

The Role of Culture in Coping: An Autoethnography-Lived Experience
of Navigating the Trauma of Breast Cancer and Treatment

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

Chinese American women have been part of the United States immigration history since the Gold Rush in 1852. They have experienced physical, mental, emotional, and spiritual challenges with minimal support. The premise of this study is that when facing the hardship of a breast cancer diagnosis, Chinese American women are resilient by adhering to their cultural beliefs and using effective coping styles to cope with their cancer. Based on previous studies, Chinese American women have been considered to have a lower risk of breast cancer and have a 30% lower death rate than non-Asian women. However, breast cancer incidents are increasing rapidly. Still, limited studies have been conducted on Chinese American women with breast cancer and coping strategies. Thus, the purpose of this autoethnography was to explore the lived experience of a Chinese American woman navigating the trauma of coping with breast cancer and examining how the role of culture ties into her treatment journey. For this study, the researcher completed two surveys: Folkman and Lazarus's 66-item Ways of Coping-Revised (student sample version) and the 40-item Chinese Value Survey to frame the discussion of Chinese values and coping in the narrative. The study aimed to provide a deeper cultural understanding of the author, a Chinese American woman, on how she coped with breast cancer and the role Chinese values played in her lived experiences.

Keywords: Autoethnography, Chinese American women, breast cancer, culture, cancer support, Chinese Value Survey, Ways of Coping

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I am thankful for my family, special friends, extraordinary doctors, especially Dr. A., Liberty University staff, my chair, my reader, and my almighty God, who has loved me and never left me during my trials and sufferings. He has carried me as the only footprint in the sand (Carolyn Carty, 1963).

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List of Abbreviations

Asian Americans and Pacific Islanders (AAPI)

Chinese Value Survey (CVS)

National Cancer Institute Surveillance, Epidemiology, and End Results [SEER]

Ways of Coping Checklist (WOC)

Ways of Coping Checklist-Revised (WOC-R)

Chapter One: Introduction

Overview

The National Cancer Institute recognizes breast cancer as the most prevalent life-threatening disease among middle-aged and older women (National Cancer Institute Surveillance, Epidemiology, and End Results [SEER], n.d.). New cases of female breast cancer patients were an estimated 297,790 for all races, with 126.9 per 100,000 among all women in the United States, adjusted from 2016 to 2020 national data (American Cancer Society, 2024; Susan G. Komen, 2024). The death rate of all ethnic groups was estimated at 43,170 for 2023 (SEER, n.d.). Among non-Hispanic Asian Pacific Islanders, which includes all subgroups of Asian Americans, there were 106,400 cases, according to the same data set. Although statistical reports show that the probability of surviving breast cancer has increased, the rate of new incidences continues to increase by 0.5% each year (Susan G. Komen, 2024).

Whereas the number of breast cancer diagnoses and breast cancer survivors continues to increase among Asian American women, as well as in other ethnicities (SEER, n.d.), there are more Asian American breast cancer survivors compared to non-Hispanic Whites (Susan G. Komen, 2024). Among those diagnosed with breast cancer, Chinese Americans have a 30% lower death rate than White women (D. W. Lim et al., 2020). As few researchers have investigated why Chinese American women survive breast cancer at a higher rate, more extensive studies on Chinese American breast cancer survivors are needed.

One reason why Chinese American women may survive breast cancer at a higher rate might be the way they cope with their condition. Some ways of coping are more effective than others in combatting the stressful aspects of a disease (Lazarus & Folkman, 1984), and Chinese Americans may cope differently than other ethnicities. There is limited research on the coping

strategies that may be influenced by cultural beliefs leading to breast cancer survivorship in Chinese American women (Ashing et al., 2003; E. C. Chang, 2001; Gonzalez et al., 2015; Lee et al., 2013; Pineda et al., 2001; W. Tsai & Lu, 2017; Wen et al., 2014; Yoo et al., 2015).

Therefore, it is important to study how their culture influences Chinese American women in coping with their breast cancer diagnoses and treatment journey and how this may impact their health-related quality of life, well-being, and, ultimately, their survivorship (J.-W. Lim et al., 2009). Understanding how Asian Americans value their cultural practices and heritage can benefit not only Asian Americans in breast cancer survivorship but may also shed light on the role of traditional values when coping with an illness in other ethnic minority groups (Kramer et al., 2002; Lee et al., 2013; T.-I. Tsai et al., 2011). This understanding could also inform healthcare providers and professionals in designing future treatment options incorporating cultural interventions.

The current study's main hypothesis was that traditional values and cultural beliefs have a positive influence on Chinese American women in their ability to cope with breast cancer. The current study was an exploration of my lived experience, as a Chinese American woman, in coping with breast cancer. I completed and analyzed two self-scored surveys, Folkman and Lazarus's 66-item Ways of Coping-Revised, student sample version (WOC-R) and the 40-item Chinese Value Survey (CVS), to help frame my journey as I cope with breast cancer. The aim of this study was to provide a deeper cultural understanding of how Chinese American women cope with breast cancer.

Background

Asian American Demographics

In 1992, the U.S. Congress instituted the Asian American and Pacific Islander (AAPI) Heritage Month to recognize the historical and cultural contributions of individuals of Asian and Pacific Islander descent to the United States. Adopting AAPI as an umbrella term resulted in bringing together what were previously two separate groups into one. Consequently, statistical reports have merged the two groups into one data set, thus unintentionally misrepresenting various ethnic subgroups (Maglente & Roth, 2023). The term AAPI includes Asians, Asian Americans, and Pacific Islander descendants, with Asian people originating from Korea, China, Japan, Taiwan, Thailand, Malaysia, India, Singapore, Cambodia, Vietnam, Philippines, and India. The Chinese (excluding Taiwanese), at approximately 5,200,000, constituted the largest Asian subgroup living in the United States in 2001 (Maglente & Roth, 2023).

The need to study specific Asian subgroups living in the United States is necessary since the Chinese population is the largest Asian American subgroup. They also practice different traditions that may influence their coping styles. For example, the Japanese population's risk of suicidal ideology relating to terminal diagnosed illnesses is higher than the general population living in the world (Akechi et al., 2004).

Statistically, Chinese American women with breast cancer diagnoses have a 30% lower death rate than non-Asian White women (D. W. Lim et al., 2020). Nevertheless, in contrast to the increased number of Chinese American breast cancer survivors, breast cancer diagnoses have continued to rise. While limited research has focused on how Chinese American women cope with stressful conditions such as breast cancer, cultural beliefs undoubtedly play a role in their resilience in surviving the historical and acculturation stressors that waves of Chinese Americans

have endured (E. C. Chang et al., 2006; Gonzalez et al., 2015; Kamiya, 2018; Kim et al., 2006; Sam & Berry, 2010; W. Tsai & Lu, 2017; Wen et al., 2014). Visiting Chinese American roots and understanding the Chinese American women's immigration history in early America may further help to appreciate the strength and courage of Chinese American women in perseverance and survivorship.

Historical Perspective

Chinese American women have been part of U.S. immigration history since the Gold Rush in 1852 when Chinese men left their families and wives in China to work for the Central Pacific Railroad in California under hazardous conditions. After the railroad was completed, Chinese men were discriminated against and forced to take low-paying menial jobs. Their experiences of hardship included racial discrimination and isolation because of separation from their families and culture due to living in a foreign country (PBS, n.d.).

On May 6, 1882, federal legislation enforced the Chinese Exclusion Act, the only law ever to ban a specific ethnic group from immigrating to the United States. Chinese people were denied naturalization and citizenship, and their human rights were severely violated in that they were refused even basic freedoms. It took 61 years before the Chinese Exclusion Act of 1882 was revoked on December 17, 1943 (PBS, n.d.).

The Exclusion Act of 1882 created an imbalance between men and women and shattered the dreams of Chinese men who returned home to their families and wives. As a way to meet the needs of desperate lonely Chinese men in America, Chinese gangs exploited these men's needs by setting up criminal activities and human trafficking by abducting Chinese women, as young as 14 years old, from China to work as sex slaves (Kamiya, 2018). An estimated 6,000 Chinese

women between 1852 and 1873 were successfully abducted, kidnapped, imported, and forced into prostitution, bypassing U.S. officials (Bryan, 2013).

Immediately upon arrival to San Francisco, Chinese women were auctioned according to their appearance, with the most attractive women sold to the highest bidders and the least attractive women sent to the worst places and sold for less money. Subsequently, they were immediately forced into prostitution or into servitude as slave girls (Bryan, 2013). Sadly, the Chinese women were treated like animals and lived in tiny cages. They were beaten for the slightest infractions. As these women grew older or became sick with syphilis, they were discarded in alleys to die. Some Chinese women left or escaped from prostitution, but those who were unsuccessful committed suicide by overdosing on opium or jumping into the San Francisco Bay (Bryan, 2013).

In 1850, only seven of the 4,025 Chinese in San Francisco were women. The absence of women created a market for prostitution (Kamiya, 2018). About 70% of Chinese women were prostitutes in San Francisco's Chinatown in 1860, and only a few were fortunate to avoid prostitution. These attractive Chinese women became wives of the wealthiest Chinese men in San Francisco. They were showcased and allowed to go outside only on special occasions, such as the Chinese New Year (Bryan, 2013).

Despite the traumatic stories of Chinese American women, these women contributed to economic and cultural growth in the United States through hard work and have earned a place in American history. However, they have continued to experience many discriminatory challenges in the United States (Dee et al., 2021). Chinese American women have not only suffered hardship and physical, sexual, emotional, and mental abuse over the years, but they have also received minimal or no support. While facing their traumatic difficulties alone, Chinese

American women have clung to their traditions and cultural beliefs to build resilience, often succeeding in experiencing posttraumatic growth (PTG) to overcome their horrific experiences (Kamiya, 2018). One such cultural value is *filial piety*, where the family hierarchy defines the role of each member, position, status, and expectation in the family unit, determined by the individual's age, gender, and social status (Dai & Dimond, 1998; Kramer et al., 2002; Yeh & Bedford, 2003). Each family member is expected to serve in that role to achieve peaceful and harmonious interpersonal relationships. Culturally, Chinese women have a lower social status than the father and oldest son and are expected to be nurturing caretakers of old and sick family members.

Coping With Breast Cancer

When Chinese American women are confronted with traumatic news, such as breast cancer, they must find ways to cope with stress, fear, and anxiety and face their self-image as a woman. Chinese American women are also usually expected to maintain their dutiful role in the family without disrupting the balance of a harmonious family and survive breast cancer (Kramer et al., 2002; Lee et al., 2013). In this study, I expected adherence to these Chinese values to play a role in Chinese American women's abilities to positively cope with cancer.

Situation to Self

I took care of my father from a home hospice for 5 intensive years. After I buried my father, moved my widowed mother to live with me, and returned to work in person after the COVID-19 pandemic stay-at-home mandate ended, I was diagnosed with breast cancer. I was scared and reached out to my doctors, friends, and family members for advice. I tried to stay strong by finding ways to cope with my diagnosis and cancer treatment.

When I first learned of my breast cancer diagnosis, I accessed information on the internet, reading as much as I could on breast cancer treatment options. When I learned chemotherapy was one of the recommendations and that one of the side effects would be hair loss, I made an emotional decision to shave my head bald to cope with the stress of not waking up one morning to see my hair fall off in patches. My doctors, family, and friends suggested I wait to see how I would react to the medicine. Nonetheless, knowing how I would react to the side effects, I knew I had to remove any factor that could increase my stress.

On a cool summer afternoon in July, around 4:30 p.m., I finished my doctor's appointment and marched into my neighborhood barbershop—a store I walked past daily—and asked the barber to shave my head. At first, the barber was reluctant as he inspected my shiny and healthy hair, but after I explained my reason, he nodded and understood. He took the buzzer and compassionately comforted me as I watched—from the corner of my eye—the first chunk of long black hair falling onto the ground. For a moment, I recall telling myself to take a snapshot of my once long black, silky hair that passed my shoulder and commit it to permanent memory.

It took less than 10 min to see my life change before my eyes. The barber showed my face in a mirror and complimented me on how nice I looked. Surprisingly, I did not feel sad or grieved when I saw myself bald. Instead, I felt relieved and thought I looked like a movie star. My family stared at me and screamed in disbelief when I came home with my new celebrity look, for Asian culture is symbolic of power and natural beauty. Additionally, the length of hair has other significance in cultural and religious beliefs, such as in Christianity where God knows every number of the hairs on a human's head (*New International Bible*, 2011, Matthew 10:29–30).

According to Obeyesekere (1998), hair is contextualized in histories, cultures, societies, and personal lives, symbolizing strength and perseverance. My mother, who had never seen me without hair, stood staring at me. After a few minutes in which she was engaged in deep thought, she came over to rub my bald head and kissed my forehead; she recognized the symbolism of the path of purification in Buddhist monks when they shaved their heads. In retrospect, my mother, even with her dementia, understood the necessity of my drawing strength from every aspect of life to cope with the stress of breast cancer. My mother comprehended that I, as her primary caretaker, must live to care for the family as the rock for many years. Besides, I intended to keep the promise to my dying father that I would take care of his wife until she passed on, as I took care of him, holding his hand as he took his last breath.

When I received my diagnosis, I drew on my Chinese values, knowing I must survive and recover from breast cancer so I could fulfill my responsibility as an obedient daughter in keeping with filial piety (Dai & Dimond, 1998; Kramer et al., 2002; Yeh & Bedford, 2003), which is the duty to one's family. In my role, I am expected to maintain a dutiful role in the family without disrupting the balance of a harmonious family and to survive breast cancer (Kramer et al., 2002; Lee et al., 2013). In light of the situation, I thanked my mother for using her Chinese tradition and wisdom to massage my head as a baby to prevent me from having a cone head. She replied with a smile and said, "You still look beautiful!"

I recall holding the hand of my father as he passed on while listening to Psalm 23. Holding his hand and listening to Psalm 23 was comforting and in some ways helped me to receive a breast cancer diagnosis with courage. Here is the comforting Psalm 23 from King David, which I recited at my father's memorial service:

The LORD is my shepherd;
I shall not want.
He makes me lie down in green pastures;
He leads me beside the still waters.
He restores my soul;
He leads me on the path of righteousness
For His name's sake.
Yea, though I walk through the valley of the shadow of death,
I will fear no evil;
For You are with me;
Your rod and Your staff, they comfort me.
You prepare a table before me in the presence of my enemies;
You anoint my head with oil;
My cup runs over.
Surely goodness and mercy shall follow me
All the days of my life;
And I will dwell in the house of the LORD
Forever. Amen. (*New King James Bible*, 1982)

My journey has been challenging. I have been traumatized from undergoing breast cancer diagnostic tests and treatment. Trauma is defined as a response to a horrific event that calls for continuous educational, emotional, physical, mental, and spiritual support (Levers, 2012).

My premise in this study was that breast cancer is a journey I believe Chinese American women embark on uniquely due to their cultural background. I also have a spiritual foundation

that I included as part of my ability to be resilient in the face of breast cancer. Recovery and healing depend on individuals' abilities to cope with stress, and, undoubtedly, cultural factors may influence the success of Chinese American women in these journeys, as I hoped my story would illustrate.

Problem Statement

Breast cancer is the most common cancer in Asian American women (Wen et al., 2014), and the number of Asian American breast cancer survivors is increasing. Asian American women tend to survive breast cancer at higher rates than non-Asian Americans. Nevertheless, there is limited research on their experience with breast cancer and recovery (Wen et al., 2014), especially for Chinese American women, the largest subgroup of Asian Americans. It may be that when Chinese American women become sick with chronic illnesses, such as breast cancer, they are forced to draw on their strength and coping approaches, which often stem from their cultural beliefs and values. The problem is there is insufficient research to date on why Chinese American women survive breast cancer at higher rates than their non-Chinese American counterparts and whether their adherence to Chinese traditional values and ways of coping can explain these higher survivor rates.

Purpose Statement

The purpose of this autoethnography study was to explore my lived experience with breast cancer to illustrate how Chinese American women's traditional values influence their coping styles. My premise was that Chinese American breast cancer survivors engage in effective coping due to the influence of their Chinese values. Specifically, Chinese American women engage in problem-focused coping compared to emotion-focused coping when facing breast cancer. Problem-focused coping involves engaging in activities that focus directly on

changing elements of the stressful situation (E. C. Chang, 2001; Lazarus & Folkman, 1984) and is considered a higher-order form of coping with breast cancer than emotion-focused coping, which includes more emotional forms of coping and less proactive strategies in managing cancer (Kvillemo & Bränström, 2014). Through the lens of a lived experience with breast cancer, I hoped to provide a richer cultural understanding of how Chinese American women cope with stress and overcome stressful chronic illnesses, such as breast cancer. To help provide a framework for this autoethnographic study, I took two surveys: the CVS to measure Chinese values and the WOC-R to measure several types of coping, including problem-focused coping and spiritual coping.

Significance of the Study

Practical Understanding of Culture and Ethnicity

This study's findings are important in that they offer a unique perspective on the influence of cultural values, in my case, Chinese cultural values, on coping with a devastating diagnosis. A family's culture is influenced by its class, religion, patterns of migration, and geographic location (multicultural), in which ethnicity refers to the family's group, clan, or tribe (McGoldrick et al., 2005). These classifications share common characteristics, among which are cultural customs and values, language, and national origins, with no two families sharing the same cultural roots. As an immigrant, I am proud of my Chinese heritage. However, I have slowly removed myself from the practice of Confucianism and ancestors' worship, and I have acculturated to Christian values.

Growing up in the United States gave me the freedom to choose my religious beliefs and to free myself from some practices of Eastern religion. Although I have assimilated into American culture, I retained important Chinese values that have helped me build character and

resilience whenever a crisis arises. During these times, I lean on my education, which includes how to develop body, mind, and spirit.

I grew up learning and experiencing that Chinese people believe in studying and working hard while persevering through hardship and suffering in silence. Sometimes, my meek and quiet nature is mistaken for being submissive. In contrast, I am a Chinese American woman who has taken the best of both cultures and has actively spoken out for others, which Bogdan and Biklen (2007) referred to as “giving a voice to others” (p. 10), especially the marginalized. I have served the community as a translator, assisted seniors in navigating complex social service systems to receive housing and financial assistance, mentored young children, and counseled high school students to enter college.

The misconceptions and stereotypes of a Chinese woman keeping her head down and staying quiet can result in alienation among those of us who have been steeped in Chinese culture and are aware of the hurtful ramifications when one’s cultural behavior is wrongly misinterpreted. Sadly, I have had my share of experiences of discrimination, racism, and bullying in school and at work. Despite my hardships, I have learned to build resilience and PTG, drawing strength from my Chinese values and my Christian faith, especially in the face of a life-threatening condition like breast cancer.

For almost 2 years, I had several surgeries, months of chemotherapy, radiation, immunotherapy, complementary alternative medicine (CAM), and other integrative medicine that sustained my life. I was traumatized by the number of times my veins were punctured and scarred to the point of being unusable. To cope with my needle pain, I sometimes joked and referred to myself as a drug addict. I often immersed myself in listening to Chinese opera and watching Asian dramas as I lamented my father, recalling childhood memories with him, whom I

loved and respected and with whom I shared precious time. My father was a scholar, a musician, and an opera singer with a raspy voice. He had many talents but worked as a Chinese immigrant, laboring 12 hr a day over a hot stove to give his family a better life. I miss my father.

Remembering him and his love for the Chinese culture provided me comfort during this ordeal.

A few years ago, I returned to my birth country and felt as if I had never left. I consider myself an acculturated Chinese American woman who has been given a better life in the United States, and I am thankful. Nevertheless, when faced with challenges such as breast cancer, I find myself drawing from my Chinese values and beliefs as I find the capability, based on my heritage, to endure suffering and never give up.

Most importantly, I draw on my Christian beliefs to cope with daily stressors and fears of treatment outcomes, calling on friends and relatives for prayers. For treatment, I chose options that sustain my well-being and quality of life by using a combination of Western and Eastern medicines and practices. As the subject participant in the present study, I hoped to analyze my experiences in a way that would help to develop a more in-depth understanding of this phenomenon.

Kramer et al. (2002) wrote that “Culture shapes the expression and recognition of psychiatric problems” (p. 228). The influence of Confucianism, dating back to the 5th–6th centuries B.C.E., has a strong hold on Chinese people, and it takes at least three generations to accept Western medical care and adapt to lifestyle changes of the new culture. Research has shown that when Western treatment fails, Chinese people often return to traditional Chinese medicines (Tabora & Flaskerud, 1997).

Empirical Significance

This autoethnography study was significant because the U.S. government and various researchers tend to lump all ethnic subgroups into one Asian American category, thus creating a mixed bag of statistical data in which distinctions among ethnic subgroups cannot be determined, which sometimes leads to misrepresented generalizations. Chinese American women and their cultural values must be uniquely identified among other Asian American subgroups to obtain an accurate and unbiased understanding of their unique ways of coping with breast cancer. Chinese American breast cancer survivors and their journeys are important to understand; specifically, how preserving cultural beliefs and traditions may help Chinese Americans be resilient in coping with breast cancer (Maglente & Roth, 2023; W. Tsai & Lu, 2017).

Theoretical Significance

Autoethnography is a research approach that uses the researcher's personal experience to achieve a cultural understanding of a given phenomenon. Autoethnography helps to provide a deeper understanding of a societal cultural phenomenon through the lens of the self as a subject (Adams et al., 2021; H. Chang, 2008; Holman Jones et al., 2013; Sparkes, 2000; Stahlke Wall, 2016; Viruell-Fuentes et al., 2012; Wall, 2006). Furthermore, an autoethnography may also protect a potentially vulnerable population such as Chinese American women, who may feel uncomfortable discussing their cancer journeys as it may trigger stress and fear of reoccurrence. Therefore, the study of self and providing a narrative analysis of one's lived experience supported by prior literature review is an appropriate choice of method as it also contributes to the literature in a specific area (Weatherhead, 2011).

Research Questions

I developed the following research questions to guide the exploration of how culture may influence coping with the stress of breast cancer treatment and journey, based on my lived experience:

RQ1: What roles do cultural values and traditional beliefs play in coping with breast cancer?

RQ2: What are the coping strategies or methods for Chinese American women in their breast cancer journeys?

Definitions

1. *AAPI*—This term, short for Asian Americans and Pacific Islanders, generally includes all people of Asian, Asian American, or Pacific Islander descent (Maglente & Roth, 2023).
2. *Acculturation*—The process of cultural and psychological change that results from a meeting between cultures, known as adaptation (Sam & Berry, 2010).
3. *Asians*—People having origins in any of the origins of Far East, Southeast Asia, or the Indian subcontinent, including Korea, China, Japan, Thailand, Malaysia, India, Singapore, Cambodia, Vietnam, and the Philippines (Maglente & Roth, 2023).
4. *Breast cancer*—A type of cancer that starts in one or both breasts. Cancer cells can begin to grow and metastasize (American Cancer Society, 2024).
5. *Collectivism*—A cultural orientation adopted by Eastern cultures. The values of placing one's group or collective interests over individual interests (E. C. Chang, 2001; Cherry, 2022; Gonzalez et al., 2016; G. Wang & Liu, 2010).
6. *Coping*—The behavior and cognitive efforts that people use to manage the internal and external demands of a stressful situation (Lazarus & Folkman, 1984).

7. *Filial piety*—Loyalty to one’s family is integral to a Chinese family’s hierarchy, which defines the role of each member, position, status, and expectation in the family unit, determined by the individual’s age, gender, and social status (E. C. Chang, 2001; Kramer et al., 2002).
8. *Individualism*—A cultural orientation emphasizing individuals and their rights, independence, and relationships with other individuals (VandenBos, 2007, p. 476). It is an “approach to life that emphasizes the essential right to be oneself and to seek fulfillment of one’s own needs and desires” (VandenBos, 2007, p. 476).
9. *Pacific Islanders*—People whose heritage is connected to origins belonging to one or more of the 15 nations included in the U.S. census, which are divided into the subregions of Polynesia, Micronesia, and Melanesia. This classification includes people from Samoa, Tahiti, Guam, Fiji, and Papua New Guinea (Maglente & Roth, 2023).

Summary

Breast cancer is one of the most prevalent life-threatening diseases among middle-aged and older women (SEER, n.d.). Chinese American women, the largest Asian American subgroup, have a 30% lower death rate than White women (D. W. Lim et al., 2020).

Experiencing breast cancer treatment can also be traumatic. How Chinese American women, who are diagnosed with breast cancer, cope with their stressful breast cancer journey may ultimately have an impact on their survivorship (E. C. Chang, 2001). However, there is limited research on why their death rates are lower and what role cultural values play in their ability to cope positively with breast cancer.

This autoethnography study was an examination of the extent to which traditional Chinese values play a role in Chinese American women’s abilities to cope with breast cancer

effectively, through my narrative as a Chinese American woman coping with breast cancer. By exploring my lived experience with breast cancer, I hoped to bring a better understanding of how traditional Chinese values influence using problem-focused coping rather than emotion-focused coping when dealing with breast cancer. Problem-focused coping is considered a higher-order coping strategy for breast cancer (Kvillemo & Bränström, 2014) because this coping method involves directly dealing with solving the problem (Lazarus & Folkman, 1984). Emotion-focused coping is considered a lower-order form of coping because emotions like wishful thinking (Folkman & Lazarus, 1985) are predominately used to deal with the problem. There is limited research on this topic, but previous studies have shown that Chinese American women show higher levels of problem-focused coping (E. C. Chang, 2001) than emotion-focused coping based on their adherence to traditional cultural beliefs and values. The results of this autoethnography research can also help to inform interventions for Chinese American women who are facing breast cancer.

Chapter Two: Literature Review

Overview

The purpose of this study was to examine the role traditional Chinese values play in the ability of Chinese American women to effectively cope with breast cancer. There are disparities in breast cancer risk, diagnosis, and survivorship among races and ethnicities. Cross-sectional and longitudinal cultural studies have been conducted on White and other ethnic groups to create new and improved approaches to sustain survivorship by identifying contributing factors and coping strategies (Kagawa-Singer et al., 2010; J.-W. Lim et al., 2009). Although research on cultural factors related to cancer survivorship exists, limited studies have been conducted on the extent to which traditional cultural beliefs may influence how Chinese American women cope with breast cancer (Gonzalez et al., 2015; W. Tsai & Lu, 2017; T.-I. Tsai et al., 2011; Warmoth et al., 2020). Autoethnographic studies are “highly personalized accounts that draw upon the experience of the author/researcher for the purposes of extending sociological understanding” (Sparkes, 2000, p. 21). Thus, in conducting this autoethnography study, I hoped to shed light on a Chinese American woman’s cultural heritage and how it may positively influence effective coping strategies with breast cancer treatment and obtaining long-term survivorship.

This chapter is a review of the literature that supported this study. I begin with a description of the theoretical framework, which includes Lazarus and Folkman’s (1984) coping model and Chinese cultural values. These models provided a guide for the study’s design and its methods and assisted the interpretation of the findings. I then review related literature, including the literature on breast cancer, treatment types, and options; risk factors; demographics; coping with breast cancer; Asian breast cancer patients and survivors; cultural beliefs and values on health; acculturation; problem-focused and emotion-focused coping; other factors; spiritual

beliefs and practices; family and caregiver support; and burden, resilience, and posttraumatic growth. The last section includes a summary.

Theoretical Framework

Lazarus and Folkman's stress model and ways of coping served as the theoretical framework for this study. Chinese cultural values based on collectivist orientation also served as the theoretical framework for this study. I discuss both in more detail next.

Stress Coping Strategies

According to Lazarus and Folkman (1984), stress is a process that includes a primary appraisal (believing a threat has occurred to oneself) and a secondary appraisal (processing the threat to create a response to the threat). The process of executing a response to that stress is called coping. Developing a coping strategy is a step-by-step reaction from moving through the primary appraisal to the secondary appraisal. For example, an individual will prompt a response to act on a threat (secondary appraisal) only when the individual recognizes the threat (Lazarus & Folkman, 1984).

According to Lazarus and Folkman (1984), people have different ways of coping, which involve their behavior and cognitive efforts to manage a stressful situation's internal and external demands. In Lazarus and Folkman's view, coping can be classified as either problem- or emotion-focused. The dichotomous construction of problem-focused versus emotion-focused coping may be useful in understanding the methods that Chinese American women use to cope and recover from breast cancer.

Problem-focused coping involves engaging in activities that focus directly on changing elements of the stressful situation (E. C. Chang, 2001; Lazarus & Folkman, 1984). Lazarus and Folkman (1984) provided an example of a person who had to prepare for a difficult exam; the

person met the challenge by taking specific actions to create a study outline or memorizing key fact notes. In contrast, emotion-focused coping involves modifying one's internal reactions to manage the stressful situation. With emotion-focused coping, when confronting stressful situations or challenges, individuals may distract themselves from straightforwardly dealing with the stressor. In the example of having an exam, they may go out with friends rather than take action to prepare for their exams (E. C. Chang, 2001; Lazarus & Folkman, 1984).

In previous research, Asian American women were shown to have a higher level of engaging in problem-focused coping compared to White women (E. C. Chang, 2001). However, there is limited research on the coping strategies of Chinese American women. I examined the coping strategies of Chinese American women with breast cancer in the present study. One of the study premises was that Chinese American women prefer problem-focused coping due to their adherence to traditional Chinese values. Because of their cultural upbringing, Chinese people are known to be pragmatic and use short-term, problem-focused solutions to resolve family, financial, or health challenges to avoid shame, embarrassment, and loss of face to their families (Tabora & Flaskerud, 1997).

Even Chinese Americans who are more acculturated to American culture may begin to treat a cancer condition with Western medicine approaches but also adhere to traditional Chinese doctors and Eastern treatments, which are in line with traditional values (Tabora & Flaskerud, 1997). However, should the Western option treatments fail, Chinese people will return to traditional Chinese medicines as they believe those treatments cause fewer side effects (Tabora & Flaskerud, 1997). Using both Western and Eastern treatments is a culturally pragmatic response of Chinese Americans to solving medical problems quickly.

Chinese Cultural Values

For centuries, Chinese culture has emphasized family values, obligations, and collective needs and goals over individuals. In a collectivist culture, society members focus on becoming selfless and altruistic, working as a family unit or group, and doing what is best for society. Individuals, families, and communities are interconnected, with each identity playing a central role in society's success. In contrast, individualism focuses on each person's rights, concerns, and needs, thus giving into the belief that everyone must fend for themselves (Cherry, 2022; Gonzalez et al., 2016; G. Wang & Liu, 2010).

Researchers have found that the value of collectivism is linked to the desire to survive for the good of others in fighting against breast cancer. Thus, the practice of collectivism may influence and motivate how individuals adopt coping strategies, decide on treatment options, and most importantly, develop fighting spirits to obtain and maintain breast cancer survivorship for themselves and for their families (Gonzalez et al., 2016). Based on their cultural values to their families and surviving for themselves and their families, Chinese women are expected to show grit and resilience in the face of having breast cancer.

Chinese American women in the United States have a long history of enduring hardship and racial discrimination, from first being brought to the United States from China to work as sex slaves for lonely Chinese railroad workers in the 1800s (Kamiya, 2018). Although Chinese American women have been silenced, suppressed by their emotions, forced to become invisible, and discouraged from seeking support, regardless of whether they were in their native country or the United States (Fong et al., 2022; Lyman & Douglass, 1973), they have learned to persevere and develop PTG and resilience even after years of long-term traumatic experiences (Wan et al., 2022). Thus, Chinese American women with strong traditional cultural values tend to confront

their breast cancer with resilience and develop positive coping strategies such as problem-focused rather than emotion-focused to manage it.

Related Literature

Breast Cancer Overview

Breast cancer is a disease in which the cells metastasize in the breast area, and different types of breast cancer can begin in different parts of the breast (Susan G. Komen, 2024).

Although breast cancer can develop in men, it is most common in women. As of January 2022, breast cancer accounted for 12.5% of new diagnoses worldwide, and 13% (about 1 in 8) of women in the United States have developed invasive breast cancer (American Cancer Society, 2024). An estimated 3,800,000 women have completed breast cancer treatment, with recent reports of an increase in incident rates by 0.5% per year. Studies have also shown that a woman's risk of developing breast cancer doubles with a family history of breast cancer (Susan G. Komen, 2024).

Approximately 5% to 10% of breast cancer is inherited and associated with mutations of BRCA1 and BRA2 genes. In terms of age groups, 85% of breast cancer occurs in older women (Susan G. Komen, 2024). Although breast cancer survival has increased with the advancement of treatment availability, breast cancer in women in the United States continues to be one of the leading causes of cancer-related death. Therefore, early detection through screening; maintaining a healthy diet; regular exercise; incorporating emotional, mental, and spiritual practices; and social support to reduce stress may increase breast cancer survival rates and sustain long-term remission. Education on breast cancer in culture and ethnicity has also been studied to understand risk and recovery (Susan G. Komen, 2024).

Recent studies have shown a rapid increase in the number of Asian American (Chinese and Korean) women in the United States at risk of developing breast cancer but with positive survivorship outcomes. These studies have also shown that these ethnic groups' cultural beliefs in healthy behavior have contributed to breast cancer reduction of cancer risk and increased survival rates (Gonzalez et al., 2015).

Breast Cancer Diagnosis Type, Symptoms, and Staging

There are many types of breast cancer (Breastcancer.org, 2023). Ductal carcinoma in situ, invasive ductal carcinoma, and inflammatory, and metastatic diagnosis are the most common forms of breast cancer. Some others may originate from excessive hormones. Each type of breast cancer will require different treatment and surgery plans (Susan G. Komen, 2024).

Although pain is not a common symptom of breast cancer diagnosis, it can be detected through early and annual screening with mammograms and ultrasounds. However, once the individual has been diagnosed with breast cancer, the doctor stages the cancer based on the size of the tumors and how much the cancer has spread. The earlier the detection, the higher the survival rate (National Breast Cancer Foundation, n.d.). Women with a high risk of developing breast cancer must monitor their health with regular screening. Education and assistance from the community may help underprivileged families with healthcare resources.

Treatment Types or Options

The standard or traditional medical approach for treating breast cancer includes chemotherapy, surgery, radiation, and hormone therapy. However, some medical doctors and breast cancer survivors have incorporated complementary alternative medicine (CAM) such as Chinese herbal medicine and acupuncture or naturopathy medicine, including high-dose intravenous (IV) vitamin C, mistletoe, ozone therapy, hyperbaric oxygen therapy, and

supplements to obtain survivorship. Powers-James et al. (2020) noted that many patients in the United States use CAM while undergoing cancer treatment, with recent reports as high as 87% of cancer patients using CAM. In 2004, Cui et al. reported that 98% of patients in urban Shanghai had used at least one form of CAM therapy after breast cancer diagnosis. Studies have shown that using CAM may have contributed to Chinese American women's breast cancer survivorship (Lambe, 2013).

Conventional Cancer Treatment Options

A breast cancer diagnosis can be traumatic; thus, learning about the various treatments and options with possible risks and effects can better prepare cancer patients. When a breast cancer tumor is localized in the breast, the care team may suggest surgery and radiation. Most women elect to have surgery to remove their tumor, and depending on the breast cancer type and how far the cancer has spread, chemotherapy drugs may be recommended to shrink the tumors before surgery. Most cancer treatments are systematic, with chemotherapy medication administered using an intravenous infusion or through a medical port. Treatment may last from 6 to 12 months (Cancer.Net, 2021).

Integrative or Complimentary Alternative Naturopathic Treatments

Conventional chemotherapy and surgery may cause long-term side effects or become ineffective; therefore, individuals may seek CAM or integrative treatment (Cui et al., 2004). CAM may include herb supplements, a no-sugar or special diet, acupuncture or massage, ozone therapy, mistletoe injections, IV vitamin C infusion, yoga, prayer, and meditation (Cui et al., 2004). However, cultural and religious beliefs may influence the sole use of CAM or a combination of conventional treatments for both patients and oncologists (Powers-James et al., 2020).

Risk Factors and Demographics

The risk of developing breast cancer in young athletic women has confused the medical cancer community (Nathanson et al., 2001). Studies have shown that women with family histories of cancer and mutated genes are at risk of developing breast cancer. Breast cancer results from a combination of genetic and environmental factors that, when combined, lead to the accumulation of mutations in essential genes (Nathanson et al., 2001). Women at risk of breast cancer are recommended to have genetic testing of their BRCA1 and BRCA2 genes. Such tests may be better risk assessments and could result in reducing breast cancer incidence and death rates (Nathanson et al., 2001).

African and Hispanic women have higher risks of dying from breast cancer in America (Breastcancer.org, 2023). Whereas the number of Asian American breast cancer survivors has increased, it would be beneficial to demystify this minority group by understanding the impact of this disease. Ashing-Giwa et al. (2004) touched on many factors to help medical providers understand the complexity of this culture, including the patient's concerns about expressing a desire to participate in medical decision-making concerning treatment plans and selecting providers as well as body image and sexuality. Ashing-Giwa et al. explored an array of factors to understand the experiences of breast cancer among Asian Americans. However, further studies to explore the socioeconomic aspects of breast cancer treatment and the availability of genetic testing may help to further understand this phenomenon.

Coping With Breast Cancer

Kvillemo and Bränström (2014) conducted a meta-analysis on coping with breast cancer. Several measures for coping with breast cancer were used in the study, including Lazarus and

Folkman's WOC-R. The other measures also incorporated problem-focused and emotion-focused coping.

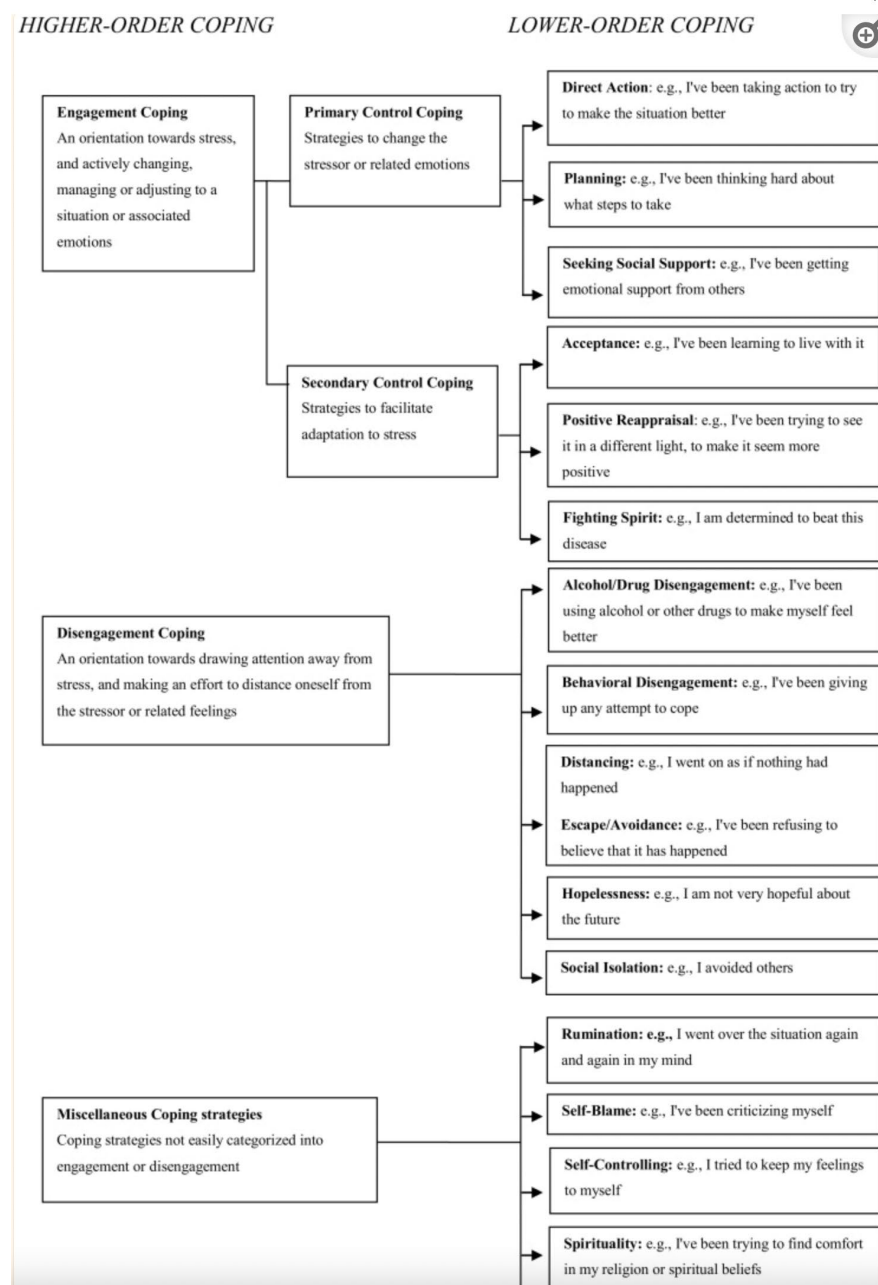
Figure 1 shows that the most constructive ways of coping with breast cancer are classified as engagement coping. In the figure, primary control coping is viewed as the most effective coping style. This coping style includes direct action and planning, which are synonymous with Lazarus and Folkman's (1984) problem-focused coping on the WOC (Vitaliano et al., 1985). Lazarus and Folkman found that social support is important and included in primary control coping.

According to Cancer.Net (2021), the road to remission includes reaching out to other breast cancer survivors and connecting with a cancer support group. The ability to seek and receive social support can impact the quality of life of women with breast cancer, regardless of age and socioeconomic status (Furlong et al., 2020; J.-W. Lim, 2014; Torralba-Martínez et al., 2022). However, in the WOC-R student sample version, social support is not considered a part of problem-focused coping. In the present study, I considered social support separately to understand how it may serve as a positive coping strategy for me.

Secondary control coping is the next highest order of coping in Kvillemo and Bränström's (2014) study and includes acceptance, positive reappraisal, and fighting spirit. Positive reappraisal is synonymous with the Focusing on the Positive subscale of the revised WOC student sample version. There is other support for focusing on the positive as being an effective form of coping with breast cancer. Huang and Hsu (2013) noted that building resilience and staying positive may increase survival rates and recovery from breast cancer. Lastly, the Disengagement Coping subscale is part of a lower-order coping method and is congruent with the Detachment subscale on the WOC-R student sample version (Lazarus & Folkman, 1984).

Figure 1

Higher-Order to Lower-Order Coping With Breast Cancer



Note. From “Coping With Breast Cancer: A Meta-Analysis,” by P. Kvillemo and R. Bränström, 2014, *PLoS One*, 9(11), Article e112733 (<https://doi.org/10.1371/journal.pone.0112733>).

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In the current study, the most positive coping style was problem-focused coping, which focuses on the positive and on tension reduction. There is limited literature on the role of social support for Chinese American women, and seeking social support is part of the WOC-R student sample version, which I self-administered as part of the present study to understand social support's contribution to my coping with cancer. Detachment, wishful thinking, and self-blame are considered more negative coping styles. Based on my knowledge of my coping styles, I expected to have low scores on these styles when I took this assessment.

In another study on the usefulness and distinction between problem-focused and emotion-focused coping, McQueeney et al. (1997) studied a chronic health-related problem and examined 29 women who were coping with the stress of infertility. Participants who used emotion-focused coping to express their frustration with infertility and treatments reported lower depression rates in 1 month. Participants who sought information regarding their diagnostic and treatment options, pursued treatments designed to improve fertility, and communicated regularly with their partners and medical staff used problem-focused coping strategies (McQueeney et al., 1997). Some participants were able to conceive within 18 months of treatment. Although McQueeney et al.'s findings showed that emotion-focused and problem-focused coping were both useful in helping the participants undergo infertility treatment, problem-focused coping showed positive efficacy in successful infertility treatment.

Asian Breast Cancer Patients and Survivors

Breast cancer rates in Chinese American women have steadily increased since the late 1990s (Seven et al., 2021). A possible contributing factor to this phenomenon may be linked to the perception and expectation of Chinese American women to be meek and nontalkative while having to keep to themselves and suppress their emotions. Consequently, there may be an

association between stress and cultural assimilation into American life (Seven et al., 2021). Additionally, the aftermath of COVID-19 has added stress for Chinese American women (Almeida et al., 2020). Given these concerns, it is imperative to gain a better understanding of how Chinese American breast cancer survivors complete their journey while sustaining long-term remission and maintaining quality of life and health-related quality of life.

The growing literature on Asian American breast cancer survivors includes a study on the overall health and quality of life among Asian American breast cancer survivors (J.-W. Lim & Ashing-Giwa, 2013) and a study that showed a rapid increase in the number of Asian American (Chinese and Korean) breast cancer survivors (Gonzalez et al., 2015). The findings showed that cultural beliefs in health and behavior have contributed to breast cancer survivorship; therefore, healthy behaviors and positive cultural practices may have contributed to the reduction of cancer risk and the increase in survival rates (Gonzalez et al., 2015; J.-W. Lim & Ashing-Giwa, 2013).

Chinese Americans

Acculturation

Chinese American women are an ethnic subgroup of Asian Americans who have immigrated to the United States for decades. The Chinese community differs among adult and young immigrants and American-born Chinese in attitudes, beliefs, and behaviors. The term acculturation is defined as the socialization process by which immigrants manage the keeping or letting go of their heritage culture and adjusting to the values, norms, attitudes, and behaviors of the mainstream European American culture (Sam & Berry, 2010; T.-I. Tsai et al., 2011; W. Tsai & Lu, 2017). Different acculturation levels would be expected between older Chinese American women who immigrated from China and Chinese-American-born women. Both groups are

considered Americanized, but how they think, perceive, and behave depends on the acculturation level. They may have different levels of adherence to Chinese traditional values and beliefs.

Previous studies have shown differences in acculturation levels among Chinese individuals, and these levels can be used to confirm differences between cultural groups. For example, W. Tsai and Lu (2017) found that Chinese breast cancer survivors less acculturated to mainstream European American culture will likely value emotional restraint. Ambivalence over emotional expression reflects having inner conflicts of wanting to express emotions yet fearing the consequences (W. Tsai & Lu, 2017). W. Tsai and Lu examined acculturation levels and functions in Chinese American women by measuring the relationship between ambivalence over emotional expression and well-being among Chinese American breast cancer survivors. The researchers defined and measured well-being by quality of life and levels of depressive symptoms.

Study results showed that Chinese American breast cancer survivors who were less acculturated to American culture had less ambivalence over emotional expression, which was considered a protective factor due to greater levels of Chinese cultural values (W. Tsai & Lu, 2017). Because these survivors had more restraint over their emotions, they had better quality of life and experienced fewer depressive symptoms. In contrast, Chinese American breast cancer survivors who were more acculturated to mainstream European American culture and valued self-assertion through emotional expression experienced greater ambivalence over emotional expression, had poorer quality of life, and experienced greater levels of depressive symptoms (W. Tsai & Lu, 2017). These study findings supported that Chinese American breast cancer survivors show significantly higher scores in positive coping with breast cancer using problem-focused coping as defined by Lazarus and Folkman (W. Tsai & Lu, 2017).

The Influence of Chinese Cultural Beliefs and Values on Health

Although death is inevitable, coping with death and dying may be heavily influenced by cultural beliefs and values. Keeping discussions about a family member's cancer diagnosis off limits is typical in traditional Chinese families. Everyone in the family knows of the diagnosis except the patient. To carry the burden of the cancer patient, the family encourages each other to justify the "good lie," as depicted in the film *The Farewell*.

The Farewell is a 2019 film written and directed by Lulu Wang based on her experience with her grandmother's cancer diagnosis. In the film, Wang examines the identity of a Chinese American woman (the granddaughter) and how her Chinese immigrant parents and her family members in China coped with the matriarch's (grandmother's) cancer diagnosis. Based on their cultural beliefs and values, each family member was required to keep the truth about the cancer patient's prognosis from the matriarch until the last hour.

In the movie, Billie is a young Chinese-born American woman whose parents left China and immigrated to America when Billie was only 6 years old. Although Billie grew up as an American, her parents acculturated into American culture while retaining their Chinese heritage, thus maintaining the best of both worlds in terms of values.

The story begins with Billie, who is in New York City, speaking to her grandmother (Nai Nai, the matriarch) in China. They both lied to each other about their well-being. Billie's grandmother was getting a scan in a hospital, and Billie had terrible news about being rejected from a university fellowship. To protect each other's emotional well-being, both kept silent on these subjects. Later that evening, Billie visited her parents and felt something was off. After persistently asking her parents, she heard the news about her grandmother's lung cancer

diagnosis. Believing that grandmother had only a few months to live, Billie's family purchased tickets to see Nai Nai one last time and to make funeral arrangements.

At the same time, the extended family members also set up a fake wedding of Nai Nai's grandson to return the entire family to China from Japan and the United States as an excuse to celebrate with Nai Nai. Upon hearing of the elaborate scheme, Billie struggled with her family's decision to keep the cancer diagnosis from her grandmother. Consequently, in fear of Billie's inability to control her emotions, her parents left her behind. Billie's mother told her that she could not come because she could not hide her emotions.

Billie purchased a ticket against her family's wishes and flew to China to see her grandmother. For the entire 100 min of the film, the family smiled, laughed, and ate a lot; they acted in the pretense of coming together to celebrate Nai Nai's grandson's wedding. At one point, the family went as far as intercepting an X-ray lab result and changing the report to benign tumors. Billie then confronted her father and uncle and asked whether keeping her grandmother's cancer diagnosis a secret was legal. The uncle explained to Billie that there is a difference between Eastern and Western cultures. He said a person's life is part of its whole and does not belong to oneself, and the family must carry on the emotional burden for the matriarch. He continued explaining that telling Nai Nai about her diagnosis would burden the family and not absolve anyone's guilt.

Billie began to understand the cultural implication of telling her grandmother, so she left after the fake wedding and hugged her grandmother, believing she would never see her again. Surprisingly, the film had a happy ending. The real Nai Nai posted a video of herself doing Tai Chi exercises 6 years after her Stage 4 lung cancer.

Chinese American Coping Strategies Influenced by Cultural Values

In *The Farewell*, Nai Nai was diagnosed with Stage 4 lung cancer and was given a 3-month prognosis. Miraculously, she recovered from lung cancer and survived without knowing her diagnosis. This raises the question of whether the cultural practice of support by removing the burden of informing a patient of a life-threatening diagnosis influenced Nai Nai's survivorship because she was spared from the stress of knowing her fate. Respecting the family's wishes to handle Nai Nai's Stage 4 cancer diagnosis, the doctor did not recommend any treatment except to ask the family to spend their last days with each other. The doctor also kept the truth from Nai Nai and told her she was suffering from pneumonia.

To spare Nai Nai the stress and the need to cope with her cancer, her family members took on this responsibility by developing a plan of action for themselves. Insisting that all family members refrain from expressing their emotions, they focused on changing the elements of the stressful situation by fabricating a wedding. The family's approach reflected Lazarus and Folkman's (1984) emotion-focused coping by spending 3 months of intense family fun time with their grandmother, trying not to dwell on her 3-month prognosis.

Differences Between Eastern and Western Cultures

There is limited research on how cultural differences and beliefs may influence human behavior in any specific Asian American ethnic group, and specifically among Chinese American women (E. C. Chang et al., 2006). However, cultural differences have been studied. Markus and Kitayama (1991) found differences between Eastern and Western cultures in thoughts, feelings, and individual actions. According to Markus and Kitayama, there are differences in how Asian and American cultures value individuality and attending and connecting to others harmoniously. The belief in collectivism was indeed portrayed in *The*

Farewell. The family members collectively acted on the importance of protecting their matriarch, thus emphasizing obligations and collective interests over individualism by working together to do what is best for the family unit. As a community, the family members collectively assumed responsibility to cope with the stress of a cancer diagnosis and kept the cancer diagnosis from their grandmother so she did not have to experience stress and cope with cancer, reflecting the approach discussed in E. C. Chang et al. (2006). In contrast to a collectivist culture, which values unity, selflessness, and altruism, individualism focuses on independence and personal identity (Cherry, 2022). These two very different ways of being may lead to different ways of coping with cancer.

Efficacy of Problem-Focused and Problem-Focused Coping in Chinese Americans

Research on how cultural values, beliefs, and acculturation influence Chinese American breast cancer survivors is limited, as Chinese Americans are a subgroup of Asian Americans. Placing all Asian Americans together may skew statistical data and misrepresent distinct ethnic subgroups (Maglente & Roth, 2023). Chinese American women think, feel, and behave differently from other Asian Americans. Regarding stress and coping, Chinese cultural values must be uniquely identified and studied to obtain an accurate and unbiased understanding of how these women cope with breast cancer and their journeys. How Chinese American women preserve their cultural beliefs and traditions may help researchers understand acculturation's influence on strategies for coping with stress among these women (W. Tsai & Lu, 2017).

Based on the findings from W. Tsai and Lu (2017), Chinese American breast cancer survivors who are less acculturated did not experience ambivalence over emotional expression and were therefore protected by their Chinese cultural values. Ambivalence over emotional expression had adverse effects on more acculturated Chinese Americans. Studies show that less

acculturated Chinese American women tend to be less emotional. Thus, they would use problem-focused coping in the face of receiving a breast cancer diagnosis and managing ongoing treatment. They would use the best plan of action to give themselves the best chance of survival by making practical decisions that would help them move on and continue fulfilling their cultural obligations. For example, most Chinese American women, especially recent immigrants who are less acculturated, have restrained emotional attachment to the self-image of body parts and are more likely to elect modified radical mastectomy. This surgery removes the entire breast, regardless of age or stage of the disease (Killoran & Moyer, 2006).

Furthermore, the belief in collectivism also influences how Chinese American women cope with breast cancer diagnosis and treatment. Chinese American women make decisions based on how their illness may burden the entire family, and they tend to use problem-focused coping strategies. Thus, they remove the emotional element of coping with fear and losing sight of the goal of survivorship (Ashing et al., 2017; Cherry, 2022; Gonzalez et al., 2016; G. Wang & Liu, 2010). Additionally, based on Chinese American women's level of acculturation, cultural beliefs in emotional restraint, and values inherent in collectivism, it is plausible to hypothesize that this ethnic group would highly favor problem-focused coping strategies (E. C. Chang et al., 2006) by seeking out the information and treatment options that would yield the best outcomes in survivorship while sustaining minimal interruption with their role in the family and their society.

Other Breast Cancer Survival Factors in Chinese American Women

In addition to studying how Chinese American women cope with breast cancer, previous studies on other contributing factors, such as socioeconomic level, social support, prayers, and spiritual beliefs, have shed further light on Chinese American breast cancer survivors. Ashing-Giwa et al. (2004) found that breast cancer survival among African American, Asian American,

and White women in the United States may also be linked to socioeconomic and educational factors in the extent to which they have breast cancer awareness. Prayers for maintaining spiritual well-being are practiced among Christian beliefs as coping strategies (LaFromboise et al., 1993; J.-W. Lim et al., 2009). However, Chinese women believe in balancing the self harmoniously by treating breast cancer treatment holistically, including diet and exercise (Ng et al., 2021).

Most Chinese citizens practice Buddhism, Taoism, and Confucianism in China and obey their government officials. They practice filial piety, a Confucian belief that children must care for and attend to their elderly parents with love, respect, and obedience, including financial and medical needs (Yeh & Bedford, 2003). Nevertheless, there is limited research on spiritual factors and Chinese American women breast cancer survivors. Even though the number of breast cancer survivors has increased with early screen detection and advanced medicine, more studies are needed to prevent reoccurrence and sustain remission.

Family and Caregivers' Support, Burden, Resilience, and Posttraumatic Growth

When a woman in a Chinese American family is diagnosed with breast cancer, every member of the close-knit family will be impacted by physical, mental, emotional, financial, and spiritual challenges, as depicted in the film *The Farewell*. Resilience, PTG, and quality of life can impact breast cancer survivorship in Chinese American women. Studies on psychological well-being have been conducted in Hong Kong, Singapore, Taiwan, Korea, and China, with results showing that continuous support for survivors by caregivers is necessary to maintain long-term recovery (Liu et al., 2018; Seven et al., 2021). Additionally, the fear of reoccurrence can trigger anxiety and posttraumatic stress disorder. Thus, breast cancer survivors and their caregivers must maintain positive attitudes and practice stress reduction. Hence, future studies on

all contributing factors in diverse populations in the United States, especially for Chinese American women, would better serve the understanding of breast cancer survivorship in these women.

Summary

The numbers of Asian American women who survive breast cancer are rapidly increasing. However, their breast cancer journeys have received scant research attention. Research on the breast cancer journeys in many subgroups of Asians, including Japanese, Vietnamese, Korean, Middle Eastern, Indian, Cambodian, Tibetan, and Chinese, is also lacking. Whereas cross-sectional studies on Chinese women have been completed in the Far East, including Hong Kong, Taiwan, and China, only a few have expanded to include Chinese American women in the United States (E. C. Chang et al., 2006; Maglente & Roth, 2023).

Additionally, Chinese American women have a long history in the United States and have been a strong yet silent group who have kept to themselves while battling American and Chinese cultural challenges (Bryan, 2013; Kamiya, 2018). Although helpful, previous studies have yet to recognize the hardships of Chinese American women who have struggled to meet cultural expectations. Identifying key contributing factors to help support Chinese American breast cancer survivors and sustain long-term remission is warranted.

There is a need for information on Chinese American breast cancer patients' ability to survive breast cancer. I aimed to fill the gap by thoroughly examining how I, a Chinese American woman, coped with breast cancer. In the literature review, I examined the cultural factors that may influence Chinese American women suffering from breast cancer treatment and whether higher levels of traditional cultural beliefs and values will result in their using more effective forms of coping, such as problem-focused coping, than their counterparts with lower

levels of traditional cultural beliefs and values. Among the 39 classifications of autoethnography, approaching this topic in the form of lived experience (Ellis & Bochner, 2000) supports the ultimate goal of cultural understanding underlying autographical experiences (H. Chang, 2008).

Chapter Three: Methods

Overview

This autoethnographic study was an exploration of my lived experience in documenting the events before, during, and after I received a breast cancer diagnosis. Ellis and Bochner (2000) referred to lived experience as a form of study in which the participant's experience is the topic of research. I am a Chinese American woman coping with breast cancer, and my lived experience encompasses the influence of traditional Chinese values on the specific strategies I used to cope with my breast cancer.

I conducted this study to better understand how cultural values and traditional beliefs affect Chinese American women's recovery from breast cancer. Chinese American women often experience physical, mental, emotional, and spiritual challenges with minimal support based on lived experiences in coping with breast cancer treatment and journey. Having to face hardships and feeling alone, especially with breast cancer, Chinese American women like me rely on their cultural beliefs to build resilience. This chapter describes the research design and the methods used in this study, including a narrative analysis of myself as the study participant, procedures for data analysis, and trustworthiness of the study.

Design

This study was a nonexperimental qualitative study of a Chinese American woman diagnosed with breast cancer. This autoethnographic study includes a narrative analysis and interpretation of my lived experience of coping with breast cancer, concerning both the overall emotional journey and choice of treatment. In qualitative research, data in the form of field conversations, interviews, notes, memos, photographs, and recordings, which represent the self in the world in a natural setting, are collected and analyzed (Creswell & Poth, 2018; Hepner et

al., 2015). Then, the researcher makes interpretations to make sense of the phenomenon (Denzin & Lincoln, 2011).

In the present study, my premise was that Chinese American women with high cultural values will engage in positive forms of coping (e.g., problem-focused coping). As part of the study, I completed two surveys, the CVS and the WOC-R, to frame the analysis of how Chinese values influenced my coping with breast cancer. Thus, by better understanding the unique contribution of Chinese cultural values to breast cancer recovery, medical and health providers can integrate additional support to increase the cancer survival rate in Chinese American women.

Narrative Analysis

According to Creswell and Poth (2018), “The focus of a narrative is on the life of an individual, and the focus of phenomenology is on a concept or phenomenon and the essence of the lived experiences of persons about that phenomenon” (p. 120). With a single participant, narrative analysis is also a helpful qualitative method because the inquiry is between the self and culture (Weatherhead, 2011). Although there is no correct way of writing a narrative approach, a personally constructed self-account that emphasizes self, culture, and interrelation between these two factors may provide a better understanding of how Chinese American women cope with breast cancer.

There are other qualitative approaches as well, with different aims. For example, grounded theory aims to develop a theory from the collected data, whereas ethnography is used to describe and interpret a particular culture in a group (Creswell & Poth, 2018). A phenomenological approach focuses on a particular phenomenon and usually looks for commonalities among participants who have lived experiences of the phenomenon. Finally, a case study is an in-depth study of a case or multiple cases (Creswell & Poth, 2018). While I used

a narrative approach in the present study, I also used an autoethnographic approach, which means the study focus was on my experiences.

What Is Autoethnography?

Autoethnography is a self-study qualitative research method in which the autobiographical data containing the author's personal experience are analyzed to achieve cultural understanding (H. Chang, 2008; Wall, 2006). Personal experiences are written and recorded to provide a rich textual explanation of stories about the self and told through the lens of culture (Adams et al., 2021).

This approach uses self-analysis and interpretation of cultural assumptions to shed light on a phenomenon in the author's life. In the present study, I used a personal narrative analytic autoethnography approach, as described in Cooper and Lilyea (2022), to better understand and appreciate my unique personal journey of how I cope with breast cancer. Autoethnographic studies are "highly personalized accounts that draw upon the experience of the author/researcher to extend sociological understanding" (Sparkes, 2000, p. 21). This approach allows readers to enter the researcher's world of learned lessons, reflection, understanding, and coping with their own lives (Ellis & Bochner, 2000).

Autoethnography focuses on using existing research to connect with personal experiences (Cook, 2014; Keles, 2022). Autoethnography differs from other forms of ethnographic or narrative inquiries in which authors use their personal experiences as primary data.

Autobiographical narratives in the form of an autoethnographic study allow authors to provide insights and integrate their self-data to develop a more fluent and culturally sensitive understanding of culture (H. Chang, 2008).

This research method allowed me to express my inner emotions and perspectives on how I have coped with the stress of breast cancer treatment and fought for survivorship. I conducted this study with the hope that my experience would provide richly multilayered descriptions, as described in Adams et al. (2021), that can create a better understanding of how Chinese values can influence ways of coping. Additionally, conducting autoethnographic research can protect the potentially vulnerable population of breast cancer survivors who may not want to relive memories or trauma of their breast cancer treatment and journey. Thus, I conducted an autoethnography to gain a cultural understanding of the self and others directly and indirectly connected to the self in a way that protected a potentially vulnerable population, as described in H. Chang (2008).

Researcher's Role

My role as the researcher in this study was to conduct an unbiased study that can benefit breast cancer patients. As the researcher, my role was to be objective, unbiased, and open to describing my journey with breast cancer as faithfully as possible. As a Chinese woman who immigrated to the United States as a young adolescent, I have embraced the best of both cultures. Whereas I have been diagnosed with breast cancer, my interest in studying this topic lies in bringing my own experience to the foreground so that others can gain a better understanding of a disease that increasingly plagues women of all ethnicities and an understanding that may be particularly useful for Chinese American women. I accomplished this goal by accurately describing my journey, with a specific focus on the potential usefulness of relying on Chinese traditional values when coping with breast cancer. Thus, the findings from this study may bring hope and strength to those undergoing treatment or struggling with sustaining survivorship and

help researchers and clinical professionals provide more culturally informed support for Chinese American women coping with breast cancer.

My role as the researcher was to set aside any preconceived notions I might have had about the study results. My goal was to analyze and interpret my story and accurately provide valid and reliable data that would benefit all women. The study focused on exploring my own lived experience in particular and the role of Chinese American values and traditions in their coping and recovery.

For years, I have felt the calling to serve and help my community, especially with young children. I could not remember a day I had not worked in the service of the Lord. I enjoy volunteering and counseling young adolescents, especially on the importance of education. As technology advances, the world has become a Wild West, and the availability of the internet has negatively influenced some people. Thus, mass and school shootings, disasters, and increases in senseless violence are plaguing our society, where individuals, in addition to veterans, experience trauma that needs care and support.

My goal is to complete my degree and to fulfill the Great Commission in obedience to my Lord Jesus Christ, but as I reflect on my breast cancer journey, I am reminded of Proverbs 16:9: “In their hearts, humans plan their course, but the LORD establishes their steps” (*New International Bible*, 1978/2011). Is it a coincidence that in my last year of traumatology study, I am going through my trauma? As a dual researcher and participant who is coping with breast cancer, I can provide an introspective cultural analysis based on my journey.

Research Questions

I addressed the following research questions in this study:

RQ1: What roles do cultural values and traditional beliefs play in coping with breast cancer?

RQ2: What different coping strategies or methods do Chinese American women use in their breast cancer journey compared?

Assumptions for this Study

In this study, I assumed that Chinese values would have a positive influence on my coping style. This assumption was based on previous research showing that Chinese cultural values and traditional beliefs (D. W. Lim et al., 2020) include a pragmatic approach to coping. Thus, Chinese American women are expected to engage in more proactive coping due to their greater belief in practicing their Chinese traditional cultural values. I completed two surveys in this study, the CVS and the WOC-R, to understand my Chinese value levels and the types of coping I engage in to cope with breast cancer. I expected to score higher in problem-focused coping and spiritual coping and lower on detachment, an emotion-focused coping strategy, in comparison to other forms of coping. The rationale for this premise is that by nature and cultural upbringing, Chinese people are known to be pragmatic and use short-term, problem-focused solutions to resolve family, financial, or health challenges to avoid shame, embarrassment, and loss of face to their families (Tabora & Flaskerud, 1997).

I also expected to score high on the Seeking Social Support subscale of the WOC-R student sample version. While there is limited research on Chinese American women using social support to cope with breast cancer, I know that social support is instrumental in my resilience. I also expected to score higher on the Focusing on the Positive subscale. The rationale

for this assumption was that building resilience and staying positive may increase the survival rate and recovery from breast cancer, as also suggested in Huang and Hsu (2013).

Setting

The study setting comprised hospitals, doctors' offices, imaging centers, and my home. As a result of the stay-at-home executive order issued during COVID-19, I had to wait 18 months before I made an appointment for a mammogram. For 6 months, I was nursing a cold and was scared of the inevitable because I once read an article that a persistent cold may be a symptom of cancer. Before COVID-19, I took care of my father, who was in and out of home hospice, and my mother, who has been deteriorating from her dementia. In early 2020, the government mandated that all nonessential employees stay home because of the COVID-19 pandemic. Around the same time, my father's illness worsened, and I was thankful for the opportunity to work remotely during the day and rotate with my family to care for my father at night. During the stay-at-home mandate, I worked full-time, cared for my parents, and studied. It was a 24/7 job, and I was stressed. I tried to cope as best as I could through daily prayers, journals, quiet time, and emotional support from friends and family.

Researcher as Participant

I analyzed my journey with coping with breast cancer for this autoethnographic study. As recommended by Creswell and Poth (2018), analytic autoethnography research is a qualitative methodology in which the researcher studies the self in a particular context grappling with a particular phenomenon and conducts a narrative analysis of the phenomenon. I was the sole study participant. As the researcher and participant, I aimed to bring an introspective analysis and interpretation of how I have coped with my breast cancer treatment and journey. As a doctoral student studying community care and counseling in traumatology, I was diagnosed with

breast cancer in the last year of my coursework. Before my diagnosis, I was able to balance and manage my work and family as a parent, caregiver, student, and community volunteer, even throughout the intense months of caring for my father. Going through breast cancer treatment turned my world upside down because completing my class assignments became more than challenging, especially on the days I experienced painful side effects from treatment. I had difficulty completing my coursework as I often developed brain fog while suffering exhaustion and sometimes sadness for my situation.

My Story

Six months after the mandate to shelter in place during the COVID-19 pandemic, while still grieving my father's passing in the summer of 2021 and adjusting to taking care of my mother in my home, I made a conscious effort to complete all my necessary physical exams. In early 2022, I watched the technician rush out of the examination room, insisting I stay to take additional tests. I waited 2 hr, after which the radiologist handed me CDs and a report and insisted, I take care of the findings. My heart sank when I read the report, as it documented the existence of suspicious masses. I wasted no time in scheduling all my appointments with breast cancer specialists and accomplished this within a week. As scared as I was, I did not want my family to worry, so I kept calm, stayed positive, and kept the news to myself until after my traumatic breast biopsy experience.

Before the breast biopsy procedure, I thought I had prepared myself in anticipation of the biopsy, but nothing could have ever prepared me for what was to come. Before the procedure, I pleaded with the doctor to thoroughly numb me because I have a low threshold for pain. So, when I felt the first needle, I took a deep breath. But before I could take a second breath, the doctor injected two markers continuously into my breast. I screamed at the top of my lungs and

cried uncontrollably from the pain. The doctor held me down with both arms, looked at me intensely, and yelled, “Calm yourself!”

However, I was in such excruciating pain that the tears kept falling on my face. When she saw that I was still crying, the doctor rushed me out to get another mammogram because it was necessary to see if the markers were injected correctly. After the mammogram, I nearly passed out, and a kind nurse took me to a recovery room so that I could rest for an hour. The pain of the biopsy experience lasted for 3 weeks, and I was traumatized.

For almost 2 years, I have continued to experience one trauma after another, from breast cancer treatment to encountering some questionable doctors (there were also some excellent doctors along the way). Although my experience was traumatic and emotional, I have stayed the course of continuously researching the best treatment options that would sustain me physically, mentally, emotionally, and spiritually. While I have the ultimate respect for the medical professions and their expertise, I understand they do not have time to treat every cancer patient on a case-by-case basis. The medical establishment has a formula and will prescribe the protocol based on empirical studies and clinical trials. Nevertheless, it has neglected to account for outliers who cannot handle the side effects or who become injured from the side effects of medicines.

Based on scientific discovery, everyone has a unique DNA, and cancer is a disease caused by the mutation of DNA and its expression. Thus, it is reasonable to respect the notion that individual cancer patients should be treated according to their DNA mutation and not treat every cancer diagnosis and staging based on the size of the tumors and how and where the cancer has spread. My breast cancer is different because my DNA is unique. Furthermore, my story

speaks of the trauma I have experienced while undergoing breast cancer treatment and diagnosis in hospitals, image centers, doctors' offices, and my home.

After all, I want to live. I am from a highly collectivistic culture, and I believe in looking out for the betterment of my community. I am a primary caretaker. Most importantly, I want to live an entire life and fulfill my filial piety that honors my parents and serves my Almighty God. Other examples of my trauma journey while coping with breast cancer are further detailed in the Data Collection section.

Measures

This study involved self-administering and scoring of two surveys to examine if my cultural values influence my coping strategies. The CVS measures Chinese cultural values and beliefs. The WOC-R measures coping styles.

The Chinese Value Survey (CVS)

The CVS is a 40-item scale that measures Chinese traditional values and beliefs (The Chinese Culture Connection, 1987). It consists of four subscales:

- Integration, which includes beliefs about relationships and desirable character traits.
- Confucian Work Dynamism, which includes belief in Confucian principles.
- Human Heartedness, which includes moral principles.
- Moral Discipline, which pertains to proper behavior.

Other items that do not belong to these subscales are also measured. The Integration subscale includes tolerance of others, harmony with others, solidarity with others, noncompetitiveness, trustworthiness, contentedness, the extent to which someone identifies with themselves as conservative, having a close intimate friend, filial piety, patriotism, and believing in chastity in women. The Confucian Work Dynamism subscale includes a hierarchical ordering

of relationships by status and observing order: thrift, persistence (perseverance), having a sense of shame, reciprocation of greetings, favors, and gifts, personal steadiness, protecting face, and respect for tradition. Human-Heartedness includes kindness (forgiveness, compassion), a sense of righteousness, patience, and courtesy. Moral Discipline includes moderation (i.e., following the middle way or balance), keeping oneself disinterested and pure, adaptability, prudence or carefulness, and a low number of desires.

Other items that do not belong to these subscales are also measured, including working hard, humility, having loyalty to one's superior, adhering to rites and social rituals, having knowledge or education, self-cultivation, belief in benevolent authority, resistance to corruption, sincerity, and repaying a person with good or evil in kind with what they did to another, a sense of cultural superiority, and the importance of wealth. Participants rate items on a 9-point Likert scale ranging from 1 = *no importance* to 9 = *extreme importance*. The higher the score, the greater the endorsement of Chinese cultural values. See Appendix A for this instrument.

Reliability

The CVS has been used to compare values in different cultures (Ralston et al., 1992). Reliability was adequate to good in a study conducted by Pearson and Chong (1997), with the following Cronbach's alphas per subscale: Integration ($\alpha = .80$), Confucian Work Dynamism ($\alpha = .77$), Human Heartedness ($\alpha = .81$), and Moral Discipline ($\alpha = .55$).

Validity

Ralston et al. (1992) conducted a study to validate the CVS with Chinese managers from the People's Republic of China, Chinese managers from Hong Kong, and the United States. The analysis resulted in significant differences between the groups of Chinese managers and U.S. managers on Confucian Work Dynamism and Human Heartedness, which showed the validity of

these constructs. In another study, Chinese employees endorsed the collective values in the CVS, such as work harmony and preservation of the status quo, more so than U.S. employees (Pearson & Chong, 1997).

Ways of Coping Checklist-Revised

I chose the WOC-R for this study because it is among the scales most frequently used to measure coping with breast cancer (Kvillemo & Bränström, 2014). This checklist was designed by Lazarus and Folkman (1984), who developed the stress model, which is part of the present study's theoretical framework. In an article on the development of the revised version, Folkman and Lazarus (1985) stated, "The Ways of Coping that was revised in 1985 (Folkman & Lazarus) is in the public domain and you do not need special permission to use it" (p. 150). The WOC-R had 66 items representing eight subscales, including one problem-focused coping subscale and six emotion-focused coping subscales. The eighth scale includes items that measure both coping styles. Participants are instructed to read each item and indicate, using the rating scale, the extent to which each coping style is used (Folkman & Lazarus, 1985). Participants have four Likert-scaled response options: 0 = *not used*, 1 = *used somewhat*; 2 = *used quite a bit*; and 3 = *used a great deal*. See Appendix B for this instrument.

Problem-Focused Coping has 11 items, with statements showing direct coping with a particular problem. An example item is, "Come up with a couple of different solutions to the problem." The emotion-focused subscales include Wishful Thinking (five items), which includes engaging in fantasies about having things work out. An example item of wishful thinking is "Wish that the situation would go away or somehow be over with." Detachment (six items) is a form of coping with one's emotions; an example item is "Go along with fate; sometimes I just have bad luck."

Seeking Social Support (seven items) is a form of emotion-focused coping that has to do with seeking advice and talking about the issue; an example item is “Talk to someone about how I’m feeling.” Focusing on the Positive (four items) is another emotion-focused coping strategy and includes finding ways to keep one’s spirits up; an example item is “Look for the silver lining, so to speak; try to look on the bright side of things.” Self-Blame (three items) has to do with criticizing oneself, an example item being “Criticize or lecture myself.” Tension Reduction (three items) includes physical forms of coping such as exercising. An example item is “I jog or exercise.” The final subscale is Keep to Self (three items); an example item is, “I try to keep my feelings to myself.” On each subscale, the higher the score, the higher the level of coping style.

In Kvillemo and Bränström’s (2014) meta-analysis of studies using several measures for coping with breast cancer, the WOC-R was used to study coping with breast cancer. The most constructive way of coping with breast cancer was primary control coping, which is synonymous with Lazarus and Folkman’s problem-focused coping and includes seeking social support. Secondary control coping was the next highest order of coping and includes acceptance, positive reappraisal, and fighting spirit. These are synonymous with Focusing on the Positive subscale of the WOC-R. The Detachment subscale is part of a lower-order coping method.

In the present study, the most positive coping style was problem-focused coping, followed by focusing on the positive and tension reduction. I also expected keeping to oneself to be more of a positive form of coping for Chinese American women because it is congruent with Chinese cultural values and is therefore considered a more positive form of coping. Detachment, wishful thinking, and self-blame are considered more negative coping styles.

Reliability

Lazarus and Folkman (1984) found good reliability for the WOC-R, with the subscales demonstrating the following: Problem-Focused Coping ($\alpha = .88$); Wishful Thinking ($\alpha = .86$); Detachment ($\alpha = .74$); Seeking Social Support ($\alpha = .82$); Focusing on the Positive ($\alpha = .70$); Self-Blame ($\alpha = .76$); Tension Reduction ($\alpha = .59$) and Keeping to Self ($\alpha = .65$). Vitaliano et al. (1985) examined the psychometric properties of the WOC-R and noted, “The revised subscales were consistently more reliable and shared substantially less variance than the original scales across all samples” (p. 3).

Validity

Vitaliano et al. (1985) examined the psychometric properties of the WOC-R subscales. With respect to construct validity, Vitaliano et al. found that depression was significantly positively associated with the revised Wishful Thinking subscale and negatively associated with the revised Problem-Focused scale consistently across samples.

Procedures

After obtaining permission from Liberty University’s Institutional Review Board (see Appendix C), I proceeded to gather my notes, completed the CVS and the WOC-R, answered the reflective and research questions, analyzed the data, developed emerging themes, and documented my breast cancer treatment and journey, making unbiased interpretations. I included a memoir of my traumatic events, related these events to coping strategies and cultural values, and provided a chronological account of treatment toward recovery. I also wrote about my treatment decisions and identified which Western medical treatment, alternative approaches, and Chinese medicine approaches best suited me. To document my Chinese values and coping, I completed both the CVS and the WOC-R so I could use my scores on these measures to help

show how retaining Chinese values influenced my way of coping with breast cancer. I also answered 11 reflective questions. See Appendix D for these questions.

The Researcher's Role

I was both the researcher and the participant in this study. The section titled Researcher as Participant explains my roles in this study.

Data Collection

The data for this study were collected using self-scored cultural values and ways of coping surveys, self-answered research questions, self-answered reflective questions, and written accounts of my traumatic experiences going through breast cancer treatment.

Interviews

Reflective Questions

I responded to the following questions about my breast cancer journey.

1. Describe your breast cancer journey in as much detail as you feel comfortable sharing.
2. Describe in as much detail as you feel comfortable sharing how you felt when first diagnosed with breast cancer.
3. Describe in as much detail as you feel comfortable sharing the type of breast cancer treatment you have chosen.
4. Describe in as much detail as you feel comfortable sharing the support you have received from doctors, family, and friends.
5. Describe in as much detail as you feel comfortable sharing your current mood, feelings, attitude, and views about your breast cancer recovery.

6. What are the ways you feel that your heritage has contributed to your breast cancer survivorship?
7. How important is it to follow your heritage or cultural practices and beliefs?
8. How important does having a spiritual belief and practice mean to you?
9. Can you describe how your spiritual practice, such as prayers and meditation, has contributed to your breast cancer survivorship?
10. Please describe the extent to which expressing your emotions played a role in your recovery from breast cancer.
11. What else do you think would be important for me to know about the development of your worldview that I haven't asked you about?

Data Analysis

Analysis of the data obtained from the self-reflective questions included the following steps. First, I content-coded my answers to the reflective questions and input them into a spreadsheet. To conduct the coding and thematic analysis, I highlighted statements relevant to the research questions and then analyzed them for common themes. Braun and Clarke (2006) defined a theme as a group or cluster of statements that help answer the research questions. Once I grouped the themes into categories, I then examined each theme to look for subthemes. I created a codebook of categories and subthemes that shed light on the role of Chinese cultural values and traditional beliefs in coping with breast cancer.

To establish a premise about how cultural values may influence coping, I used SPSS v.29 to analyze my scores on the CVS and the WOC-R. I first documented the survey data in Excel, after which I imported them to SPSS and converted them to SPSS data. I scored the surveys and conducted a descriptive analysis to determine my levels of Chinese values (in the form of means

and standard deviations) as measured by the CVS and specific ways of coping as measured by the WOC-R.

Trustworthiness

Autoethnographic research is a qualitative approach. Qualitative approaches use different terms than quantitative studies to discuss the reliability and validity of the results. Qualitative approaches use unique terms to establish the trustworthiness of the data, which include credibility, transferability, dependability, and confirmability (Morrow, 2005). Each term, its definition and parallel term in quantitative approaches, and how they were ensured in this autoethnographic study are described next.

Credibility

According to Morrow (2005), credibility in qualitative research corresponds to what quantitative approaches refer to as internal validity. In qualitative approaches, credibility is associated with rigor; it ensures rigor in the research process and how researchers communicate to others that they have done so. Credibility is ensured by researcher reflexivity and using thick descriptions to provide sufficient details of a specific context to enhance the understanding of the phenomenon (Morrow, 2005). Researcher reflexivity is when researchers are transparent about their own stories and biases. The context is the surrounding situation in which the phenomenon occurs. In this case, I provided sufficient detail about my situation to enhance the readers' understanding of how I adhered to Chinese values and how they influenced the specific strategies I used to cope with breast cancer.

Dependability and Confirmability

Dependability in qualitative research is similar to reliability in quantitative research. Dependability is the extent to which the findings are consistent across research studies (Anney,

2014; Morrow, 2005). Morrow (2005) stated that researchers can ensure dependability by using the following techniques: carefully tracking the emerging research design and keeping an audit trail (i.e., a detailed chronology of research activities and processes) to document influences on data collection and analysis; emerging themes, categories, or models; and analytic memos.

To ensure dependability, my dissertation committee members reviewed the study design and methodology to ensure that the study was carried out and documented faithfully, as recommended in Anney (2014). The researcher drew from documentation and notes of her breast cancer journey and was transparent about her interpretations of themes that may arise in the analysis and her conclusions.

Confirmability is similar to objectivity in quantitative research. Confirmability is achieved by researchers striving to document their processes in terms of their values and their coping strategies as accurately as possible and not allowing the findings to be influenced by their own biases or theories (Morrow, 2005). Confirmability was partly ensured by my taking objective and valid surveys that required me to base my knowledge of my values and coping strategies. An autoethnography research study's authenticity and written accounts must "resonate with the[ir] intended audiences and must be compelling, powerful, and convincing" (Creswell & Poth, 2018, p. 257). I took all required steps to ensure that the findings were compelling and convincing.

Transferability

Finally, transferability is a parallel term to generalizability in quantitative approaches. Generalizability is the extent to which the findings can be applied to the larger population that the sample represents. Transferability in the present study is the extent to which the qualitative findings apply to Chinese American women coping with breast cancer.

Although the findings are not generalizable in the conventional sense, as defined in Morrow (2005, p. 252), transferability is achieved if the reader can learn enough about the specific situation in which the phenomenon occurs to judge its applicability in a similar situation. What is important also is the researcher providing “sufficient information about the self (the researcher as an instrument) and the research context, processes, participants, and researcher–participant relationships to enable the reader to decide how the findings may transfer” (Morrow, 2005, p. 252). Transferability was ensured in the present study by my providing enough information about myself and the context in which I had experienced the phenomenon so that the reader’s knowledge of the specific ways that Chinese values influenced my ways of coping with breast cancer was enhanced. The reader can judge the extent to which the findings transfer to other situations in which Chinese American women are coping with breast cancer, especially given the extent to which they rely on their traditional Chinese values.

Ethical Considerations

The key ethical consideration in this study was to protect members of a potentially vulnerable population who may not be comfortable reliving their traumatic experiences of coping with breast cancer diagnosis and treatment. My choice of an autoethnographic study removed concerns about the handling of human participants other than myself. Instead, I focused on my own experiences.

Summary

Breast cancer is “the most common cancer in Asian American women” (Wen et al., 2014, p. 94), and the number of Asian American breast cancer survivors is increasing. Moreover, Chinese American women have a 30% lower death rate than non-Asian women (D. W. Lim et al., 2020). There has been limited research on the lived experiences of breast cancer and recovery

(Ashing et al., 2003; E. C. Chang, 2001; H. Chang, 2008; Gonzalez et al., 2015; Lee et al., 2013; Pineda et al., 2001; W. Tsai & Lu, 2017; Wen et al., 2014; Yoo et al., 2015). I designed the present study to explore the role of cultural values and traditional beliefs on coping strategies and their potential impact on the recovery of Chinese American women from breast cancer. This was done through a narrative analysis using my own lived experience as a Chinese American breast cancer survivor.

Given my role as a researcher as an instrument, as defined in Pezalla et al. (2016), collecting information through a narrative analysis using an autoethnography qualitative approach was deemed the best way to reach the objectives of this study and address the research questions. Showcasing how I coped with the stress of breast cancer treatment and the role that Chinese cultural values and traditional beliefs played in helping me to recover from breast cancer and exploring the role of emotional expression through a telling of my breast cancer journey provided a context from which to understand the types of issues that arise for Chinese American women with breast cancer and how they find resilience in their challenges. I hope that the findings help other researchers develop integrative treatments with cultural dimensions to assist Chinese patients and caregivers in learning better-coping strategies to achieve successful outcomes.

Chapter Four: Findings

Overview

Chinese American women have a 30% lower death rate from cancer than non-Asian women (D. W. Lim et al., 2020). This raises the question of why Chinese American women seem to be more resilient when facing this illness. In this autoethnographic study, I explored the lived experience of myself as a Chinese American woman who was diagnosed with breast cancer. The overall aim was to discover how my Chinese traditional values influenced my way of coping with my cancer and my resilience in the face of the trauma of both the diagnosis and treatment. My hope was that the study findings would provide a greater understanding of the role of culture in recovery from a challenging illness like breast cancer so that Chinese patients and caregivers learn better-coping strategies to assist in successful outcomes.

As part of my data collection, I formulated 11 interview questions to elicit important information regarding the experience of breast cancer. Because I was the sole participant, I answered these questions and renamed them as reflective questions. This chapter presents the results of my narrative, framed by these questions that I asked myself, and my responses to survey items measuring my adherence to Chinese traditional beliefs and values and my preferred coping methods when confronting a Stage IV breast cancer diagnosis and exploring treatment options. I intended to provide as accurately as possible accounts in chronological order of when I was first diagnosed with breast cancer and how I have coped with my treatment, drawing strength from my cultural values and spiritual beliefs. Individuals with cancer diagnoses may go through similar protocol treatments and experiences, and everyone's underlying physical, mental, emotional, spiritual, financial, and family health are unique to them.

Nevertheless, I also believe that Chinese American women who adhere to Chinese traditional values and beliefs to the extent that I do may share similar coping strategies with me because of these beliefs. Subsequently, although my breast cancer diagnosis, treatment, and journey are personal because they reflect my experience—a story that I own and have lived—I believe my story likely has similar characteristics with other Chinese American women who share my traditional beliefs and values.

Reflecting on the past 2 years, I recall someone telling me we are all sojourners. The word sojourner is defined as a temporary resident, a stranger, or a traveler who dwells in a place for a time, a guest, or a visitor (Merriam-Webster, n.d.). I, as a sojourner, am a person who is living in this world for a period until I am called home. As I meditate each morning on God's word, I breathe in His comforting wisdom from 2 Corinthians 4:17–18:

Our suffering is light and temporary and is producing for us an eternal glory greater than anything we can imagine. We don't look for things that can be seen but for things that can't. Things that can be seen are only temporary. But things that can't be seen last forever. (*GOD'S WORD Translation*, 1995/2019)

My Journey With Breast Cancer

My breast cancer journey began in early 2022 when I first received the devastating news of my diagnosis, which changed my entire life. As a career caregiver, I have taken care of people both young and old. I have provided intensive care for families and strangers undergoing terminal illnesses. As a hospice volunteer for almost a decade, I have held the hands of dying cancer patients and provided emotional support to their families. Yet, as empathetic as I thought I was in providing compassionate care, I realize now I could never have truly related to their experiences until I encountered my own chronic illnesses. Furthermore, I have been in

disarray—at a loss of words—when attempting to compare the experience of being a sojourner on each side of this journey—a caretaker of a loved one with a cancer diagnosis and as a person diagnosed with cancer.

Shock at the Mismatch Between Diagnosis and Treatment Recommendation

I remember sitting in the doctor's office and talking to my surgeon, whom I had met only once before my initial consultation. She had no idea who I was except for the biopsy report. She read my pathology results and immediately rattled off a treatment plan: 21 weeks of neoadjuvant chemotherapy, followed by surgery, 1 year of targeted IV infusion therapy, and 5 years of hormone therapy. She also included radiation therapy, depending on the results of my surgeries. Once I heard the word chemotherapy, I went into a state of shock and stared at her in disbelief. At that moment, everything else she spit out became a cacophony of noise—just a dissonant cascade of sounds—to my ears.

For the life of me, I could not understand why she was recommending such aggressive treatment for a Stage 1 diagnosis with no lymph nodes affected. Although I have no medical training, I have been a caretaker and volunteered in hospital environments. I have always understood that, once upon a time, surgery was the first line of treatment. In recent years, I learned that the new trend of a protocol called neoadjuvant therapy is to provide chemotherapy first to shrink the tumors, followed by minimal radiation, surgeries, or both.

My reaction to this treatment has much to do with the fact that, as a Chinese American woman, I did not want to burden my family. I wanted to continue to care for my family without disrupting the harmonious balance. Consequently, some of this news was so devastating to hear that I burst into tears and cried uncontrollably, even in the doctor's office. While I understand doctors must take an important step in becoming a doctor by taking the Hippocratic oath of first

do no harm, I understand that doctors can only allocate a small chunk of time for each patient. They also read patients' medical histories a few minutes before meeting them.

In my first treatment plant, my earlier oncologists wanted me to start chemotherapy and sign consent forms immediately. Because I was diagnosed with an autoimmune disease before my cancer diagnosis, I was afraid my bad blood results would further reduce my ability to fight off infections from one of the side effects of chemotherapy. Not only was I unprepared for the upcoming 6 months of harsh chemotherapy treatment, but I was also afraid I would become disabled or not survive chemotherapy and would not be around to take care of my mother and my family.

Although I understood the benefits of chemotherapy and the logical recommendations from my doctors, I also knew there is no one-size-fits-all treatment, and not everyone can handle the side effects since everyone's health differs. Furthermore, I had seen firsthand the side effects of chemotherapy medicine, and I felt I was in a bad place and in poor health to receive any harsh chemical treatment.

By understanding my underlying health and declining condition while adhering to my cultural duty of caring for my mother and my family, I elected surgery as the first line of treatment. I kept a positive attitude and faith, leaning on God and seeking social support from family, relatives, friends, and a few compassionate doctors who treated me as an individual. Subsequently, when my health and immune system improved, I proceeded to receive chemotherapy, additional surgeries, and radiation. I combined my treatment with complementary integrative cancer medicine and support to sustain my life and maintain my immune system.

With each appointment, I would sit alone in the doctor's office or imaging center and do my best to manage whatever stressful news related to my breast cancer would be coming.

Although there were many appointments, I did not want to burden my family or waste their time by inviting them to accompany me to routine appointments. Nevertheless, my family and close relatives took turns taking me for chemotherapy treatment and took care of me through my major surgeries.

Precursor to Diagnosis: Stress and COVID-19

For years, I have cared for my aging parents, worked full-time, volunteered, raised a family, and was able to manage all of it without feeling stressed. My favorite memories were volunteering with my family in hopes of making a difference. However, I experienced the most stress and trauma during the height of COVID-19 because I often had to take my father to the emergency room. There were a few times when I watched in horror as pools of blood splattered all over the hospital bed and on the floor when we were waiting to be seen.

During this time, I was afraid the hospital would admit my father and ban me or my family from ever seeing him. Sadly, I have friends whose elderly parents were admitted to the hospital and were prohibited from returning home; they died all alone with complications of COVID-19. One day, I was shopping in a store and overheard this sad man telling the cashier that his mother went to the hospital for a simple cold, and he never saw her until after he picked up his mother's ashes from the hospital. Since then, I have prayed for a negative result of COVID-19 each time I took my father to the emergency room. I made strong requests to the hospital to discharge my father as soon he was stabilized so I could take him home and care for him as a hospice patient. I insisted that my father's wish was to pass in the comfort of his home, surrounded by his family. I experienced the tremendous fear of losing my father to COVID-19 and having him die alone in the hospital. I prayed and requested others to pray each time I took my father to the hospital, and I thank God he was always returned to my care.

I continued to care for my father, who was in home hospice, and my mother, who has dementia, during the COVID-19 pandemic. Sadly, my father suffered a great deal of pain with a bladder obstruction during his last few months. His prostate cancer had returned after he had been in remission for 15 years. When my father was first diagnosed with prostate cancer, my family and I decided to refrain from stressing him with the news. I elected simple hormone treatment for my father and told him I was taking him to receive his vitamin injection every month. He had lived happily for 15 long years with few health problems. In this regard, I was able to relate to the film *The Farewell*. The members of that Chinese family also kept the cancer diagnosis from their beloved elder, and she survived without knowing of her diagnosis.

Before COVID-19, I managed and balanced my life, always with thanksgiving and gratitude for God's many blessings. I have always worked hard to stay healthy at all levels, maintaining a clean diet, exercising, never smoking, and rarely drinking a glass of wine. Consequently, the COVID-19 period changed my life. For the first time in my life, I suffered anxiety attacks because I was fearful of leaving my home and being infected with COVID-19 or being attacked as an Asian person. I was also afraid of my father contracting COVID-19 while waiting in the emergency room.

I was also terrified of my mother being attacked on the streets of her community as news of Asian hate crimes escalated during the height of COVID-19. Sadly, my community changed overnight as a result of COVID-19. Businesses were shut down, and the streets were empty. Each time my mother went out, I would worry for her safety because Asians were scapegoated as having something to do with the origin of the virus, and vulnerable elderly Asian people were targeted in hate crimes. I felt traumatized every time I watched the news.

It was a stressful time for many Asian people. Nevertheless, my mother could not understand why she could no longer walk down the streets in her community to enjoy a cup of hot tea and pastry while chatting with friends. I insisted that she stay home, but she constantly fought me to go out.

Father Knows Best

My father passed away as COVID-19 incidents slowed down. Despite this, I was disappointed that my family and I were unable to honor him with proper respect because most people stayed home for fear of being infected by the virus in the funeral home. In his lifetime, my father had endured many hardships, persevering through the tragedy of war, poverty, and famine. He was a scholar, a writer, and a musician, a man of many talents who made sacrifices to provide for his family. As an immigrant who did not speak English, he worked menial jobs and became a head chef, working 6 days a week, 12 hr a day, sweating over hot stoves.

My father was my teacher, and he taught me many values, especially perseverance, which I still adhere to. He was also an excellent storyteller. As a young child, I loved listening to his life stories and how he survived the wars and the Chinese Cultural Revolution. I still miss my father, and I regret the times I was short-tempered with him, not understanding the stress I experienced during the COVID-19 pandemic.

My father was a walking encyclopedia who could recite an entire book, but he was unsure about how his family saw him. The generation gap and lack of communication among some family members hurt him. Although I was not my father's favorite, being a daughter and not a son, I resembled him the most, taking after him with respect to his love for education and family values. In his later years, he said he loved me and valued me as his daughter. His words did not change my love for him because I have always loved my father and felt his pain each

time he passed on family history. I was the only child in the family who listened intensively and recorded his stories.

During my father's last few months, my family and I took him weekly and sometimes twice a week to the medical clinic. A week before my father passed, my father shut his eyes and never spoke again. My family and I knew he would die because he stopped eating and drinking and was semiconscious. My family and I decided to prepare for the worst and wrote a beautiful tribute to "our Ba Ba." I translated the eulogy into his language and played the recording for him to hear.

My father heard how much we loved, respected, and honored him. We gave him a tribute as a wonderful father who taught his family strong values and beliefs. I witnessed a beautiful and peaceful change in his facial expression as he lay on his hospital bed, which the doctor compassionately prescribed at home.

Three days before he passed on, he reached out his arms. I asked him who he saw and listed a few relatives, to which he shook his head. However, when I said Jesus, he nodded. My father became a believer late in life, and he had many ups and downs with his walk, mainly because of his upbringing in his culture. Nevertheless, my father fought a good fight; in the end, he was with the Lord. His testimony taught me it is not how we start but how we finish, according to Ecclesiastes 7:8: "Better is the end of a thing than its beginning, and the patient in spirit is better than the proud in spirit" (*English Standard Bible*, 2001).

One of the greatest gifts my father left me was a delivery from a heavenly cloud. It was the day of his burial, and while I was on my way home from the cemetery, sitting in the back of a moving vehicle, I heard a still voice telling me to take my cell phone out and take a picture of the clouds. Without hesitation, I quickly lifted my cell phone against the window inside the car and

snapped a photo. I had no idea what was in that photo because burying my father had been painful; I had held his hands and kissed his forehead when he took his last breath. A few days after his funeral, I could not sleep. I was missing my father, and I lamented about how I could have done better to take care of him in his last few months. I was ashamed that I was short-tempered with him at times, not knowing that cancer was lurking inside me as my health was failing.

At 3 a.m., I felt a nudge to look at my cell phone. I reviewed the pictures I had taken at the funeral and cemetery. I swiped to find the picture I had snapped while I was inside the car on my way back to the funeral home after he was just buried. At first glance of the photo, I only saw a building and a cloud hovering over the building (see Figure 2), but I felt another nudge to examine the picture. I expanded the image and gasped for air. I could not believe my eyes. Peeking through the clouds was my father with his big nose, which I often made fun of with love. God most certainly has a sense of humor as this was Him comforting me and assuring me that my father had ascended to Heaven and will rest in His arms.

I have shared this photo with my family and friends to testify that God is real. He is the hope of salvation because my father had a long battle with God. Yet, God never gave up on him. I cannot force people to believe in what I experienced; some claimed they could not see a face but a jumbo of clouds. For me, it was enough that God allowed my father to send me a message through the clouds.

In retrospect, my heavenly and earthly fathers taught me values and beliefs on coping, long-suffering, and perseverance. I learn to live with thankfulness every day despite my sufferings according to 1 Thessalonians 5:18: “Give thanks in all circumstances, for this is the will of God in Christ Jesus for you” (*New International Bible*, 1978/2011).

Figure 2

The Photo I Was Inspired to Take: My Father's Nose



My Diagnosis

Several factors contributed to my breast cancer diagnosis, including my volunteer work at Ground Zero during the World Trade Center attack on September 11, 2001, and other disaster recovery missions. Although I have experienced stress from these traumatic events, I was a healthy person who exercised regularly while maintaining a clean diet for many years. However, the onset of my illness was exacerbated by the stress of COVID-19 while caring for my parents. Because of the devotion and love I have for my father and mother; I neglected self-care and my

health declined. Additionally, being locked down at home for almost 2 years and unable to exercise regularly exacerbated my poor health.

Furthermore, as my mother's primary caretaker after my father's passing, I was afraid of being handicapped by chemotherapy. I was suffering from an autoimmune condition before my breast cancer diagnosis. I knew that with my poor immune system, I would not be able to handle the harsh side effects of cancer treatment. I went to see several oncologists for consultation, and they insisted on giving me the maximum dosages of chemotherapy drugs even though I was only diagnosed with Stage I breast cancer. One of the oncologists listed the different chemotherapy agents with their side effects and added additional drugs to counteract the side effects. As I reviewed the medicine, I counted four drugs and another four to counteract side effects. They dismissed my concerns; their priority was to follow protocol, disregarding whether I could survive chemotherapy. Based on my understanding, some patients die from chemotherapy treatment because the medicine attacks both good and bad cells. Chemotherapy also weakens individuals' immune systems, and some may be unable to fight the infections. I questioned whether some of the doctors recognized the severity of my already poor health at the time. I was unsure of the origin of their lack of concern that I may not be strong enough to handle the side effects. Did it come from a lack of attention to such details or a lack of knowledge or experience?

After I studied my chemotherapy plan options, I knew my body was unprepared for the harsh chemicals. Moreover, I was taking care of my mother, who was still grieving for my father, and I wanted to be available to support her. After seriously weighing all the options, I elected for surgery to remove my tumors so I could recover quickly to take care of my mother and family. I

felt I made the right decision based on my autoimmune condition and obligations to take care of my mother and family.

In sum, I wasted no time in seeking out cancer treatment. Less than a month after my breast cancer diagnosis, I had my first surgery, a lumpectomy. On that day, my surgeon stopped by briefly while they were preparing me for surgery. She initialed her name on my chest, said most people would need a second surgery, and left the room. I was perplexed by that statement.

My initial breast cancer diagnosis involved a small tumor with no lymph node affected. Within 2 weeks, I was injected with nuclear medicine with three markers during my breast biopsy. However, after my lumpectomy, my cancer grew, and apparently, new tumors had developed within a week. I wondered why my pathology report showed that a few lymph nodes were affected and that additional tumors grew almost overnight. I pondered over the mysterious tumors.

Consequently, the pathology report also showed a positive margin. In keeping with her previous statement, my surgeon scheduled me for another surgery. I learned that if there were cancer cells left at the edge of the margin, the doctors would assume there were still microscopic cancer cells lurking around. I also learned that margins can sometimes be contaminated from previous slides, resulting in a false positive.

Three weeks after my lumpectomy, I was back on the operating table. Again, before I was sent to the operating room, my surgeon mentioned to me that most people would have a third surgery. At this point, I wondered if she knew something I did not know. I felt enormous stress as I went into my second surgery as I had been told I would have another surgery. I said my prayers and drifted off until I woke up in the recovery room.

I have always had low blood pressure and before every surgery, I would inform the hospital staff of this fact. And after each procedure and surgery, my blood pressure would drop. I was frustrated that after each surgery, the hospital would rush to discharge me. I sensed that due to my low blood pressure, I needed more stabilization under the nurses' supervised care and that I should not be forced to leave the recovery room simply for the convenience of staff or protocol. I was also frustrated that I was never offered an appointment to return to the surgeon to check on my wounds for both surgeries.

After several days of recovering from my second surgery, I experienced severe cording, also known as auxiliary web syndrome, which was a common side effect after breast cancer surgery. I had pain running down from my underarm and I had difficulty raising my arm. When I asked for physical therapy, I was rejected. As an advocate for others to receive medical and social care, I had to drum up the strength to advocate for myself. After writing a long letter to my cancer care team, I was given occupational therapy to regain mobility in my arm. I was never informed that I would have a problem with mobility after surgery, and I later learned COVID-19 changed the way the hospital managed aftercare—there was none. I was glad I advocated for myself because I could have been seriously injured after my two surgeries. Nevertheless, I thought my scar looked clean and that my surgeon did an excellent job reopening the same incision.

After many mornings and evenings of praying and meditating, I finally received a pathology report showing that I had a clean margin with no detectable cancer. One of my doctors had to reread the pathology report and said, "Where the heck is the cancer?" I was also sent to get a sonogram of my axilla (underarm). At first, the technician took a long time scanning me, and my heart was beating fast. "Oh no," I thought. "What are they going to tell me now?" When

the technician seemed frazzled, she called in the radiation oncologist to help her interpret the scan. When she finally reviewed the scan and personally performed another scan on me, the doctor apologized for not being able to help me because she could not find anything. My heart palpated, and I asked her if it was bad news. She just kept shaking her head and apologizing: “I’m sorry. I did not find anything. I wish I could help you.”

To this day, I have many questions and wonder about the confusing way medical information is reported. Nevertheless, I thank God for the negative results because regardless of the outcome, my job continues to care for my mother and family. Although my pathology report was negative, and my lymph nodes were clean, I knew I had a long road ahead of me. My life would change, and having a cancer diagnosis meant that I would always have to be mindful of and worry about recurrence.

Since my breast cancer diagnosis, I have been extra cautious of every twitch and every nerve pain. I now understand that once a person has been diagnosed with cancer, that monster is always living in the shadows and lurking behind the scenes. For the rest of my life, I must live with the idea of a possible recurrence. I keep my faith and pray for God’s comfort to cope with the stress of reoccurrence.

Conflicting Reports

I learned that having a negative pathology report does not mean that I stopped having cancer treatment, as my body was still healing from the surgeries. Therefore, I saw holistic doctors for complementary alternative medicine (CAM) to build my immune system and sustain my health. I underwent vitamin C infusion, ozone therapy, immunity-boosting infusions, and Chinese herbal supplements for 6 months. The treatment improved my health, and my blood tests showed that my autoimmune condition was slowly recovering.

But I had no idea that my cancer cells were quickly reassembling. By the end of 2022, I discovered a few new lumps. I was horrified that my two surgeries did not work. I was also shocked at how quickly my cancer returned. After the physical exam of my lumps, I was sent for an ultrasound and then a mammogram. When the results came back, I was sent to take a PET scan. After the result returned from this scan, I was sent to take an MRI. I was never given a complete explanation; the doctors had different interpretations after each scan.

I was informed by a technician that 10 technicians could take the same images and provide different reports. Nevertheless, the only consistency with all my reports is that there were new tumors surrounding multiple surgical clips, which were metal clips that were used in place of the traditional procedure of sutures. Additionally, I had also kept up with independent cancer diagnostic images, and each time I was scanned, the report showed no vascular blood supply and benign scar tissues. The conflicting diagnostic reports frustrated me because I could not receive an informed answer and a proper diagnosis. I, however, understood that my body was allergic to the multiple surgical clips left inside. I knew I was allergic to them because each time I wore earrings made of materials other than sterling silver or gold, my ears would feel numb. Although the doctors insisted the surgical clips were made with titanium or stainless steel, I researched and learned other people were allergic to metal clips. My suspicions were confirmed when I took a metal allergy test. I was highly allergic to metal.

Trying to find a way to manage the discrepancy between conventional doctors and integrative doctors continued to be stressful as I struggled with whom to believe about my results. With my newly developed tumors, some doctors advanced my cancer diagnosis to Stage IIb. My heart sank as I cried with disbelief. Conventional doctors gave me a short time and insisted I must complete an entire systematic treatment that included months of high-dose

chemotherapy, radiation, multiple surgeries, immunotherapy, targeted therapy, and hormone therapy. They recommended that I focus on the treatment and disregard taking alternative or holistic supplements while undergoing their recommended systematic treatment protocol. Interestingly, one of the oncologists I saw in a consultation insisted that I take sugar while receiving chemotherapy treatment. However, naturopathic doctors teach that cancer feeds on sugar, and cancer patients must restrict their sugar intake, especially refined sugar, to starve the cancer cells.

Understanding the severity of my condition, I was frustrated by how difficult it was to make informed decisions when the information from doctors and imaging centers varied so much. I was stressed and shocked. I wondered why the doctors sent me to take all these tests when the doctors themselves could not be sure of the test results. Going through my breast cancer journey, I learned that all medical doctors are taught to follow protocols. They have a standard protocol based on the size and number of the tumors and how far the cancer has spread to other parts of the organ, and they use it with every cancer patient. I understand that the goal is to kill the tumor and hopefully not the person with their protocols. Throughout all of this, I read testimonies about people who have died from treatment. I recently heard from someone I helped during my previous volunteer work that her husband passed away and did not survive the fifth round of chemotherapy.

Facing a Stage IV Breast Cancer Diagnosis

After my chemotherapy agent-sensitive test was analyzed, I proceeded to search for doctors who would treat me based on my underlying condition and my sensitivity or the efficacy of various cancer drugs. It would be a costly and time-consuming quest. Since my body was unprepared and would not survive some of the harsh chemotherapy agents, I sought out CAM

and integrative cancer support treatment that would sustain my life. I incorporated IV vitamin C, ozone therapy, a hyperthermia infrared sauna, a hyperbaric chamber, acupuncture, and supplements. Although acupuncture has been highly recommended to relieve stress and pain, I opted out of this modality because I was traumatized by the number of needles that punctured my veins. Before receiving chemotherapy, I was recommended to a doctor who placed a medical port in me to alleviate the stress of finding healthy veins. The port was surgically attached to my main artery.

I was perplexed to understand how multiple new lumps were formed only 5 months after my lumpectomy. I had kept a decent low-carb diet and was going through integrative treatment to sustain my health after my surgeries. Meanwhile, my allergic reactions to the multiple surgical clips continued to affect me, and I felt I had developed numerous tumors. In less than a year, I went from Stage IIB to Stage IV breast cancer.

After I felt the new lumps, I went to see my doctor and took my prescription for an ultrasound. After the sonogram, the technician turned her back on me and called the radiology doctor. I overheard her whisper on the phone that I had a recurrence. I immediately felt sick to my stomach. The technician then turned to me and told me they were overwriting my doctor's prescription and insisted on giving me a mammogram. While the woman was doing the mammogram, I burst into tears. I could not stop crying. I could not believe how fast my cancer had come back.

I waited patiently for hours and left with my CD and reports. When I went home, I bravely read through the report. I finally understood why I felt pain in my chest. I was horrified to read that there were multiple new surgical clips and lumps on the mammogram report. I felt God answered my prayer about my unexplained pain. I then further did a great deal of research

and found many women were allergic to those clips. I was never informed that I would have surgical clips left inside my body after my surgeries.

Unexplained Allergy Pain

To find answers to my unexplained pain, I investigated the potential side effects of being allergic to surgical chips and found published articles (Grande et al., 2014; Lhotka et al., 1998; Mozafari et al., 2022; Nihon-Yanagi et al., 2015; Pacheco, 2019; Ramcharan et al., 2023; Shah et al., 2021; Tamai et al., 2001) and a few websites where I found that many women had testified about their allergies to surgical clips. To further confirm my suspicion of this allergy, I also took several metal allergy tests as I have always been affected each time I wear earrings that are not sterling silver or gold.

According to Shah et al. (2021), surgical clips or staples made of a combination of titanium, aluminum, cobalt, nickel, and other metal alloys have the potential to trigger hypersensitivities and adverse short- and long-term side effects and delay wound healing. Yet, these clips have replaced suturing for patients undergoing surgeries. Metal allergy, and specifically nickel allergy, has been shown to impair glucose metabolism, increase body mass index, and spike basophil numbers in blood results. Researchers have recommended prior allergy testing to reduce unforeseen complications and for medical professionals to inform patients before using surgical clips.

My doctors have continuously monitored my immune system and my tumor markers to measure the cancer activity in my body through monthly blood tests. My tumor markers were always low and undetected. However, my basophil numbers continued to escalate with no explanation except for my allergic reactions to the surgical clips, and I understood they must be removed to reduce long-term complications.

Based on the discoveries from my research, I was astonished to find myself in a position where I was being ridiculed for taking my proposed theory and showing published articles to different doctors. One doctor was so angry that she yelled at me and said, “You are not allergic to the surgical clips. If you were, all those who have had hip surgeries would be complaining.” I was stunned by her outburst. I have come upon websites with individuals complaining of unexplained pain after post-operation recovery. Some discovered they were allergic to surgical clips and staples and recovered after removing them.

Nonetheless, other independent diagnostic reports showed conflicting results, with my blood work showing low numbers throughout all my cancer markers and no tumor cells circulating. To resolve my new conflicting diagnoses, I went to a few surgeons for consultation, hoping for a needle biopsy. Instead, I was offered the same protocol, chemotherapy, surgery, radiation, and so on. At this point, I had no choice but to proceed with conventional harsh treatment since the surgeons I met with recommended chemotherapy first and then to proceed with surgery to remove my tumors and surgical clips. My decision for my last treatment—so I thought—was bilateral mastectomy. This would remove all the multiple surgical clips that were left from my lumpectomy and any lurking cancer cells.

Throughout my breast cancer journey, I engaged in deep dives into research to find the proper treatment that would treat my cancer while sustaining my life with minimal side effects so that I could continue to care for my mother and family. I held onto my cultural values and spiritual beliefs that I recite daily so that “I shall not die but live and declare the works of the Lord” (*New International Bible*, 1978/2011, Psalm 118:17).

God has sent some excellent doctors and some questionable doctors throughout my treatment, but I knew my life was ultimately in God’s hands, and I draw strength from Him

every day, asking Him to sustain me so I can keep my promise to care for my mother. It is a duty and a calling I feel I must fulfill. Others have disagreed with how I have chosen my treatment plan, but what they did not understand was that I made every decision based on how God has guided me. Although I have suffered from some side effects of treatment, God has continuously sustained me and provided Godly strength for me to serve and be a witness to my mother and others.

Chemotherapy Agent Sensitivity Test

As a researcher and analyst, I take deep dives into my reading to understand a topic of interest. Before going to receive my adjuvant treatment, which is other systematic therapies such as radiation and chemotherapy after my first surgery, I took an independent chemotherapy-sensitive test called the Onconomics Plus test (a.k.a. the “Greek test”), developed by the Research Genetic Cancer Centre in Greece. This is a comprehensive test that analyzes blood on a cellular level to identify the cancer medicine with the best efficacy and the best chance of survival. This test helped me to identify the chemotherapy agent that would be most effective and helped me tolerate harsh side effects. Sadly, I have seen patients die from complications of cancer treatments based on my prior years of experience working as a volunteer.

According to the literature, chemotherapy agents kill the cancer cells and all the good cells, thus lowering individuals’ immune system to fight off infection. Therefore, in addition to receiving chemotherapy, it is crucial that individuals undergoing cancer treatment also receive integrative cancer support to sustain their immune system. During my off-work days, I would take high doses of IV vitamin C and other CAM or integrative medicine to support my conventional cancer treatment.

Recovering from Conventional Treatments

Using the report of the chemotherapy-sensitive report, I went through many weeks of chemotherapy from a kind and gentle oncologist who treated me holistically. After my treatment, I had an excellent PET scan and MRI report that showed I was able to go through the next phase of treatment. To altogether remove the multiple surgical clips and eliminate my cancer, I chose a surgeon to perform my bilateral mastectomy. I prayed I would recover from breast cancer and then put that trauma behind me.

The first day after my surgery was difficult. I vomited and my blood pressure dropped to a dangerously low level. I could not believe that the team came to me that evening to inform me that I would be discharged the following day. I looked at them with horror as I felt I could pass out. I said with a faint breath that I could not go home tomorrow. They casually answered, “No problem. You can stay tonight.” It was almost laughable looking back at how disconnected the surgical team was that they thought that after a major surgery, they could discharge me without considering what I was going through.

That evening, I had a wonderful nurse and nurse assistant, and they loaded me with IV hydration fluid to sustain my blood pressure. They helped me every hour to relieve myself in the bathroom as I could hardly stand. I stayed in the hospital for almost 2 more days and was discharged at home to recover.

For 10 days I waited anxiously for my pathology report and prayed that I would receive a good result. When I received my report, I was once again traumatized. I reread the report, thinking it was a copy of the pathology report a year ago. The report stated the same narrative that my margins were not clean. My surgeon recommended radiation, but my oncologists recommended chemotherapy. By now, I had to stop working because going to doctors’

appointments and treatment had become a full-time job. My oncologist insisted I retake another PET scan only a few weeks after my surgery. The results showed normal scar tissue, but the doctors spotted something in my bones. Instead of starting radiation to remove the leftover cancer from my surgery, I had to submit myself to another procedure. I thank the Lord my biopsy was negative.

With this good news, I went through almost a month of daily radiation treatment. I suffered canker sores, radiation rashes, and declining eyesight. To cope and offset some of the side effects, I continued to receive CAM and sought integrative doctors to support my physical, emotional, mental, and spiritual well-being. I even signed up for a few breathing classes. To prevent reoccurrence, protocol requires continuous hormone and targeted therapy, which doctors recommend for a few years. I pray that God will sustain me and relieve me of long-term side effects.

Support From Doctors, Family, and Friends

After I received my breast cancer diagnosis and received different treatment plans, I reached out to my friends and relatives who were in the medical field. I interviewed friends who had been through cancer treatment and was glad to hear their experiences. I learned that their treatments were different than mine. They did not receive such aggressive treatment options. One of my relatives had a lumpectomy and only a week of radiation. At present, I have had almost 2 years of treatment, and I have received tremendous support from my family, friends, and some exceptional doctors. My most significant comfort came from my special Christian sisters and brothers, who have continuously prayed for me through every treatment and surgery. They prayed for me daily and sent me inspirational messages. Their love and appreciation of who I am encouraged me to maintain a loving relationship with my family, myself, and the Lord Jesus.

Mostly, I have tried to remain calm and thankful while going through trials and tribulations. I am not proclaiming to be a saint because I have lost my cool a few times and screamed out, “Why me?”

Regarding my work, my job was in jeopardy as I went on medical leave, and I put a financial burden on my family as I went to integrative and naturopathic doctors for cancer support, which constituted out-of-pocket expenses. Although I went to most of the routine and diagnostic appointments and treatments myself, my family and relatives went with me for the chemotherapies and major surgeries. They consistently checked in with me and encouraged me to stay strong. My family and relatives have also helped financially to offset some reimbursable expenses as I could not work. I was extremely grateful and felt loved all around.

In contrast to some excellent doctors, I experienced some questionable doctors who were annoyed with my many questions and responded in a snippy way. They were one-track-minded and did not agree with integrative or alternative cancer support treatment. My conventional doctors insisted on a standard protocol based on a one-size-fits-all treatment plan. Although I eventually had to go through all systematic therapies, I went through them as my body healed with a stronger immune system.

Furthermore, I had to depend on my research and guidance from a higher power whenever some doctors flip-flopped on me, going back and forth with their recommendations because I had conflicting reports—some were benign, and some were suspicious. I also had to cope with the stress of running around from doctor to doctor, researching and praying for healing and proper diagnoses. Ultimately, my cultural values and faith kept me going daily, understanding that I must honor my parents and be a good and faithful servant. I had a purpose, and that was to live and survive this cancer. Thus, I trust the Lord with all my heart and lean not

on my understanding. Therefore, I submit to Him so He will make a straight path for me (paraphrased from *New International Bible*, 1978/2011, Proverbs 3:5–6).

Feelings, Attitudes, and Views About My Breast Cancer Recovery

As I ponder on why I have cancer, I have also thought, “I thank God it was me and not anyone else that I love because I would rather be the one suffering than see others suffering.” I wake up every morning thanking God for His mercy and healing. I do not know my future, but I have a positive attitude every day I wake up. Although there were a few times I woke up feeling anxious because I did not want to go through treatment or receive another bad diagnostic test result, I asked God to give me daily strength. At the same time, I shifted my focus to my values and my duty to my family. Each time I felt beaten, I would reach out to my friends and families for prayers of comfort, sometimes calling 24/7 prayers such as the Christian Broadcast Network. I do not know how I could have gone through my journey without my faith prayers and support from my friends and family.

I have not met my 5-year survival mark, as defined in Hughes (2018) and Welch et al. (2000). I am still in treatment, and although I do not know what my future holds, I am thankful I am provided this opportunity to share my journey. It could inspire others to show that strong values and beliefs, whether cultural or faith-based, are important. My strength comes from believing that there is always hope regardless of where I am in my journey and that I have a purpose in life. My purpose is to love and care for others despite my circumstances. In the end, I want my master to reply as in Matthew 25:23 (*New International Bible*, 1978/2011): “Well done, good and faithful servant!” I also draw strength from 1 Peter 4:19 (*New International Bible*, 1978/2011): “Therefore let those who suffer according to God’s will entrust their souls to a faithful Creator while doing good.”

My Chinese Heritage and My Breast Cancer Survivorship

My need to live to fulfill my role as an obedient daughter by taking care of my mother and my family has consistently driven me to keep finding ways to prolong my life and survive breast cancer. I even sometimes have bargained with God that I need to live because I have so much more to do for my family and to serve Him. I have unfinished business, and I feel I must beat this breast cancer to survive. My cultural beliefs lead to one of God's commandments: to honor my parents.

As previously discussed, filial piety is a cultural value in which the family hierarchy defines the role of each member, position, status, and expectation in the family unit, determined by the individual's age, gender, and social status (Dai & Dimond, 1998; Kramer et al., 2002; Yeh & Bedford, 2003). As a family member, I am expected to serve a role aimed toward achieving peaceful and harmonious interpersonal relationships. Although I am a Chinese woman who does not believe I have a lower social status, I chose to be a nurturing caretaker of old and sick family members. As I have been confronted with a breast cancer diagnosis and the need to undergo treatment, I have found ways to cope with stress, fear, and anxiety and face my self-image as a woman. According to Lee et al. (2013), Chinese American women are expected to maintain their dutiful role in the family without disrupting the balance of a harmonious family and to survive breast cancer. Nevertheless, it was a choice and a compassionate decision to honor my heritage, cultural values, and Christian beliefs. Thus, I have adhered to my Chinese values, which have played a role in my ability to cope positively with cancer.

Importance of My Heritage and Cultural Practices and Beliefs

I am a firm believer in following my Chinese heritage and cultural practices of taking care of elderly parents and not putting them in a nursing home. In many Asian cultures, parents

live with their children as they age and are cared for in their old age. In recent years, I have known friends who made difficult decisions and felt sad to send their parents to nursing homes because of safety issues or lack of care, as Sung (1985) also discussed. For me, I had to prioritize my family over my career to ensure I was able to take care of my parents. I took vacations and family medical leaves of absence to maximize my benefits and follow my beliefs. And, I also had to keep working to maintain health insurance.

Importance of Having a Spiritual Belief and Practice

My belief in honoring my earthly parents honors my Heavenly Father. I love God and want to please Him, and if honoring my parents pleases God, then I will continue to do so until my last breath or when I no longer need to take care of my mother. I sometimes reflect on why God made me Chinese and not any other race. I felt that both my cultural and spiritual beliefs played a strong role in motivating me to take care of my elderly parents despite my breast cancer diagnosis. I have continued to care for my mother and family even as I go through treatment. It is a strength that I can only draw on from my strong beliefs. Some of the Bible verses that teach about honoring one's parents are the following, all from the *New International Bible* (1978/2011):

- Exodus 20:12: "Honor your father and your mother, that your days may be long in the land that the Lord your God is giving you."
- Deuteronomy 5:16: "Honor your father and your mother, as the Lord commanded you, that your days may be long, and that it may go well with you in the land that the Lord your God is giving you."
- Colossians 3:20: "Children, obey your parents in everything, for this pleases the Lord."

- Ephesians 6:1: “Children, obey your parents in the Lord, for this is right.”
- Ephesians 6:2: “Honor your father and mother” (This is the first commandment with a promise).

How My Spiritual Practice Has Contributed to My Breast Cancer Survivorship

I do not recall a day I have not prayed, read, or listened to God’s word of encouragement—love and mercy. Going through my breast cancer journey has taught me that life is like a vapor and that tomorrow is never promised. I can never give up the precious life that God gave me and all the opportunities he gave me to renew my faith and become closer to Him than ever. My breast cancer survivorship can never happen without God’s divine intervention. As written in 1 Peter 2:25 (*New International Bible*, 1978/2011): “Jesus has already paid the price for your healing who Himself bore our sins in His own body on the tree, that we, having died to sins, might live for righteousness, by whose stripes you were healed.”

I have never given up hope because I know God is in control. He holds my life in His hands, and I hope to be ready whenever He takes me home. I choose to live to be a fighter, as described in Deuteronomy 3:19 (*New International Bible*, 1978/2011): “I call heaven and earth as witnesses today against you, that I have set before your life and death, blessing and cursing, therefore choose life, that both you and your descendants may live.” I want to live a long life as I have families I want to continue caring for and see them succeed in God’s kingdom.

The Role of Emotional Expression in My Recovery From Breast Cancer

I want to recover from breast cancer. I want to be healed. I want to live and not die but to declare the works of the Lord, as stated in Psalms 118:17 (*New International Bible*, 1978/2011). I express this emotional proclamation daily. I know I have no control over my destiny, but I trust that as I live every day, I will serve God faithfully and plead with God to “purge me with hyssop,

and I shall be clean; wash me, and I shall be whiter than snow” (*New International Bible*, 1978/2011, Psalm 51:7).

I feel God is training, molding, and pruning me to be His faithful servant through my breast cancer journey. He is testing me through fire (*New International Bible*, 1978/2011, 1 Peter 1:7). I pray I will pass His test. Thus, this is the only expression I have regarding emotional expression in my recovery from breast cancer: “Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character, and character, hope” (Romans 5:3–4). When I burst out crying uncontrollably, I quickly looked to the Lord and His strength and sought His face continually, guided by 1 Chronicles 16:11 (*New International Bible*, 1978/2011).

What I Believe Contributed to My Survival of Breast Cancer

Staying positive and having gratitude is very important to breast cancer survival. Before my bilateral mastectomy, I researched how I would look afterward. Once I captured the image, I accepted it and was willing to accept myself for having a flat chest. I had no desire to complicate my health with implants because I had read about the possible infections and linkage with repeated, additional procedures of adjusting and replacing implants. My decision to keep it simple by not using implants was a practical decision to survive, as was shaving my head bald. I have no regrets and can only thank God for His love and mercy.

There are also many people I would like to thank for continuously praying for me and supporting me through my journey. I will always be grateful for their love and support. I felt that both my cultural and spiritual beliefs played a strong role in motivating me to take care of my elderly parents despite my breast cancer diagnosis. I have continued to care for my mother and family even as I go through treatment. It is a strength that can be drawn only from my strong

values and beliefs. As a sojourner, I believe my breast cancer journey has valuable lessons I must learn. Whatever happens in the next few years, I am forever grateful for God's love and mercy, who has given me hope and encouragement to trust and lean on Him. I pray my story will help others to find their strength in keeping hope, for I can do all this through Him who gives me strength (*New International Bible*, 1978/2011, Philippians 4:13).

Results

I took two assessments to further understand how cultural values and traditional beliefs contribute to coping with breast cancer and impact the recovery of Chinese American women from breast cancer: the CVS and the WOC-R. I scored each and analyzed the scores to provide a basis for my premise that how I coped with my breast cancer diagnosis was influenced by my Chinese values and beliefs. I also addressed two research questions to describe my lived experience on how my cultural values have influenced my coping styles with the stress of undergoing breast cancer treatment and my journey in doing so.

Chinese Value Survey (CVS)

The CVS is a 40-item scale with 12 items removed and 28 items remaining that measure Chinese traditional values and beliefs (Chinese Culture Connection, 1987). There are four subscales (Ralston et al., 1992):

1. Integration, which includes beliefs about relationships and desirable character traits.
2. Confucian Work Dynamism, which includes belief in Confucian principles.
3. Human Heartedness, which includes moral principles.
4. Moral Discipline, which pertains to proper behavior.

I received the following scores on the CVS: 100% on Human Heartedness, 94% on Integration, 87% on Moral Discipline, and 81% on Work Dynamism, as detailed next.

- Human Heartedness: I received the highest score possible on this scale, which was 36 or 100%. The Human Heartedness scale includes kindness (forgiveness, compassion), a sense of righteousness, patience, and courtesy.
- Integration: The maximum score is 99 on this scale, my second-highest score of 93 equals 94%. The Integration subscale includes tolerance of others, harmony with others, solidarity with others, noncompetitiveness, trustworthiness, contentedness, the extent to which someone identifies with themselves as conservative, having a close intimate friend, filial piety, patriotism, and believing in chastity in women.
- Moral Discipline: My third highest score of 39 out of a possible 45 on this scale equals 87%. Moral discipline includes moderation (i.e., following the middle way or balance), keeping oneself disinterested and pure, adaptability, prudence or carefulness, and low desires.
- Confucian Work Dynamism: I scored 58 out of a possible 72 on this scale, which equals 81%. The Confucian Work Dynamism subscale includes a hierarchical ordering of relationships by status and observing order, thrift, persistence (perseverance), having a sense of shame, reciprocation of greetings, favors, and gifts, personal steadiness, protecting face, and respect for tradition.

Other items that do not belong to these subscales are also measured: working hard, humility, having loyalty to their superior, adhering to rites and social rituals, having knowledge or education, self-cultivation, belief in benevolent authority, resistance to corruption, sincerity, and repaying a person with good or evil in kind with what they have done to you, a sense of cultural superiority, and the importance of wealth. My score for these other items was 90 out of a potential 108, which equals 83%.

Ways of Coping Revised (WOC-R)

Kvillemo and Bränström (2014) conducted a meta-analytic study on coping with breast cancer. Several measures for coping with breast cancer were used in the study, including Lazarus and Folkman's WOC-R. The other measures also incorporated problem-focused and emotion-focused coping. As previously discussed, the most constructive ways of coping with breast cancer are classified as engagement coping, with primary control coping as the most effective coping style.

Primary control coping includes direct action and planning, which are synonymous with Folkman and Lazarus's (1985) problem-focused coping on the revised WOC. Social support is included in Folkman and Lazarus's primary control coping. According to Cancer.Net (2021), a key element in the road to remission is reaching out to other breast cancer survivors and connecting with a cancer support group. Furthermore, the ability to seek and receive social support was found to impact the quality of life of women with breast cancer, regardless of age and socioeconomic status (Furlong et al., 2020; J.-W. Lim, 2014; Torralba-Martínez et al., 2022).

However, in the revised WOC student sample version, social support and problem-focused coping are measured on separate scales. Because of this, I considered social support separately to understand how it may serve as a positive coping strategy for me. Secondary control coping is the next highest order of coping in Kvillemo and Bränström's (2014) study and includes acceptance, positive reappraisal, and fighting spirit. Positive reappraisal is synonymous with the Focusing on the Positive subscale in the WOC-R.

There is other support for focusing on the positive as being an effective form of coping with breast cancer. Huang and Hsu (2013) noted that building resilience and staying positive may increase the survival rate and recovery from breast cancer. The Disengagement Coping

subscale on the WOC-R community sample version is part of a lower-order coping method and is congruent with the WOC-R student sample version's Detachment subscale (Lazarus & Folkman, 1985).

The WOC-R student sample version is a 66-item scale consisting of eight subscales: Problem-Focused Coping, Wishful Thinking, Detachment, Seeking Social Support, Focusing on the Positive, Self-Blame, Tension Reduction, and Keeping to Self. As shown in Table 1, my most positive coping styles were seeking social support at 81%, focusing on the positive at 75%, and problem-focused coping at 72%. My lowest scores were on Wishing Thinking at 33%, Keeping to Self at 20%, Detachment at 17%, Tension Reduction at 7%, and Self-Blame at 0%.

Table 1

Ways of Coping-Revised Scores Highest to Lowest

Subscale	Score	Percentage
Seeking Social Support	17 out of a possible 21	81
Focusing on the Positive	9 out of a possible 12	75
Problem-Focused Coping	24 out of a possible 33	72
Wishing Thinking	5 out of a possible 15	33
Keep to Self	3 out of a possible 15	20
Detachment	3 out of a possible 18	17
Tension Reduction	1 out of a possible 15	7
Self-Blame	0 out of a possible 15	0

Theme Development

In analyzing the findings based on the answers to the 11 reflective questions and the two survey results, the themes in this autoethnographic study of my lived experience remained consistent throughout and are as follows:

1. Stress has been a contributing factor to my breast cancer.
2. Coping with stress, such as breast cancer, requires resilience.

3. Practicing problem-focused techniques such as conducting research while seeking social support has helped me make the best-informed decisions.
4. Focusing on the positive with a thanksgiving attitude while living with hope has sustained my health, promoting healing and recovery.
5. Embracing my cultural and spiritual values has strengthened my perseverance and determination to develop better coping strategies.
6. Maintaining well-being and quality of life is holistic and includes physical, mental, social, and spiritual support.
7. Social support includes family, relatives, friends, coworkers, medical professionals, and university faculties, especially when writing a dissertation amidst a battle with a chronic illness such as breast cancer.

Research Question Responses

RQ1 was, What role do cultural values and traditional beliefs play in coping with breast cancer? In analyzing the findings of my personal experience in coping with breast cancer, my cultural values, traditional beliefs, and practice of filial piety and collectivism gave me a reason to develop the fighting spirit to obtain and maintain breast cancer survivorship for myself and my family. These findings align with Gonzalez et al. (2016) and Kleinman (1980).

RQ2 was, What are the coping strategies or methods for Chinese American women in their breast cancer journey? To cope with the stress of upcoming treatments, I make sure I plan out my appointments and continue with routine daily activities. Whenever I think negatively, I quickly shift my thoughts to planning for future events such as vacations. I often reach out to my friends for support and to keep a hopeful perspective. More importantly, I am always thankful

and appreciate waking up in the morning. As a coping strategy, I look at the cup as half full and live every day with gratitude, knowing that I must fulfill it.

Summary

As stated in previous chapters, when embarking on this study, I assumed that Chinese values would have a positive influence on my coping styles based on previous literature, such as D. W. Lim et al. (2020), showing that Chinese cultural values and traditional beliefs include a pragmatic approach to coping strategies that is more proactive coping. As expected, my CVS and WOC-R scores were high in Chinese values, problem-focused coping, seeking social support (praying as part of spiritual coping), and focusing on the positive. In contrast, my scores were lower on other emotion-focused coping strategies, including wishing thinking, keeping to myself, detachment, and tension reduction.

The findings concurred with Tabora and Flaskerud (1997) that Chinese people, by nature and their cultural upbringing, use short-term, problem-focused solutions to resolve family, financial, or health challenges and avoid shame, embarrassment, and loss of face to their families. As expected, my scores were highest on the Seeking Social Support and Focusing on the Positive subscales as these coping styles were crucial to my ability to stay resilient through this difficult journey, fraught with complex consequential decisions that literally were life or death decisions. Thus, my high scores on these subscales were congruent with Huang and Hsu's (2013) findings that resilience and staying positive could increase the survival rate and recovery from breast cancer.

In addition to my cultural values, my spiritual foundation has allowed me to continue living out my purpose and calling. I have practiced my cultural duty to fulfill my filial piety of being a dutiful daughter and keeping my faith to carry on as a faithful servant to my God despite

the tedious and long breast cancer journey. My ability to care for my family hung in the balance of whether I would make the right decisions for me when facing the implications of the treatment strategies I would choose for my breast cancer.

Hence, the findings show that breast cancer survival depends on individuals' abilities to cope with stress and to carry on living a fulfilled life despite a tedious and long breast cancer journey. My strategy to face breast cancer was by engaging in problem-focused coping and finding ways to combat the side effects of each treatment while maintaining a high quality of life. Moreover, the findings show that my Chinese values and practice of collectivism, which involve placing my family's interests over my interests, concur with my desire to survive for the good of others. These cultural values and strong spiritual beliefs, as also discussed in E. C. Chang (2001), Cherry (2022), Gonzalez et al. (2016), and G. Wang and Liu (2010), drive my determination to survive. Thus, my cultural values and beliefs influence how I cope with breast cancer.

My spiritual faith and focus on the positive have given me the strength to fight to live. In my case, the show must go on despite my illness. I have a job to do, and it will be done. I will take care of my mother and family. I must also survive to fulfill my purpose and continue serving God. My purpose also includes my desperate desire to complete my doctorate. By completing my dissertation, graduating, and receiving my doctorate, I will have fulfilled a very important life goal to graduate and serve in my community. After each treatment, I have watched previous graduation ceremonies and imagined myself walking the stage to receive my doctorate.

Chapter Five: Conclusion

Overview

Breast cancer is the most common cancer in Asian American women (Wen et al., 2014). Examining how cultural values and traditional beliefs impact the recovery of Chinese American women from breast cancer is an avenue to explaining why Asian American women tend to survive breast cancer survivors at a higher rate than White women (D. W. Lim et al., 2020). This autoethnographic study included my analysis and interpretation of my lived experience when faced with the trauma of breast cancer diagnosis and treatment. In it, I revealed my journey through breast cancer and the importance of being true to Chinese cultural values and spiritual beliefs in my ability to be resilient throughout this journey.

This chapter summarizes the findings revealed by responding to reflective questions and pondering the role of my cultural values and coping in this journey. This chapter also contains details on the study limitation of a sole participant/researcher and future recommendations for further research on the coping strategies Chinese American women use that result in a 30% lower death rate (Susan G. Komen, 2024; D. W. Lim et al., 2020) as few studies have investigated why Chinese American women survive breast cancer at a higher rate. Study findings supported the premise that traditional values and cultural beliefs influence problem-focused coping, which motivates a positive influence on Chinese American women in their ability to cope with breast cancer, as also noted in E. C. Chang (2001).

Summary of Findings

The 11 reflective questions that I used as a guide for this study provided a framework for conveying the emotional impact I experienced when I was first diagnosed with breast cancer and the continuous treatment, I have undergone for the past 2 years. My cultural values and spiritual

beliefs have helped to inform every decision I made in electing my treatment choices and how I chose to cope with the stress throughout my breast cancer journey.

As I answered each reflective question, I felt my emotional stress rising as I recalled the frustration, confusion, conflicting diagnoses, and sometimes the lack of support from my doctors and even family and friends. As a researcher and analyst by trade, I dive deep into all topics and want to understand the ins and outs. When confronted with making life-altering decisions that may debilitate my health and well-being, my instinct is to ask questions and more questions. Consequently, my desire to make the best-informed decisions is based on the knowledge that one-size-fits-all treatment plans may not consider my whole being.

One major challenge throughout my breast cancer journey was to complete my doctorate coursework and my dissertation. I worked hard every semester, completing each course while working full-time, caring for my elderly parents, raising my family, and contributing to weekly volunteering work. Furthermore, I had to quickly shift my research from a quantitative survey design with several participants when my dissertation chair presented me with the opportunity to write an autoethnographic narrative about my breast cancer journey after I submitted my draft proposal. Thus, I concur with Carolyn Ellis, the author of *The Ethnographic I: A Methodological Novel about Autoethnography*, that autoethnography chooses us (Ellis, 2004).

With a quick adaptation and a renewed mindset, I rewrote my proposal and completed my dissertation. Subsequently, my hypothesis became the premise of my research study, and my interview questions to address my research questions became my reflective questions. My premise in both studies was that Chinese American women who adhered to Chinese traditional values would demonstrate resilience in coping with breast cancer due to their pragmatic will to live for their family and that they would tackle the problem of a breast cancer diagnosis with a

straightforward problem-solving approach. I took the two surveys, which helped to frame my experience in the context of my adherence to Chinese values and my preferred style of coping. My findings are subjective as they only reflect one participant. I discuss this limitation further in the Future Recommendations section.

Discussion

Collecting information through a narrative analysis of my lived experience with breast cancer provided a richer cultural understanding of how Chinese American women cope with stress and overcome stressful chronic illnesses such as breast cancer. The results from the two surveys also provided a framework for my research: my CVS results reflected my high scores in Chinese values, and my responses to the WOC-R reflected my reliance predominately on problem-focused coping, seeking social support, focusing on the positive, and spiritual coping.

To cope with the stress of breast cancer treatment, I have consistently engaged in problem-focused coping and quickly modified my negative thoughts to positive ones. Whenever I feel stressed and anxious, I practice breathing exercises, write about my journey, reach out to friends, do deep research, and pray. I look through family photos and watch videos of my father whenever I miss him. I have also updated my resume in anticipation of returning to work after fully recovering. I rarely allow myself to feel sad for too long and ensure I stay positive to belong to the increasing number of Chinese American breast cancer survivors. All of my efforts reflect what Espedal (2021) described as the relationship between spirituality and hope.

I discovered seven themes based on my findings, which I hope can help others better cope with their breast cancer journeys. By encouraging self-discovery and self-understanding of one's strengths, weaknesses, cultural values, and spiritual beliefs, the truth can be liberating and

ultimately reduce stress, giving individuals a better chance for healing and recovery from breast cancer.

Seven Emergent Themes

Stress Contributed to My Breast Cancer

My entire life has had a certain amount of stress. The stressors I have encountered are due to my wanting to be an obedient daughter to my earthly parents and Heavenly Father. I have learned to combat stress by exercising regularly, but the onset of the COVID-19 pandemic and the mandatory stay-at-home policy prevented me from taking my 60-block walks. My muscle tone has become mush since the pandemic, and recovering from multiple surgeries has limited my ability to exercise. Previous research has linked stress to an increased risk of breast cancer (Chiriac et al., 2018; Kruk & Aboul-Enein, 2004; Panjari et al., 2012). Consequently, the past few intensive years have elevated my stress, and I developed an autoimmune disorder known as adrenal gland deficiency, which affects my body's ability to regulate stress. This understanding taught me to find stress relief, mainly by staying vigilant and optimistic as I undergo cancer treatment.

Coping With the Stress of Breast Cancer Requires Resilience

I recognized that the ability to get back up after being beaten down entails a great deal of learning to build resilience. Each time I was given adverse reports or was scolded by doctors, I learned to put events or comments aside and proceed with the next task or research. Some highlights on building resilience include having a better understanding of resilience-related factors required in breast cancer care, enhancing resilience interventions for better health outcomes, understanding a bidirectional relationship between anxiety and depressive symptoms, and seeking social support to improve coping and quality of life with breast cancer (Aizpurua-

Perez & Perez-Tejada, 2020). Other research studies concur that resilience is an important contributing factor to reducing stress and increasing breast cancer survival (Dooley et al., 2017; Loprinzi et al., 2011).

Problem-Focused Techniques Helped Me Make the Best-Informed Decisions

One of the themes in this study is that problem-focused strategies, such as doing extensive research while seeking social support, helped me make the best-informed decisions for me. Although Ransom et al. (2005) did not find that problem-focused coping strategies improve physical and mental quality of life, da Silva et al. (2017) found that women with breast cancer chose coping strategies depending on their level of anxiety. Those with low anxiety used problem-solving strategies.

Focusing on the Positive With a Thanksgiving Attitude Sustained My Health, Promoting Healing and Recovery

For the past 2 years in which I have battled breast cancer, I have kept a positive attitude after each doctor's appointment and treatment. I am grateful to be allowed to live life to its fullness, to understand that tomorrow is never promised, and to embrace life with thanksgiving and gratitude. Most importantly, I have given thanks in all circumstances and hold on to hope and gratitude, which I believe have promoted a healthy mind that promotes healing and recovery. Previous research has also shown that positive attitudes stimulate good feelings that increase survivorship (Richardson et al., 1997).

Embracing My Cultural and Spiritual Values Strengthened My Perseverance and Determination to Develop Better Coping Strategies

Acculturation is the cultural and psychological change process resulting from a meeting between cultures, also known as adaptation (Sam & Berry, 2010). I understand my cultural

responsibility and embrace it without feeling shame or guilt. Understanding my culture has helped me to maintain my responsibilities without feeling conflicted. Recovery narratives such as mine describe the culturally shared understandings about the ideal or desirable way to recover from an illness experience (Coreil et al., 2012).

Maintaining Well-Being and Quality of Life Is Holistic and Requires Physical, Mental, Social, and Spiritual Support

I have learned that there are differences in physical, mental, social, and spiritual well-being. My body is a vessel that I must take care of to maintain stability and flexibility and prevent diseases. My thoughts and emotions affect my mental well-being, which may influence my behavior. I need to connect with others such that by presenting my lived experience, I am connecting with other women going through breast cancer treatment. Finally, I obtain my spiritual well-being from an invisible strength given to those who believe in a higher power. Ultimately, I have found meaning in life and am inspired to move forward, with a holistic wellness approach that Els and de la Rey (2006) also described.

Social Support Includes Family, Relatives, Friends, Coworkers, Medical Professionals, and University Faculty

This finding was especially important when writing a dissertation amidst a battle of chronic illnesses such as breast cancer. One of the strongest allies in my coping with breast cancer is the enormous support I have received from not only family and friends but also from doctors and university faculty members. My support included a quick turnaround approval from Liberty University's Institutional Review Board to continue my study and others, including my dissertation chair, who encouraged me to carry the torch. Previous research has shown that social support is an important predictor of health-related quality of life in women with breast cancer,

such that positive emotion with informational support helps patients sustain health-related quality of life. I also found that there is a relation between social support and positivity, which is a crucial part of the recovery from breast cancer (Cheng et al., 2013; Dukes Holland & Holahan, 2003; Kroenke et al., 2006; Leung et al., 2014).

Implications

Many researchers have used Lazarus and Folkman's (1984) theory and model of stress and coping to develop conceptual and theoretical frameworks for their empirical studies. However, collecting data from a potentially vulnerable population such as breast cancer patients and survivors may require an in-depth understanding of their journeys. More autoethnographic studies may add a richer cultural understanding of how Chinese American women cope with stress by exploring these women's lived experiences from their personal perspectives (Adams et al., 2021; H. Chang, 2008; Holman Jones et al., 2013; Sparkes, 2000; Stahlke Wall, 2016; Viruell-Fuentes et al., 2012; Wall, 2006). Furthermore, culture and spirituality may influence coping strategies such that there is a similarity in practicing collectivism and showing Christian love to others. Thus, my will to survive breast cancer and to fight for my life matters not only to myself but to God and my family. I must live because I have a purpose.

Delimitations and Limitations

There are limitations in autoethnographic studies that are worth noting. These studies highlight the experiences of only one participant, the author. This no doubt limits the generalizability of the present study's findings to the larger population of Chinese American breast cancer survivors. Some would argue that a personal story is not empirical but subjective based on subjective and biased opinions (Ellis, 2004). However, autoethnographic studies are often useful when exploring the experiences of a vulnerable population, as those with breast

cancer are when facing the possibility of their death. This was the approach that made the most sense for the subject I wished to explore, especially to investigate how Chinese traditional values influence the way Chinese American women cope with breast cancer. In this respect, this quote from Ellis (2004) is apt: “You do not choose ethnography; it chooses you” (p. 26).

Recommendations for Future Research

The results from this study can further be developed with a larger population and younger Chinese American breast cancer patients in the United States, which would also extend research by Qi et al. (2022). Findings from the present study may also encourage future quantitative research. Such research would benefit from recruiting a larger sample size and using statistical analysis to find relationships among cultural values and ways of coping. Quantitative research could use the present study’s findings to create Likert scale survey items, which may also facilitate recruiting a larger study sample.

Moreover, breast cancer survival among Chinese Americans depends on many factors, such as life satisfaction, happiness, and resilience. However, their psychological well-being may be affected when they experience increased psychological distress and are socially isolated from family and friends. In a study conducted in Hawaii, Qi et al. (2022) found significant results revealing an association between social isolation and the psychological well-being of older Chinese Americans. Hence, not only should the influence of culture on healing be further analyzed, but future research could examine other styles of coping that help women become more resilient.

Conducting in-depth interviews would be another fruitful avenue for future research. Qualitative research may further provide an in-depth understanding of how cultural values influence coping, including problem-focused coping. Future research may fill the gaps in the

limited research (Ashing et al., 2003; E. C. Chang, 2001; Gonzalez et al., 2015; Lee et al., 2013; Pineda et al., 2001; W. Tsai & Lu, 2017; Wen et al., 2014; Yoo et al., 2015) on the coping strategies that may be influenced by cultural beliefs leading to breast cancer survivorship in Chinese American women. Furthermore, understanding how Asian Americans value their cultural practices and heritage, as also explored by Kramer et al. (2002), Lee et al. (2013), and T.-I. Tsai et al. (2011) can benefit other ethnic minority groups in coping with breast cancer. Healthcare professionals can use potential data to incorporate into treatment plans.

Summary

Ellis (2004) broke down the word ethnography as the following: “*Ethno* as people or culture and *graphy* as writing or describing” (p. 26). She further wrote, “Ethnography is writing about or describing people and culture using firsthand observation and participation in a setting or situation,” and a person who writes an ethnography presents the world holistically and naturalistically while figuring out what is going on” (Ellis, 2004, pp. 26–27). Thus, an autoethnography study is a form of ethnography that overlaps art and science, and the *auto* part of the term is related to self and culture (Ellis, 2004).

Through conducting this autoethnography of my lived experience of coping with breast cancer, I demonstrated how my culture influenced my coping styles and how I navigated the trauma of my breast cancer and treatment. I have learned from the opportunity to write an autoethnography and describe my breast cancer journey. Detailing my lived experience shed light on how Chinese American women’s traditional values may influence coping with breast cancer. I also showed through my narrative analysis that I have engaged in problem-focused coping while consistently seeking social support throughout my entire breast cancer journey.

Lastly, a cancer diagnosis, to some people, is like a death sentence. It can be a traumatic event that requires tremendous physical and psychological strength to endure the side effects from medication and surgeries on one's self-image. Some cancer patients may grieve for the loss of meaning in life because their well-being has been compromised (Visser et al., 2010).

Although it has been painful reliving the 2 years of stress, I hope that by conveying my experience in-depth, I have protected the potentially vulnerable population of breast cancer survivors who may not want to relive memories or trauma of their breast cancer treatment. This autoethnography research journey has helped further a cultural understanding of the self and others, directly and indirectly, a goal of autoethnography described in H. Chang (2008).

As a believer, I have joy through a higher power, and my perspective of happiness is not external but internal. My priority is to live for Christ, others, and then myself. My strength comes from God (Philippians 4:13, *New International Bible*, 1978/2011). My life's purpose is as a sojourner, living temporarily on earth's dwelling, focusing on love, compassion, forgiveness, gratitude, making right with people I have hurt, intentionally or unintentionally, forgiving the unforgivable, and loving the unlovable, to live as Jesus commands.

I am thankful for my journey, as I have learned to never take anyone or anything for granted. I look forward to graduating and receiving my degree to answer God's calling of helping others.

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Appendix A: IRB Approval Letter

Date: 12-11-2023

IRB #: IRB-FY23-24-972

Title: The Role of culture in coping with Breast Cancer: The lived experience

Creation Date: 12-5-2023

End Date:

Status: **Approved**

Principal Investigator: Amanda Yu

Review Board: Research Ethics Office

Sponsor:

Study History

Submission Type Initial

Review Type Exempt

Decision **No Human Subjects
Research**

Appendix B: Chinese Value Survey

On a scale from 1-9, in which 1 = no importance and 9 = extremely important, please rate how important is each item.

1. Filial piety (obedience to parents, respect for parents, honoring of ancestors, financial support of parents)
2. Industry (working hard)
3. Tolerance of others
4. Harmony with others
5. Humbleness
6. Loyalty to superiors
7. Observation of rites and social rituals
8. Reciprocation of greetings, favors, and gifts
9. Kindness (forgiveness, compassion)
10. Knowledge (education)
11. Solidarity with others
12. Moderation, following the middle way
13. Self-cultivation
14. Ordering relationships by status and observing this order
15. Sense of righteousness
16. Benevolent authority
17. Non-competitiveness
18. Personal steadiness and stability
19. Resistance to corruption

20. Patriotism
21. Sincerity
22. Keeping oneself disinterested and pure
23. Thrift
24. Persistence (perseverance)
25. Patience
26. Repayment of both the good or the evil that another person has caused you
27. A sense of cultural superiority
28. Adaptability
29. Prudence (carefulness)
30. Trustworthiness
31. Having a sense of shame
32. Courtesy
33. Contentedness with one's position in life
34. Being conservative
35. Protecting your "face"
36. A close, intimate friend
37. Chastity in women
38. Having few desires
39. Respect for tradition
40. Wealth

- | Not
Used | Used
Somewhat | Used
Quite A Bit | Used
A great deal |
|-------------|------------------|---------------------|----------------------|
| 0 | 1 | 2 | 3 |
- _____ 19. I told myself things that helped me to feel better.
- _____ 20. I was inspired to do something creative.
- _____ 21. Tried to forget the whole thing.
- _____ 22. I got professional help.
- _____ 23. Changed or grew as a person in a good way.
- _____ 24. I waited to see what would happen before doing anything.
- _____ 25. I apologized or did something to make up.
- _____ 26. I made a plan of action and followed it.
- _____ 27. I accepted the next best thing to what I wanted.
- _____ 28. I let my feelings out somehow.
- _____ 29. Realized I brought the problem on myself.
- _____ 30. I came out of the experience better than when I went in.
- _____ 31. Talked to someone who could do something concrete about the problem.
- _____ 32. Got away from it for a while; tried to rest or take a vacation.
- _____ 33. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.
- _____ 34. Took a big chance or did something very risky.
- _____ 35. I tried not to act too hastily or follow my first hunch.
- _____ 36. Found new faith.
- _____ 37. Maintained my pride and kept a stiff upper lip.
- _____ 38. Rediscovered what is important in life.

- | Not
Used | Used
Somewhat | Used
Quite A Bit | Used
A great deal |
|-------------|------------------|---------------------|----------------------|
| 0 | 1 | 2 | 3 |
- _____ 39. Changed something so things would turn out all right.
- _____ 40. Avoided being with people in general.
- _____ 41. Didn't let it get to me; refused to think too much about it.
- _____ 42. I asked a relative or friend I respected for advice.
- _____ 43. Kept others from knowing how bad things were.
- _____ 44. Made light of the situation; refused to get too serious about it.
- _____ 45. Talked to someone about how I was feeling.
- _____ 46. Stood my ground and fought for what I wanted.
- _____ 47. Took it out on other people.
- _____ 48. Drew on my past experiences; I was in a similar situation before.
- _____ 49. I knew what had to be done, so I doubled my efforts to make things work.
- _____ 50. Refused to believe that it had happened.
- _____ 51. I made a promise to myself that things would be different next time.
- _____ 52. Came up with a couple of different solutions to the problem.
- _____ 53. Accepted it, since nothing could be done.
- _____ 54. I tried to keep my feelings from interfering with other things too much.
- _____ 55. Wished that I could change what had happened or how I felt.
- _____ 56. I changed something about myself.
- _____ 57. I daydreamed or imagined a better time or place than the one I was in.
- _____ 58. Wished that the situation would go away or somehow be over with.
- _____ 59. Had fantasies or wishes about how things might turn out.

- | Not
Used | Used
Somewhat | Used
Quite A Bit | Used
A great deal |
|-------------|------------------|---------------------|----------------------|
| 0 | 1 | 2 | 3 |
- ____ 60. I prayed.
- ____ 61. I prepared myself for the worst.
- ____ 62. I went over in my mind what I would say or do.
- ____ 63. I thought about how a person I admire would handle this situation and used that as a model.
- ____ 64. I tried to see things from the other person's point of view.
- ____ 65. I reminded myself how much worse things could be.
- ____ 66. I jogged or exercised.

Appendix D: Reflective Questions

1. Describe your breast cancer journey in as much detail as you feel comfortable sharing.
2. Describe in as much detail as you feel comfortable sharing how you felt when first diagnosed with breast cancer. Describe in as much detail as you feel comfortable sharing the type of breast cancer treatment you have chosen.
3. Describe in as much detail as you feel comfortable sharing the support you have received from doctors, family, and friends.
4. Describe in as much detail as you feel comfortable sharing your current mood, feelings, attitude, and views about your breast cancer recovery.
5. What are the ways you feel that your heritage has contributed to your breast cancer survivorship?
6. How important is it to follow your heritage or cultural practices and beliefs?
7. How important does having a spiritual belief and practice mean to you?
8. Can you describe how your spiritual practice, such as prayers and meditation, has contributed to your breast cancer survivorship?
9. Please describe the extent to which expressing your emotions played a role in your recovery from breast cancer.
10. Is there someone or something you would like to share that you feel contributed to your breast cancer survival?
11. Is there anything else you would like to share about your journey with breast cancer that I missed?