

## **Appendix 13. Codes related to coping and their frequency of application**

### **Codes related to coping: detail and frequency**

Codes relating to coping that were applied 50 or more times were: reporting of an action orientation ('get on with it'), a positive attitude, acceptance of the diagnosis/prognosis, recognition or taking of an opportunity to control the treatment process, the support or helpful performance of other people - doctors and other medical staff, wives, other female family members, other family members, and, as a group, friends, neighbours and community club members, practical help, cancer-related information, confidence and trust in medical staff, ready acceptance of their advice, admiration and respect for the competence of medical staff, and appreciation for their warmth and humanity.

Other codes expressing means of coping which were applied 20-49 times included: taking swift and decisive action; valuing the 'straight' talk of doctors; thinking through medical issues calmly and rationally including weighing the costs and benefits of treatments offered; accepting reality; putting faith in the advice of experts; researching further information or obtaining a second opinion, deeming such research unnecessary in light of the expert advice already available; fighting it and not giving up; being courageous and having an 'overcomer' attitude; unconsciously denying the seriousness of the situation (e.g. by interpreting ambiguous indications in an unrealistically optimistic way, such as Lewis interpreting his surgeon's advice that 'there is no panic' as meaning that he may soon be told he is cured, or 'shutting it out' in favour of a more imminent threat, as Bazza did, focussing instead on his heart condition); keeping busy with a normal life; living life to the full in the time available; especially valuing family time; perceiving hope in the situation (e.g. the possibility of a cure, or the possibility of leading a positive life in the time available, or the perception of God's personal loving concern in the situation); taking strength from the encouraging personal comment of a medical professional; discussing experiences of cancer with men at work or sports or other interest clubs; rejecting self-pity; and appreciating supporters simply 'being there'.

Codes expressing means of coping which were applied fewer than 20 times included: actively facing the illness and strategising how to deal with its physical or emotional challenges; focussing on treating the disease; consciously denying the seriousness of the illness (e.g. in accordance with a policy of ignoring problems that one cannot control, Jacko); unconsciously minimising the seriousness of the illness (e.g. assuming it would be readily treatable 'like a cold', Plane); employing humour (e.g. making a joke out of an unpleasant intervention or having a laugh with grandchildren); distracting oneself by socialising; withdrawing socially (e.g. due to the demands and limitations of coping with a urostomy bag or to having received a blow to one's confidence from having

problems with it in public, to preserve mental or physical energy for essentials like work, due to depression, or withdrawing from an intimate partner due to the inability to sexually perform as previously); receiving the support of women from outside the family (e.g. female friends or one's wife's friends); drawing on spiritual beliefs (either Christian, Maori traditional, or personal); receiving the ministrations of church leaders or a hospital chaplain; and preparing for the possibility of death by arranging to see close family members or putting financial and legal affairs in order. Some men reported consciously treating themselves for distress: losing oneself in a 'different world' (Beau) by singing to oneself or playing the guitar or the piano; undertaking a particularly satisfying task; coaching oneself through the stress e.g. by remembering celebrities who have come through the disease or coaching oneself to 'take it easy' or think positively or to simply accept what was happening; talking over the particular stressor with one's wife or undertaking the research interview as a way of processing distress or relieving loneliness; reading the stories of survivors; and enjoying a favourite food. Some men reported that the ready availability of medical assistance was supportive (e.g. regular hospice or community nurse visits, a contact phone number if any problem arose). And some men reported that they naturally became inured to the stress over time, and that family relationships were strengthened by having cancer.

These codes were applied rarely: taking control of the disease's place in one's life (e.g. not attending a men's cancer group because that would give cancer too much focus); crying; talking with other cancer patients; helping other people. Only two men made use of a professional who might loosely be referred to as a counsellor, in neither case this was initiated by the man although both found the service invaluable, and in both cases the service was the Maori Cancer Coordinator, whose main role was more practically oriented (connecting men with health and community resources). Six men had attended cancer support groups but one of these only went to help others.