer towards participants.

Themes	Sub themes	Category
Mental	Related to self	Worries about future, recurrence of disease, and job / career.
	Related to others	Worries about exercising responsibilities towards family
Emotion	Upon diagnosis	Shocked Regret
	Upon treatment	Traumatized Stress Lose confidence Lose hope Scared Miserable

Physical	Appearance	Easily mad Lose weight Hair loss Voice loss Reddish skin Darkened toenails
	Nonappearance	Lose appetite Body weakness Constipation Sleep difficulty

### 3.2.1 Mental Aspect

Participants reported facing worries that related to self and others. Their concerns related to self is regarding the ambiguous future and recurrence of the disease. They expressed fears of not being able to cure, leading a normal life, and have to endure the pain for their lifetime.

“The experience was so painful. Firstly, we have to endure the pain, secondly, we do not know if the disease will cure or not, thirdly we keep on thinking of what would happen next” (R1)

“After been diagnosed with cancer, I was so scared because I heard people said that this illness will never cure” (R2)

“After the treatment, I started to feel scared if this illness recurs as I do not want to experience the pain of treatment procedures” (R3)

Participants also expressed their worries over what might happen to their significant others especially their family and career. They assumed that the illness was an obstacle to exercise their responsibilities and live normally.

“There are a lot of questions in my mind. I think about my family, my friends, my career” (R1)

“This is one of my hardest challenges. After what had happened, how was I supposed to take care of my wife, children, the house construction? All these were in my mind. How am I going to work? I can’t think straight.” (R4)

### 3.2.2 Emotion Aspect

Participants reported to experience emotional distress following the diagnosis. One of participants mentioned that she felt shocked and did not expect to suffer from cancer.

“I did not expect that I would suffer from this severe disease” (R1)

Other than shocked, some participants shared their feeling of regret for not taking care of their health and food intake before.

“Before I had cancer, I did not take care of my diet and only listen to my cravings” (R2)

“...when I was in the hospital, I always thought ohh, I was wrong all this while. I have regrets, regrets that I should be doing this, but why didn't I? The idea suddenly appeared...” (R4)

Participants also stated that the medical treatments they received were painful, causing them to feel traumatized, stress, lose confidence, and lose hope.

“It causes me lots of trauma and pressures. I felt so stress.” (R1)

“I felt that I was not able to continue the treatment, and rather die” (R2)

“When I felt something on my stomach, I realized that I am using colostomy...I lost my confidence immediately... Due to the pain and the feeling of losing hope to cure, it makes me feel stress and traumatized” (R4)

Moreover, participants described that they experienced emotional instability, scared, miserable, and easily mad.

“Before the surgery, [I] feel so scared. I did not know if I was capable or not. During the treatment, my emotion was really unstable” (R1)

“During illness, I went through mix emotions. I preferred to be alone and did not want to be disturbed. I did not want to have lights in my room, and always wanted it to be dark after the chemotherapy session. I was miserable, could not stand any noise, easily mad, and experienced emotional disturbances...” (R2)

“I went through radiotherapy session for 43 times. My emotion during the treatment was unstable and only think about my illness” (R3)

“During the traumatic period, maybe I was so stress, and my mind was disturbed hence did not aware of what I said...I did not realize the words coming from my mouth, nightmares, and saw people want to kill me. But it was not people who want to kill me. It was the pain I suffered.... Emotion was unstable and I was just thinking of myself and my pain” (R4)

### 3.2.3 Physical Aspect

The pain of cancer and treatment procedures also affected the participants physically. Participants reported changes in their appearance such as losing weight, losing hair, losing voice, reddish skin, and darkened toenails. Other non-appearance physical effects are losing appetite, body weakness, constipation, and sleepless nights.

“I lost my weight and appetite. After discharged from the hospital, it was very painful due to the surgery, everything was so hard, I can’t do heavy lift and walk, I need help from others” (R1)

“After the chemotherapy session, I lost my appetite, my toenails turned black, and had constipation for four days. The doctor supplied me some medicines for my reddish skin. After two days, I experienced hair loss. I went through six chemotherapy sessions in 21 days. During the treatment, I can’t eat certain food especially sour and salty food” (R2)

“I experienced voice loss and was unable to continue my studies” (R3)

“During trauma, maybe because I was so stressed, I often had bad dreams...I can’t even move, until physiotherapist helped me to lift and move my fingers, and to support me” (R4)

### 3.3 Motivation for Healing

Throughout the painful experiences, participants stated that they were motivated by family members via the sense of belongingness and responsibilities, as well as their selves that related to their life goals, self-love, and hope.

**Table 3.** Participants’ motivation factors for healing.

Themes	Sub themes	Categories
Family	Sense of belongingness	Perceived family’s kindness Love for the family and friends
	Sense of responsibilities	Feeling responsible for the future of the family
Self	Life goal	Changing other’s perceptions

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Self-love	Appreciating self
Hope	Achieving dreams and success in life

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### 3.3.1 Family

Participants reported that family plays a big role in their lives. The sense of belongingness that connects to the family's kindness and love, has led to not wanting to break other's hearts, thus strengthens their spirit to heal and survive.

“Thing that motivate me is my family members...I must be strong as I'm afraid my family members will be worried and upset” (R2)

“When I felt like giving up, I did not, because I felt loved and sympathy towards them. Imagine, if we love someone, we definitely will feel sad and hurt if something happens to them. The same happen to me, this situation makes me stronger to ensure they won't grieve” (R3)

The sense of responsibilities and thinking about family members' dependency towards them, has also motivate them to be strong.

“Family members. I think that there are people who depend on me for living” (R1)

“I have responsibilities towards my parents. I have to take care [of the parents] and carry out the responsibilities as a child” (R3)

### 3.3.2 Self

Some participants shared about their motivations that came within themselves. This includes their life goals, self-love, and hope.

#### *Life goal*

One of the participants shared about his life goal which relates to changing people's perception about serious illnesses especially those who live in his hometown. This goal motivates him to work on healing.

“People always see and assume individual with serious illnesses as weak and become weaker. I want to change that perception. People in my hometown perceived that if individual experienced a serious illness, he would become weak and automatically they are afraid to seek for treatment. Majority of them have this perception. Thus, I want to

prove to them that the perception is wrong. If they experienced the same, they will be brave to receive and go through treatment until they cured” (R3)

*Self-love*

A participant disclosed that his self-love motivates him to heal.

“My main motivation is myself. I love myself. I was born with responsibility, and I have to appreciate myself as much as I can. I have to give myself the best treatment. That motivates me” (R3)

*Hope*

Hope is a goal-directed motivational state which enables one to have a positive outlook in life and contributes to PTG (Nik Ruzyanei Nik Jaafar, et al., 2021). In this study, participants shared about how hope helps them to motivate them to rebuild life.

“Because if we have dreams, automatically our spirit will lift” (R2)

“For now, although I am still at the beginning stage [in finding hope], I know there is a big chance [of success in life]. When I know there is a big chance, I know to achieve my hope, I have to change and rearrange my life plan so that things [in life] will run smoothly” (R4)

**3.4 Coping Strategies in Moving towards Growth**

Coping strategies in cancer patients play a pivotal role as it related to health-related quality of life and PTG (Casellas-Grau, Ochoa, & Ruini , 2017). In this study, participants shared about their coping strategies such as spiritual coping, social support, other’s experiences, positive reframing, and active coping.

**Table 4.** Participants’ coping strategies.

<b>Themes</b>	<b>Sub themes</b>	<b>Categories</b>
Spiritual coping	Acceptance	Trust in God Considering the disease as a divine test
	Daily worship practices	Reading bible Pray Using holly water
Social support	Family	Improved relationship

		Spending time together
	Others	Build new friendship with people with same experiences
Other's experiences	Indirect contact	Reading books Through mass media
	Direct contact	Observing others' lives Listening to other's stories.
Positive reframing	Positive talk	Positive self-talk and avoidance of negative thinking
	Self-reflection	Feeling lucky despite the illness
Active coping	Life planning	Analysing weakness and making better life plans
	Physical activities	Indoor activities such as baking

### 3.4.1 Spiritual Coping

Spiritual strategy is the coping strategy used by all participants. Participants accepted the illness as part of life challenges and a fate from God.

“I trust in God as He knows the best for His creatures...” (R1)

“When I was diagnosed with cancer by the doctor, my feeling was empty, [I] didn't feel sad because what is meant for me is my destiny...I believe each individual is destined to experience challenges, and I took it positively” (R3)

The trust towards God has built their inner strengths, and they used daily worship practices as coping mechanism.

“At the same time, my family members are very religious, after I was diagnosed, they provided me with bible and holly water, and I bring both everywhere I go. Before I went

to bed, I usually prayed and thanked God for blessing me with health. I know this is just a challenge, and I have to be strong” (R2)

“From time to time, we need higher motivation, not only from the perspective of thinking, relationship aspect, but also from religion aspect” (R4)

### **3.4.2 Social Support**

Relationship with others is one of the factors that help participants to feel supported. Participants elaborated the relationship involved family members, friends, and new friends. They took steps to improve and build up relationships as one of the ways to feel better and lift hopes.

“We have to mingle with others especially our colleagues, society...especially with those who went through the same experiences” (R1)

“I feel more comfortable to stay at home, taking care of my health, my diet, and improved relationship with people around me” (R2)

“If we mingle with others, firstly, we will have people around us everywhere we go. We must develop relationship with others so that we will gain knowledge or ideas and help us to manage life changes” (R4)

### **3.4.3 Other’s experiences**

Using other’s experiences is one of strategies that support cancer patients by making them feel informed, reflect on their situation, provide hope, and give them confidence (Englera, et al., 2016). Participants used few indirect approaches such as reading from books and mass media, and direct observing others’ lives, and listening to other’s stories.

“From reading, mass media, looking at other’s life... Via reading about people who affected with the same experience, who experienced a hard life like me, how did they manage, how did they survive. That gives me motivation. We can follow the person’s ways [of coping] and [we] can be inspired to take care of our health” (R1)

“From books, I read a lot about stories of cancer patients from the internet and journal about life of cancer patients” (R3)

“I know many people who are in worse situations than me such as blind people, people with disabilities, but their movements are not limited. That is an encouragement for me to continue with future life” (R4)

#### **3.4.4 Positive Reframing**

Participants reported to use positive thinking and self-reflection to change their perception of what had happened, gain positive insights, and maintain healthy attitude. Reflecting their past and learned to appreciate what they have in present, help them to moving on.

“Do not recall the past. Start a new life by thinking positively and forget the negative... What people say is true, don't think about cancer so much, you will be healthy. You have to be happy, do not feel gloomy because it will affect your health and will cause you to get sick. The doctor also advised not to think about cancer too much and always think about being healthy” (R2)

“I often do reflection of what had occurred. For example, even though I am sick, a lot of good things have happened. I believe if I think positively, it will influence my emotion and my health will be better” (R3)

“When I think back, I feel lucky, because other people who have worse conditions such as disabled people, without hands, legs, but they still do not give up and have hope to survive” (R4)

#### **3.4.5 Active Coping**

Active coping is defined as challenging external sources of stress and taking direct measures to reduce the impacts of stressors (Jin , Zheng, Wen, & Miao, 2021). A participant described using this coping by analysing his weaknesses and planning on making his life better.

“If we go through hard challenges, it shows that we need to analyse our weaknesses, what are the things that need to be managed, what are we looking for, find alternatives and new ideas to manage so that everything goes through smoothly” (R4)

Another participant shared that she chooses to be physically active as her coping strategy as it helps her to not think about her illness, make her feel better about herself, and believes that by being active, she will be healthier.

“I become active. Sometimes [when I feel like] I can't stay at home, and [I] will make bread and cakes for our family after work. I can't perform heavy duty such as working at the farm. If the pain is bearable, I do not want to just lie down on bed, I want to be active so that the disease will not attack” (R2)

#### **3.5 The growth**

Past studies had found that PTG can result in positive changes that appear in five major domains which are (1) a greater appreciation of life and a changed sense of priorities, (2) more meaningful

relationships with others, (3) an increased sense of personal strength, (4) new possibilities for one's life, and (5) a richer existential and spiritual life (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018). This study found that participants experienced growth within all five PTG outcomes.

**Table 5.** Participants' areas of growth.

<b>Themes</b>	<b>Sub themes</b>	<b>Categories</b>
Appreciation of life	Health	Healthy eating
	Self-care	Ceasing unhealthy habits
Improved relationship	Family members	Parents
		Siblings
	Others	Childhood friends Colleagues
Personal strengths	-	Self-confidence
New possibilities	Career	Changing career
Positive spiritual changes	-	Deepened faith

### 3.5.1 Appreciation of life

The cancer experience had made the participants more conscious of their own health and vulnerability. Participants described lifestyle changes which include adopting healthy eating and ceasing unhealthy habits.

“I value my life more especially my health” (R1)

“After cancer, I changed. I prefer to stay at home to take care of my health, take care of my diet” (R2)

“When I become sick, [I stopped] especially drinking as I know that my body can't stand” (R4)

### 3.5.2 Improved relationships

Participants reported improvement in their relationship with others such as family members, friends, and colleagues throughout their experiences.

“After the incident, I valued my relationship with others. I realised that my colleagues care about me. They remind me about what I shouldn't do, advised me to get plenty of rest, go for check-up at the hospital if needed” (R1)

“After the incident, my relationship with a childhood friend and my sister became closer because they spent their time visiting me at the hospital. I was not close with my sister, but

she took care of me at the hospital, when I was sick. It's a positive change as before this, our relationship was strained. The incident seemed to bring the relationship closer." (R3)

Besides the improved relationships, participants also described how the experiences helped them prioritize important relationships. Participants acknowledged that relationships with others are likely to change, and this helped them recognise who is important and who they should value.

"There are also some changes in my relationships with others whereby I am no longer contact with certain friends as frequent as before...Now, I become closer to my family members especially with my nephews...My relationship with my parents is also very close. I often call them to say hello and share my stories, and they both are very supportive and come to visit when I am sick." (R2)

"I realized that before I got sick, my social relationship with others, [activities] such as drinking, and gambling were frequent. When I sick, I immediately stopped... We must have relationships with people we know can impart knowledge or ideas, give, or help us organize life changes" (R4)

### **3.5.3 Personal strengths**

One of the participants reported strong feelings of self-confidence following his cancer experience and believe that if he can overcome cancer, then he can manage future challenges.

"I have more self-confidence and become stronger to face the unexpected. I am ready physically and mentally as the incident that I experienced made me stronger in life" (R3)

### **3.5.4 New possibilities**

Some participants reported they had taken a new life-path, new career, and choosing to pursue other possibilities.

"Now I am more focus on my job which is the contractor project. I become active" (R2)

"I thought to myself, I must seriously change my life...I did some thinking, I must change using other ways, I used to work hard, farming... I realized I am no longer able to do hard work, I ventured into business" (R4)

### **3.5.5 Positive spiritual changes**

Some participants in this study credited their faith for their ability to manage life challenges.

"With spiritual development, spiritual needs to be strengthen, otherwise we will not be able to face hardships" (R1)

“I thought again, and it just so happened that God was there, God was still sympathetic, it felt like I was able to organize my life, even when my life was not as good as others. I thank God...I thank myself; I especially thank God for supporting, helping me to change and organize my life after I went through so much all this while” (R4)

#### **4 DISCUSSIONS**

By exploring survivors' life experiences after cancer diagnosis, our aim is to understand how cancer affects survivors' wellbeing, their motivations for healing, coping strategies they used, and the growth they experienced over the course of their cancer journey. As PTG research among Asian cancer survivors are limited, this exploration contributes to the expansion of literatures in cross-cultural PTG.

Participants described cancer diagnosis and treatments had impacted their life tremendously. Worries over future life and inability to exercise responsibilities were mentioned, and several negative emotions such as stress, anxiety, and trauma were expressed. It appears to researchers that their mind disturbances had indirectly triggered the negative emotions. These findings are in line with numerous literatures that claimed cancer as a powerful stressor and lead to catastrophic emotional experience in a cancer patient (Arnedo, Sánchez, Sumalla, & Casellas-Grau, 2019; Pai, Suris, & North, 2017).

Most participants highlighted family and friends as their main motivators to replace negative post-trauma experience with new meaning of life, besides their life goals, self-love, and hope. The motivation from family and friends are related to their sense of belongingness and responsibilities, whereby the senses are stimulated by emotional connection and desires to protect as well as contribute to their families. The present findings confirmed that belongingness and responsibility influence the survivors' motivation for healing, as previously reported by Gudat et al. (2019), Hillen et al. (2011), and Hosseini et al. (2021). Hope is also mentioned in the past studies, for example, a study conducted by Leong Abdullah et al. (2019) found that hope is the most significant associated factor which predicts PTG among Malaysian cancer patients.

This study also found that the participants had used healthy strategies and resulted to positive growth. Spiritual coping is the most used strategy among participants. Other strategies include social support, using other's experiences, positive reframing, active coping, and physical activities.

Participants mentioned that the trust towards God has built their inner strengths. This finding aligns with what been cited by previous studies. Sharif Nia et al. (2021) for instance, mention that spiritual health is an important resource for modifying perceptions of adverse symptoms and negative life experiences to support making them more tolerable. Another study conducted among Malay women with breast cancer found that patients reporting higher spirituality were more hopeful and had higher perceived QOL (Pahlevan Sharif, et al., 2021). Furthermore, Tedeschi, Shakespeare-Finch, Taku, and Calhoun (2018) state that stronger religious beliefs can increase feelings of control and tendency to seek new meaning.

Another coping strategy that is often used among participants is social support. This chosen strategy is mentioned under the psychosocial element in Organismic Valuing Theory of Growth Model as one of the elements that influence accommodation process that led traumatic individuals to growth stage (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018).

Following the used of this strategy, participants reported that the growth they experienced is mostly on improved relationships. Participants mentioned that their relationships with family members and friends became much closer. Some of the participants learned to distinguish important relationships from other relationships. This finding aligns with several past literature, for example, Arnedo, Sánchez, Sumalla, and Casellas-Grau (2019) stated that growth responses are being linked to the optimisation of interpersonal relationships.

Another area of growth is appreciation of life. Participants reported to become more conscious in selecting food for their diets and practicing healthy lifestyles. This finding supported a study by Menger et al. (2021) that stated about appreciation of life whereby health behaviour change that commonly reported as a positive change after cancer.

Participants also described the positive spiritual changes whereby they feel closer to God as they believe God has help them to manage their lives after the trauma. Paredes and Pereira (2018) mention spirituality has been associated with growth and illness adjustment.

Other areas of growth are new possibilities and personal strengths. Some participants took a new life-path and started new career, and they stated that their self-confidence grow, thus they are ready for future challenges. The findings conclude that participants had experienced growth within five major PTG domains - appreciation of life, relating to others, personal strength, new possibilities, and spiritual growth (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018).

## **5 RECOMMENDATIONS**

This paper concludes that cancer impacts individual's physical, mental, and emotional wellbeing. In moving towards growth, participants are mostly motivated by family and friends, and spiritual strategy is found to be the mostly used coping strategy. This finding demonstrates family and friends as important support system in coping with the illnesses, as well as the preference of spiritual approach when it comes to the development of growth after trauma.

Understanding the factors that increase the motivation for healing as well as preferred coping strategies are critical for the development of interventions designed to enhance patient motivation and improve treatment outcomes (Hosseini, Alavi, Mohammadi, & Sadat, 2021). From the findings, counsellors, psychologists, and other professionals who deal with Malaysian cancer patients are recommended to consider spiritual and social elements in their clinical interventions development. Further explorations particularly on the two elements in psychological interventions is recommended for future studies. This is because western psychotherapeutic elements may not be sufficient. A systematic review of psychosocial interventions conducted by Gabriel, Creedy, and Coyne (2020) using studies from 2009 to 2019 concludes that interventions based on interpersonal counselling appeared more effective than other approaches. Interventions

predominantly focused on psychological, physical and social domains of quality of life, while spiritual well-being received relatively little attention. A paradigm shift is needed to develop psychosocial interventions that incorporate spiritual well-being.

Other than that, due to the nature of this research, participants involved in this study is limited. Future study on PTG among Malaysian cancer survivors involving more participants is highly suggested. The larger samples will reveal richer findings that contribute to the understanding of PTG among Asians.

It is also anticipated that the preferences of social support as motivation factor and spiritual coping strategy are related to collectivism culture in Malaysia. Further research on this topic is recommended to prove this relationship.

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