

Mindfulness Based Stress Reduction Interventions and Experiential Learning Method in Supporting Coping Mechanism and Resilience of Family Caregivers of Patients with Cancer: A Systematic Review

¹Ah. Yusuf, ²Titis Eka Apriliyanti

Abstract--

Background: Cancer has an impact not only on sufferers but also on families. There are psychological factors related to cancer that have specific properties because they can cause stress, anxiety, fear of loss, and other psychological reactions such as rejection, anger, depression in the family so they need to receive help so that their psychological condition is well maintained. Awareness-based interventions, which have been shown to improve cognitive behavioral psychological functions and experiential learning methods that are able to shape cognitive knowledge with learning that reflects the experience they have. This review aims to conduct a systematic literature review of the study of mindfulness interventions and experiential learning methods as supportive care for family caregivers of patients with cancer.

Method: Review is carried out by following the PRISMA alloy. We conducted a search of three electronic databases (Scopus, PubMed and Cochrane Database of Systematic Reviews) for studies published between 2013 and 2018 with relevant keywords.

Results: A total of 15 articles were identified through systematic searches and six inclusion criteria from 3,223 articles found. Studies related to MBSR show that the value ($\beta = -0.32$, $\rho < 0.01$, $r^2 = 0.11$). These results state that the more mindful an individual is, the more harmless the assessment of stress, the results show that mindful individuals will choose stress coping approach strategies rather than stress avoidant coping strategies and experiential learning studies that show the influence of patient empowerment based on experiential learning towards prevention measures for acute complications.

¹Faculty of Nursing Airlangga University, Mulyorejo Street 60115 Surabaya, Indonesia Email: ah-yusuf@fkip.unair.ac.id

²Faculty of Nursing Airlangga University, Mulyorejo Street 60115 Surabaya, Indonesia

Conclusion: *MBSR and experiential learning methods are methods that both are cognitive therapies that use the same understanding of experience as media.*

Keywords--*Mindfulness Based Stress Reduction, experiential learning, coping mechanism, resilience, and cancer.*

I. INTRODUCTION

The impact of cancer that develops not only occurs in the lives of patients but also occurs in caregivers or their families (family caregivers) who also need help the impact of cancer that develops not only occurs in the lives of patients but also occurs in caregivers or their families (family caregivers) who also need help and support because having family members who have cancer can cause stress and anxiety (FKUI, 2013). Family caregivers are seen as intact individuals from psycho-biology who also experience anxiety and stress as a result or impact of families suffering from cancer. Chronic diseases such as cancer require support from the surrounding environment, especially the role and support of the caring family because of the long treatment process. Cancer companion has a heavy pressure and burden because in addition to caring for or providing assistance, the family is also required to be able to be a source of costs during treatment, so many factors needed to build support for families caring for cancer patients include having constructive coping mechanisms and good resilience or positive. Family care patients with esophageal cancer who are undergoing treatment show the burden of life experienced by family caregivers with a moderate level (15%) or high (19%) three years after treatment (Haj et.al, 2015).

The International Agency for Research on Cancer (IARC, 2012) found that cancer accounted for 7.6 million deaths worldwide. WHO estimates that the death rate from cancer will increase significantly by around 13.1 million deaths per year worldwide in 2030. That number is 70% in low and middle income countries such as Indonesia (WHO, 2013). Data from the 2013 risk assessment reports that the prevalence of cancer in Indonesia reaches 1.4% or an estimated 347,792 people, a number of which are also cancer caregivers' families that require attention and support.

The reactions raised by family caregivers more on feelings of sadness such as fear of losing something, this psychological reaction can be; (1) rejection, this feeling arises at the beginning of the diagnosis, this can be felt by the client and his family, this is a defensive response or allows someone to avoid reality. This refusal can be delivered openly, for example by doubting the truth of the diagnosis by conducting an examination of other medical personnel (called a "second opinion). (2) anger is a type of response that often arises, this is expressed as a feeling that he is being treated unfairly. Anger can arise in the form of anger because of small things, envy of the health, well-being, and excitement of others (FKUI, 2013).

The health care needs of the family caregivers in patients with cancer are investigated by many researchers. Care needs, involvement with patient health care, interaction with health, work, and financial management professionals, especially information needs. There are several approaches to dealing with psychological disorders by using psychosocial interventions that provide information and education about cancer and its treatment. For some

people, having information and strategies can help in reducing the appearance of negative feelings, attitudes, or coping.

Cognitive behavioral psychotherapy, aims to fight and change emotions and feelings by using the conscious mind and behavioral strategies. This kind of therapy has several elements such as; (1) visualization, imagining activities directed at certain positive things, (2) relaxation, breathing techniques to lessen positive thoughts, (3) hypnosis to modify behavior, which changes attitudes or behaviors that are less positive, (4) management of anxiety, which structures daily activities or action / attitude strategies to regain control of his life. (5) cognitive restructuring, inviting the client's family to re-examine the thought process and change it to provide training. Providing supportive care allows family caregivers to play an important role in providing optimal care to their families and helping to maintain a level of ability to protect families who have cancer.

To meet the needs of family caregivers, supportive intervention must be carried out and offered by health care professionals. The interventions provided can include complementary therapy. The mindfulness based stress reduction (MBSR) intervention is one example of therapy that can help individuals to reflect and stop thinking about what happened in the past and stop thinking about and worrying about events that will happen in the future. Awareness must be related to conscious not to judge, momentary awareness, and attention at this time, with acceptance and non-active responses to thoughts and emotions.

MBSR was first developed by Kabat-Zinn et al., 1970, which was a program consisting of breathing exercises through body scanning, sitting meditation, walking meditation, and yoga which focused more on maintaining awareness of current consciousness by practicing observing bodily sensations (body scan meditation) carried out in groups. Individual awareness is encouraged to pay attention to what is happening now, in a non-judgmental way, to finally help individuals to change their way of thinking by continually bringing awareness back to the current experience until they can directly experience sensations and physical emotions at this time. MBSR aims to change the relationships of individuals with distressful situations and thoughts. This is achieved by reducing emotional reactions and positively increasing cognitive assessment (Vieten & Astin, 2007).

Learning and applying mindfulness can lead one to improve health and well-being through understanding deep experiences between mind, body, and emotions (Poulin et al, 2008). Mindfulness makes a person consciously aware of the situation that is being experienced, receives and gives attention to the situation well (Day & Horton-Deutsch, 2004; Smith et al, 2015). A person can learn from each participant who is experienced so as to be able to improve abilities and solve problems. Experiential learning method is an effort to increase awareness and ability by integrating experiences that have been held with new knowledge, because the best learning process is experience and getting information (Deporter, 2000).

Experiential learning method is a method of teaching and learning processes that enable learners to build knowledge and skills and values as well as attitudes through their experiences directly. In this case, experiential learning uses experience as a catalyst to help learners develop their capacities and abilities in the learning process. The experiential learning method not only provides insights into knowledge of concepts, but also provides a real

experience for building skills. Furthermore, this method will accommodate and provide a feedback process and evaluation of the results of implementation with what should be done.

Intervention studies with MBSR and experiential learning methods are carried out to support family caregivers in patients with cancer, but limited reviews evaluate the combination of the effectiveness of interventions and methods in providing support. Thus, the purpose of this review is to determine the effectiveness of MBSR and experiential learning methods as a treatment to support the coping and resilience mechanism of family caregivers in patients with cancer to improve well-being and reduce the burden on family caregivers in patients with cancer.

II. METHODS

This systematic review or systematic review follows the Preferred Reporting Item for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati et al., 2009)

2.1 Search strategy

Scopus, PubMed and Cochrane Database of Systematic Review is an electronic database that is used by searching for studies or articles published and published between 2013 and 2018. The search strategies used are five components combined, including: (1) Mindfulness Based Stress Reduction OR (2) experiential learning OR (3) coping mechanism OR (4) resilience OR (5) cancer.

2.2 Eligibility Criteria

2.2.1 Types of studies

(1) non-randomized pre-test / post-tet design, (2) cross-sectional randomized controlled trial study (3) and (4) experimental study design study that we used.

2.2.2 Types of participants

The main inclusion criteria for participants or participants were adult age (18 years or more) family caregivers in patients with cancer.

2.2.3 Type of interventions

Mindfulness based stress reduction and experiential learning methods that meet the requirements, so that no studies are released based on the comparator / control group used.

2.2.4 Type of outcomes measures

The main outcome expected is to improve well-being and reduce the burden on family caregivers in patients with cancer.

2.3 Study selection

The guideline standard for the study used in this systematic review is based on the PRISMA method followed by filtering by removing duplicates, then the reviewer selects the title, abstract, and keywords, then removes the

irrelevant quotes. The selection of articles that have been obtained is then re-compared with each other to adjust their suitability according to the criteria set.

III. RESULTS

3.1 Literature search and study selection

A total of 15 studies have been identified to be used in systematic reviews. Search using the Scopus database, the PubMed Cochrane Database of Systematic Reviews which has provided quotes of 3,223. After conducting the screening by removing the duplicates until 1,230 quotes were found, then from that number as many as 892 studies were discarded after reviewing the abstract and some who did not meet the criteria. The full text of the remaining 338 citations was then reviewed in detail until 323 studies that did not meet the inclusion criteria were obtained so that the study was finally obtained to be included as a review of 15 quotes. See flow diagram Figure 1.

3.2 Study Characteristic

3.2.1 Methods

The 15 studies that were finally selected for review were design (1) non-randomized pre-test / post-tet design, (2) randomized controlled trial study (3) cross sectional and (4) experimental study design study that we used.

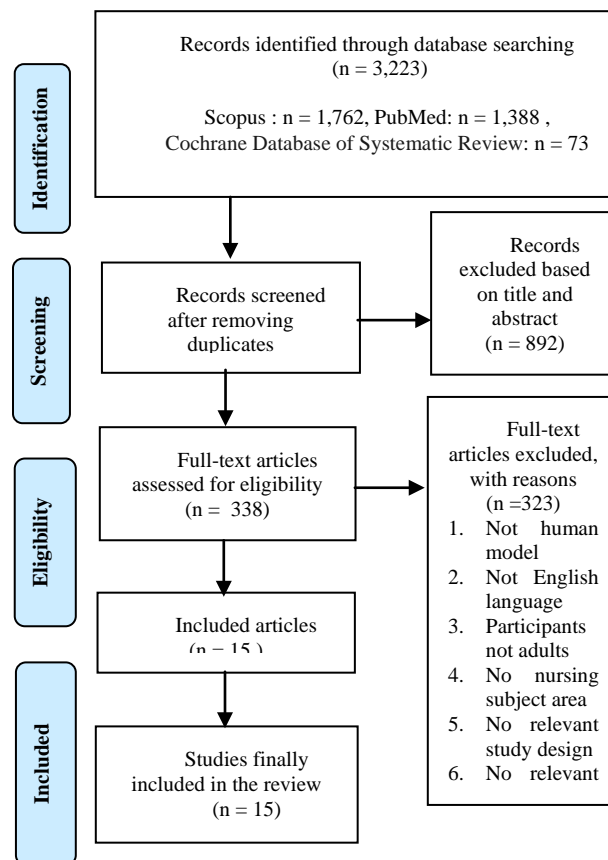


Fig. 1. Flow Diagram

3.2.2 Population

The study in this systematic review involved 1991 participants with terms of inclusion criteria, namely adult age (18 years or more) family caregivers in patients with cancer.

3.2.3 Intervention

Table 1 shows the characteristics and interventions of 15 studies. Five studies evaluating related mindfulness based stress reduction. Three studies that evaluate family caregivers. Five studies that evaluate resilience. one study evaluating experiential learning methods and one study evaluating coping mechanisms.

3.2.4 Outcomes

In all the studies obtained, the results assessed were to improve well-being and reduce the burden on the family caregivers in patients with cancer that could include various forms.

3.3 Results of individual studies

Mindfulness Based Stress Reduction

Pre and post mindfulness scores (MASS) and perceived stress (PSS) did not have a significant difference. This might be related to the small number of samples. In the post intervention questionnaire a positive effect on MSR intervention was found (Peterson, et al, 2016). Female students experienced a significant positive increase in mental distress, stress in learning, subjectivewell-being and mindfulness after joining MBSR (De Vibe, M., et al, 2013). Petko, Donna J (2017) pointed out that there was an increase in faculty awareness about the problem of stress experienced by nursing students with MBSR. There was an increase in cortisol levels in samples with low initial cortisol levels at the first three-month follow-up. The MBSR group had a decrease in cortisol levels in samples with high initial cortisol levels at the first three-month follow-up (Richard, 2013). Brown, Ryan, and Weinstein (2008) showed that the values obtained ($\beta = -0.32$, $p < 0.01$, $r^2 = 0.11$). These results state that the more mindful an individual is, the more harmless the assessment of stress, besides that the results show that mindful individuals will choose stress coping approach strategies rather than doing stress avoidant coping strategies.

Family Caregivers

Three studies report family caregivers in patients with cancer. More than a third of couples with esophageal cancer who undergo treatment show moderate (15%) or high (19%) live loads three years after treatment (Mohammad, Hajj., Et al, 2015). Hendrix, CC., Et al (2015) showed that Enhanced-CT protocol showed a short-term increase in self-efficacy in managing symptoms in cancer patients and companion readiness in accompanying, but not so in the condition of the patient's well-being. Most cancer companions experience a heavy burden in assisting patients. (Lund, Line., Ross, Lone., Petersen, M.A., Groenvold, Mogens. 2014).

Resilience

Five studies that review and report on resilience. The patient's resilience score does not reach the threshold value. However, it was found that the resilience score in the HI-IPSC-C group was higher than in the LI-IPSC-C group. The HI-IPSC-C group also showed a decrease in the need for supportive care, improved mood and coping

efforts by Eicher, Manuela., Et al (2018). The high resilience of companion families is influenced by good companion family health status, lack of depression, and positive Hwang social support, In Cheol., Et al (2017). Palacio, C., Krikorian, A., Limoner, JT. (2017) showed that more than half showed high resilience, positive aspects in care, moderate care ability, and low burden. Maintenance ability, resilience, and positive aspects of care are the main factors that influence the burden of the companion. RS-SC is a short and specific instrument for self-report resilience in patients with cancer in China. RS-SC has the potential to be used both in clinical practice and in research with intervention resilience. However RS-SC has limitations Ye, Zeng Jie., Et al, (2017). There is a relationship between family emotional support and resilience with anxiety facing chemotherapy (Febi, Makmuroch, &Andayani, 2011).

Experiential Learning

A study that evaluates and reports on experiential learning. There is an influence of patient empowerment based on experiential learning towards prevention of acute complications (Nunung, 2015).

Coping Mechanism

One study explained and reported on coping mechanisms. The results showed that the coping style of confrontational coping, problem solving, and positive assessment were positive and significant predictors of the tendency to seek social support during active care (Rankin, 2011).

IV. DISCUSSION

This systematic review is to find out about the effectiveness of MBSR effectiveness and experiential learning methods as treatments in supporting the coping and resilience mechanisms of family caregivers in patients with cancer. The study used a heterogeneous research design. There are several findings related to various interventions regarding excellence. In accordance with the results of a review of research studies conducted by Peterson (2016), it was explained that pre and post mindfulness scores (MASS) and perceived stress (PSS) did not have a significant difference. This might be related to the small number of samples. Post-intervention questionnaires found a positive effect on MSR intervention. Female students experienced a significant positive increase in mental distress, stress in learning, subjectivewell-being and mindfulness after participating in MBSR (De Vibe, M., et al, 2013). Petko, Donna J (2017) pointed out that there was an increase in faculty awareness about the problem of stress experienced by nursing students with MBSR. There was an increase in cortisol levels in samples with low initial cortisol levels at the first three-month follow-up. The MBSR group had a decrease in cortisol levels in samples with high initial cortisol levels at the first three-month follow-up (Richard, 2013). Brown, Ryan, and Weinstein (2008) showed that the values obtained ($\beta = -0.32$, $\rho < 0.01$, $r^2 = 0.11$). These results state that the more mindful an individual is, the more harmless the assessment of stress, besides the results show that mindful individuals will choose stress coping approach strategies rather than doing stress avoidant coping strategies. Experiential learning is also a cognitive method that uses experience as a catalyst so that it is proven in Nunung's research (2015) that there is an effect of patient empowerment based on experiential learning towards prevention of acute complications (Nunung, 2015).

Family caregivers have a burden in caring for families with cancer, explained by various studies, namely that more than one third of couples with esophageal cancer who are undergoing treatment show moderate (15%) or high (19%) three years after treatment (Mohammad, Haj) ., et al., 2015). Hendrix, CC., Et al (2015) showed that Enhanced-CT protocol showed a short-term increase in self-efficacy in managing symptoms in cancer patients and companion readiness in accompanying, but not so in the condition of the patient's well-being. Most cancer companions experience a heavy burden in assisting patients. (Lund, Line., Ross, Lone., Petersen, M.A., Groenvold, Mogens. 2014). So that the results of studies that have been done with similarity as a cognitive therapy that also uses experience as a media to provide support to fellow family caregivers are expected to maximize both interventions and methods in reducing psychological reactions so that welfare increases and reduces family caregivers' burden in patients with cancer.

Limitations

There are several potential limitations associated with this systematic review. (1) Heterogeneity of research design. (2) What we consider to be the main results is not always the same as in the initial study.

V. CONCLUSION

This review explains that MBSR and experiential learning methods are the same method using understanding experience as media.

Mindfulness makes a person consciously aware of the situation that is being experienced, receives and gives attention to the situation well (Day & Horton-Deutsch, 2004; Smith et al, 2015). A person can learn from each participant who is experienced so as to be able to improve abilities and solve problems. Experiential learning method is an effort to increase awareness and ability by integrating experiences that have been held with new knowledge, because the best learning process is experience and getting information (Deporter, 2000).

REFERENCES

1. Abdul Kadir. 2003. *Pengenalan Sistem Informasi*. Yogyakarta: Andi
2. Achmat, Z., 2005. *Efektifitas Pelatihan Pengembangan Kepribadian dan Kepemimpinan dalam Meningkatkan Kepercayaan Diri Mahasiswa Baru UMM Tahun 2005/2006*. Laporan Penelitian. Malang: Lembaga Penelitian Universitas Muhammadiyah Malang
3. Ajzen, I. 2005. *Attitude, Personality, and Behaviour*. Buckingham: Open University Press, Milton Keynes
4. Andri Kristanto. 2008. *Perancangan Sistem Informasi dan Aplikasinya*. Yogyakarta:Gava Media
5. Azwar, Saifuddin. 2009. *Sikap Manusia, Teori dan Pengukurannya*. Yogyakarta: Pustaka Pelajar.
6. Azwar, Saifuddin. 2012. *Reabilitas dan Validitas, edisi 4*. Yogyakarta: Pustaka Pelajar.
7. Arikunto, S. 2010. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
8. R. Balamurugan AP/ECE, K. Ramakrishnan College of Engineering N.R. Nagarajan, AP/ECE, K. Ramakrishnan College of Engineering Trichy. "Automatic Robotic ARM using Hand Gestures." *International Journal of Communication and Computer Technologies* 5 (2017), 43-45. doi:10.31838/ijccts/05.02.01
9. Arikunto, Suharsimi. 2013. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta : Rineka Cipta.
10. Back, A. L., Steinhauser, K. E., Kamal, A. H., & Jackson, V. A. (2016). Building Resilience for Palliative Care Clinicians: An Approach to Burnout Prevention Based on Individual Skills and Workplace Factors. *Journal of Pain and Symptom Management*, 52(2), 284–291. <https://doi.org/10.1016/j.jpainsymman.2016.02.002>

11. Chaplin, J. P. 2009. *Dictionary of Psychology*, (Terjemah. Kartini Kartono) Jakarta: PT. Raja Grafindo Persada
12. Jitendra sharma (2015) assam is more vulnerable for jev infection as compared to other states in india: few important facts. *Journal of Critical Reviews*, 2 (3), 9-10.
13. Coulson, R. (2006). *resilience and self-talk in*. University of Calgary.
14. Corsini, Ray. 2002. *The Dictionary of Psychology*. London: Brunner/Rout Ledge.
15. Dalimartha, S. 2004. *Deteksi Dini Kanker dan Simplisia Anti-Kanker*. Depok: Penebar Swadaya
16. Deporter, dkk. (2000). *Quantum Learning*. Jakarta: Kaifa.
17. Desmita. (2014). *Psikologi Perkembangan Peserta Didik*. Bandung: PT. Remaja Rosdakarya.
18. Eom, CS., Shin, DW., Kim, SY., et. al. 2013. *Impact of Perceived Social Support on the Mental Health and Health-Related Quality of Life in Cancer Patients*: Fishbein, M & Ajzen, I. 2010. *Predicting and Changing Behaviour: The reasoned action approach*. New York: Psychology Press
19. FKUI. 2013. *Buku Ajar Onkologi Klinis*. Jakarta: Badan Penerbit FKUI
20. Friedman, Marilyn M. 2010. *Buku Ajar Keperawatan Keluarga :Riset, Teori Dan Praktek*. Jakarta : EGC
21. Grant, M., Sun, V., Fujinami, R., Sidhu, R., Otis-Green, S., Juarez, G., et. al. 2013. *Family Caregiver Burden, Skills Preparedness, and Quality of Life In Non-Small Cell Lung Cancer, Oncol Nurs Forum: 337-346 .Text Book(2nd Ed.)*. Philadelphia: W.B Saunders CompanyResults from a Nationwide, Multicenter Survey in South Korea, *Psychooncology*
22. Hidayat, Aziz Alimul. 2008. *Metode Penelitian Keperawatan dan Teknik Analisis Data*. Jakarta: Salemba Medika
23. Nishi Gupta, Garima Vishnoi, Ankita Wal, Pranay Wal. "Medicinal Value of Euphorbia Tirucalli." *Systematic Reviews in Pharmacy* 4.1 (2013), 40-46. Print. doi:10.4103/0975-8453.135843
24. Hogg, M.A.,& Vaughan, G.M. 2005. *Introduction to Social Psychology (4thed)*. Australia: Pearson Prentice Hall
25. International Agency for Research on cancer (IARC). 2012. *Estimate Cancer Incident, Mortality and Prevalence Wordwide In 2012*.
26. Jan Tambayong. 2000. *Patofisiologi Untuk Perawatan*. Jakarta: EGC
27. Kementerian Kesehatan Republik Indonesia. 2014. *Riset Kesehatan Dasar 2013*.
28. King, L. . (2012). *Psikologi umum: Sebuah pandangan apresiatif buku 2*. Jakarta: Salemba Humanika
29. Koffman, J., Morgan, M., Edmonds, P., Speck, P., & Higginson, I.J. 2012. *The Greatest Thing In The World Is The Family: The Meaning of Social Support Among Black Caribbean and White British Patients Living With Advanced Cancer. Psycho-Oncology* 21; 400–408.
30. Kumar V, Cotran RS, Robbins SL. 2007. *Buku Ajar Patologi. 7 Nd Ed ,Vol. 1*.Jakarta : Penerbit Buku Kedokteran EGC
31. Li, Y., Wang, K., Yin, Y., Li, Y., & Li, S. (2018). Relationships between family resilience, breast cancer survivors' individual resilience, and caregiver burden: A cross-sectional study. *International Journal of Nursing Studies*, 88, 79–84. <https://doi.org/10.1016/j.ijnurstu.2018.08.011>
32. Mardana, I.B., 2006. *Implementas Modul Eksperimen Sains Berbasis Kompetensi dengan Model Experiential Learning dalam Upaya Meningkatkan Kualitas Pelaksanaan KBK dalam pembelajaran Sains di SMP Negeri 1 Sukasada*. *Jurnal Pendidikan dan Pengajaran IKIP Negeri Singaraja*
33. Miller, G. 2008. *Pencegahan dan Pengobatan Penyakit Kanker*. Jakarta: PT. Pustakaraya
34. Miller, L. E. (2012). *Sources of uncertainty in cancer survivorship* (6th ed.). J. Canc: Surviv.
35. Mu'tadin, Z. 2002. *Pengantar Pendidikan dan Ilmu Perilaku Kesehatan*. Yogyakarta: Andi Offset
36. National Cancer Institute. 2013. *Adjuvant and Neoadjuvant Therapy for Breast Cancer*: United State: Dapartemen health and human service.
37. Notoatmodjo, S. 2003. *Pendidikan dan Perilaku Kesehatan*. Jakarta : Rineka Cipta
38. Notoatmodjo, S. 2007. *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta : Rineka Cipta
39. Notoatmodjo, Soekidjo. 2010. *Ilmu Perilaku Kesehatan*. Jakarta : Rineka Cipta.
40. Notoatmodjo, Soekidjo. 2012. *Promosi Kesehatan dan Perilaku Kesehatan Edisi Revisi*.Jakarta : Rineka Cipta.
41. Nursalam. 2017. *Metodologi Penelitian Ilmu Keperawatan*. Jakarta : Salemba Medika.
42. Plant, H., Moore, S., Richardson, A., Cornwall, A., Medina J. & Ream, E. 2011. *Nurses' Experience of Delivering a Supportive Intervention for Family Members of Patient*
43. Pontone, S., Marianetti, M., Petrarca, L., Angelini, R., Standoli, M., & Pontone, P. (2012). P.10.19 Psychological Disorders Prevalence in Upper Gastrointestinal Outpatients Before Endoscopy. *Digestive and Liver Disease*, 44(2012), S154. [https://doi.org/10.1016/S1590-8658\(12\)60429-0](https://doi.org/10.1016/S1590-8658(12)60429-0)

44. Potter, P.A.& Perry, A.G. 2005. *Fundamental Keperawatan: Konsep, Proses, dan Praktik* (edisi 4). Jakarta: EGC
45. Price, A. S., Wilson M. L., 2006. *Patofisiologi Konsep Klinis Proses-Proses Penyakit*. Alih Bahasa: dr. Brahm U. Penerbit. Jakarta: EGC
46. Purba, Anna Wati Dewi. 2006. *Semangat Hidup Penderita Kanker Ditinjau dari Optimisme, Dukungan Sosial, dan Kepasrahan Kepada Tuhan*. *Journal Indigenious*. Diakses 15 Mei 2108
47. Rahayu, Titah. 2009. *Kemoterapi, Kawan atau Lawan*. Diakses 18 Mei 2018, retrieved from <http://rumahkanker.com/index>
48. Rankin S. 2011. *Influence of Coping On Styles On Social Seeking Among Cancer Patient Family Caregiver*. *Journal ProQuest*. Walden University
49. Reivich, K., & Shatte, A. (2003). *The Resilience Factor: 7 Essential Skill For Overcoming Life's Inevitable Obstacle*. New York: Broadway Books Sarafino, E.P. 2006. *Health Psychology: Biopsychosocial Interactions* (5thed.). New York: John Wiley & Sons, Inc.
50. Sharlanova, V., 2004. *Experiential Learning Model*. *Trakia Journal of Science II*
51. Stuart, G.W.,& Sundeen, S.J. 2001. *Principles and Practice of Psychiatric Nursing*. St. Louis: Mosby Year Book
52. Sugiyono. 2011. *Metode Penelitian Pendidikan*. Bandung: Alfabeta
53. Suyanto. 2011. *Metodologi dan Aplikasi Penelitian Keperawatan, Nuha Medika, Yogyakarta ejournal keperawatan (e-Kp) Volume 2*.
54. Weiten, W. & Lloyd, M.A. 2000. *Psychology Applied to Modern Life: Adjustment At The Turn of The Century*. USA: Wadsworth
55. Ye, Z. J., Peng, C. H., Zhang, H. W., Liang, M. Z., Zhao, J. J., Sun, Z., ... Yu, Y. L. (2018). A biopsychosocial model of resilience for breast cancer: A preliminary study in mainland China. *European Journal of Oncology Nursing*, 36(August), 95–102. <https://doi.org/10.1016/j.ejon.2018.08.001>
56. Zainun, Buchari. 2003. *Manajemen dan Motivasi*. Jakarta: Balai Aksara.
57. Mozaffari,M.,Pourbahram,A.,&Marzdashti,A.F. (2015). Knowing Effective Factors in Reducing Power Consumption in MAC Protocols' Listening For Wireless Sensor Networks. *International Academic Journal of Science and Engineering*, 2(5), 14-21.
58. Youzband,R.S.,&Mirnia,M.K. (2015). Designing Reverse Converter for the New Three-Moduli Set $\{2^{2n+1}, 2^{2n-1}, 2^{2n+1}\}$. *International Academic Journal of Science and Engineering*, 2(5), 32-38.
59. Rapoport, D.L. On the fusion of physics and klein bottle logic in biology, embryogenesis and evolution (2011) *NeuroQuantology*, 9 (4), pp. 842-861.
60. Hoxie, E., Fracasso, C. Known knowns... known unknowns... and unknown unknowns: Processing the research journey (2011) *NeuroQuantology*, 9 (3), pp. 515-517.