

¹Ethnography on Cancer Patient's Anger

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Abstract

The present ethnographic study explores the implications of anger in cancer patients in the cultural context of Korea from the perspective of cancer patients, and conducts a cross-cultural investigation to propose a theoretical model that can explain their anger, to develop effective nursing interventions and ultimately to improve cancer patients' quality of life. The informants in this study are 9 cancer patients on chemotherapy (6 females and 3 males) who were born and have lived in Korea sharing the Korean culture. Data were collected from January to September, 2008 until the data were saturated. Participant observation and in-depth interviews were used to collect data, which were in turn analyzed with Spradley's taxonomic analysis [6]. Taken together, the main cultural themes proved here are the 「insurmountable fate」, 「uncontrolled psychological conflicts」, 「treatment processes to be endured」, 「unpredictable future」, and 「uncontrolled self-pity」. The theoretical model of cancer patients' anger proved the archetype of a thinking cycle in the course of the disease where patients struggle to overcome and break from the cultural themes only to feel outraged about the insurmountable fate and undeniable reality that cannot be addressed even with face saving. In short, a socio-cultural sentiment should be encouraged so that cancer patients can break from the insurmountable fate, accept the course of the disease and receive treatment in a positive manner while expressing the anger effectively in Korean culture where cancer patients' anger tends to ebb away inwards and turn into 'resentment'. Also, it is urgent to develop self-help groups where cancer patients can cope with the anger in proper ways.

Keywords: Ethnography, Koreans, Neoplasms, Patients, Anger

1. Introduction

1.1. Rationale and Objective

Although genetics and medical science have evolved to the extent that life forms can be cloned, the fact that cancer is the leading cause of death persists [1]. As cancer is the deadliest life event to humans, people diagnosed with cancer tend to show psychological responses including disbelief and denial followed by anger or resentment about the reality. Cancer patients go through negative emotions including anxiety, anger and frustration owing to the facts that the causes and treatment of cancer have not been fully established, that cancer can hardly be cured unless it is detected and treated early and that the relapse rate of cancer is high[2].

As a typical human emotion, anger serves as the driving force for self-development and advancement at the personal or social level, whereas it is also a destructive and strongly negative emotion as the essential and fundamental construct in the theories of emotion proposed in the East and the West [3]. Those who have a strong tendency to repress anger

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developed cardiovascular and digestive diseases, showed a tendency toward depression and frustration and were at higher risk of suicide[4,16].

Faced with personal or familial crises, Koreans tend to not express but repress their issues as they have been taught to comply with the Confucian value that advocates perseverance as a social virtue and maturity, which is why those who are diagnosed with cancer and go through extreme anger fail to express but put up with the anger and distress [5]. Thus, the inner world of anger cancer patients go through is worth verifying, describing and explicating from the socio-cultural perspective of Koreans, so as to further understand the meanings, or implications of their anger and ultimately to provide holistically viable nursing care. In this context, the present ethnographic study identifies and analyzes the personal experience of informants against their cultural backdrop with intent to shed light on the implications of Korean cancer patients' anger, to develop a theoretical model for analytically elucidating the experiential world of cancer patients' anger, and to seek for viable nursing interventions.

This ethnographic study highlights and cross-culturally explores the implications of cancer patients' anger in the context of Korean culture to propose a theoretical model for explicating their anger and effective nursing interventions conducive to improving their quality of life. To be specific, the present study aims:

- 1) To verify, describe and explicate the implications of anger in cancer patients;
- 2) To cross-culturally explore the implications of anger in cancer patients;
- 3) To propose a theoretical model conducive to elucidating the anger in cancer patients;
and
- 4) To propose viable nursing interventions for addressing the anger in cancer patients.

2. Method

2.1. Design and Participants

The present ethnographic study underscores the implications of cancer patients' anger from the perspectives of those patients and Korean culture and cross-culturally examines the anger in cancer patients to propose a theoretical model for explicating the anger and effective nursing interventions and ultimately to improve their quality of life. The nine informants (6 females and 3 males) in this study were born in Korea and have shared Korean culture. They are outpatients in the Chemotherapy Center of K Hospital and inpatients in the cancer ward of S Hospital. The selection criteria are as below:

- 1) Those whose abilities of communication, flow of thinking and/or judgment are clear and consistent; and
- 2) Those who understand the objectives of this study and sign the informed consent voluntarily.

2.2. Trained Researcher

An ethnographic study requires researchers to serve as reliable and valid tools in each stage of research from in-depth interviews and participant observation to data analysis and to collect and analyze data through a field survey. The researchers of this ethnographic study meet the requirement on the following grounds. The present researchers have been working in a surgical ward for a decade, nursed cancer patients from surgeries to chemotherapy, attended a graduate course on ethnographic study methods, and engaged in verbal and poster presentations as the members of the qualitative nursing society. In particular, the researchers became concerned with how to help cancer patients cope with the pain and distress, earned a master's degree with a phenomenological study ('Grief in

Cancer Patients'), and trained on qualitative studies under an expert, which renders them valid and reliable for this study.

2.3. Ethics and Data Collection

Informants were informed of the objective and meaning of this study as well as the importance of cooperation before they voluntarily decided to participate in the study by signing an informed consent prior to data collection. To protect the privacy and personal information of informants, they were guaranteed anonymity. In addition, data including the recording were used just for the purpose of the study and discarded immediately upon completion of the study. Also, it was stated that informants had the right to refuse to participate in the study whenever they wanted to. In the course of the interview and at the end of the interview, the transcribed interview data were showed and explained to each informant, so that they confirmed the meanings and implications of what they had said. Data were collected from January to September in 2008 up to the point of data saturation. The interval and frequency of the participant observation and in-depth interview was 1-2 weeks. Each interview lasted for 1-2 hours approximately. Each informant was interviewed 6-8 times. The interview was held at participants' homes, in chemotherapy centers, in wards, on park benches and in the interview room. A recorder was used with informants' knowledge. Interviewees' actions, remarks, facial expressions, experiences and feelings were recorded during the interview and analyzed. Upon completion of each interview, the recorded interviews were transcribed for data analysis. Based on the analysis results, the follow-up interviews were prepared. Therefore, interviews and analyses were conducted alternately.

2.4. Data Analysis

As suggested by Spradley, domain analysis, taxonomic analysis, componential analysis and thematic analysis were used [6]. Here, it was posited that the mental world paralleled physical and biological phenomena in that it could be systematically analyzed, and that human mind was reflected in speeches and actions, which were in turn analyzed. Data were analyzed here in the following steps:

Step 1: The researcher listened to the recorded interview of each participant from beginning to end to understand the overall outline, and transcribed the recording including interviewees' actions, gestures, facial expressions and other verbal expressions observed during the interview.

Step 2: Anger-related meaningful data were underlined in the full transcription, and relevant sentences were sorted and saved in the computer.

Step 3: Data of comparable meanings were sorted and their attributes were confirmed.

Step 4: The sorted attributes were sub-categorized.

Step 5: Areas relevant to the sub-categorization were systematically conceptualized and classified into domains.

Step 6: Among the classified domains, those most extensively linked to the themes of this study were selected as the cultural themes based on the raw data.

Step 7: The classified domains were linked systematically based on the raw data to propose the theoretical model.

The attributes and contents established as abovementioned were reviewed by qualitative nursing and Korean literature professors to determine the reliability and validity. Finally, the results were presented to informants to ensure the semantic congruity.

3. Results and Discussion

3.1. Individual informants

As for the demographics of the subjects with cancer, 6 females, 3 males and total 9 subjects were surveyed. As for age, 30 subject was 1, 40 subjects were 2, 50 subjects were 3 and 60 subjects 3. Specific diagnosis of dementia included breast cancer(n=6), Melanoma(n=1), Lymphoma(n=1) and Hepatic cancer(n=1). As for religion, 1, 2 and 6 subjects answered 'Christian' 'Catholic' and 'had no religion' respectively(Table 1).

Table 1. Characteristics of Participants(N=9)

Age	Gender	Diagnosed cancer (metastasis)	Diagnosed in (relapse)	Religion	Job	Family(yrs)
36	Female	Breast Ca stage 2 (Knees)	2003 (2006)	Christian	Nurse	Husband and son(10)
54	Female	Breast Ca stage 3 (Contralateral breast)	1997 (2007)	Catholic	Business owner	Husband, son(26), and daughter(24)
63	Female	Breast Ca stage 3 (Lymph and bones)	2000 (2005)	N/A	Farming	Husband and 2sons(38, married, and 24)
52	Female	Breast Ca stage 3	2007	N/A	Art institute owner	Husband and daughter(24) and son(22)
41	male	Hepatic Ca stage 4	2008	N/A	Failed in business	Divorced. 2sons(16 and 13)
44	Female	Breast Ca stage 3	2007	N/A	Teacher	Husband, daughter(12) and son(10)
53	male	Lymphoma	2008	N/A	Office clerk	Wife and two sons(undergraduate and military service)
66	male	Melanoma (Toes)	2002	N/A	N/A	Wife and 2sons(36, married, and 33)
63	Female	Breast Ca stage 1	2008	Christian	N/A	Husband and daughter(32, married)

3.2. Implications of Anger in Cancer Patients

401 semantic descriptions were derived from the raw data. From the 401 semantic descriptions, 35 attributes were elicited. Then, 13 sub-categories were derived. Also, cultural themes in five domains were derived with systematic conceptualization. The first cultural theme and the main theme of this study was the 『insurmountable fate』, which was sub-categorized into the 「undeniable reality」 and 「futile face saving」. The second cultural theme was the 『uncontrolled psychological conflicts』, which was sub-categorized into the 「unacceptable reality, 「regrettable past, 「persistent depression」 and 「vanity of daily life」. The third cultural theme was the 『treatment process to be endured』, which was sub-categorized into the 「painful treatment process, 「changed

appetite」 and 「increasing hyper-sensitive reactions」. The fourth cultural theme was the 「unpredictable future」, which was sub-categorized into the 「uncertain life」 and 「fear of relapse」. The final cultural theme was the 「uncontrollable self-pity」, which was sub-categorized into the 「decreasing self-control」 and 「increasing misunderstandings」(Table 2).

Table 2. Semantic Structure of Anger in Cancer Patients

Domain	Category	Attributes
Insurmountable fate	Undeniable reality	Defensive thinking
		Recurring perception of illness
		Meaningless self-justification
		Financial difficulties
	Futile face saving	Futile struggle for gratefulness
		Futile expectation of recovery
Uncontrolled psychological conflicts	Unacceptable reality	Unimaginable event
		Mired daily life
	Regrettable past	Neglecting self-care
		My bitter life
	Persistent depression	Solitude
		Endless sorrow
	Vanity of daily life	Being forgotten
		Impassiveness
Treatment process to be endured	Painful treatment process	Physical difficulties
		Unbearable medication
		Anxiety over surgery
	Changed appetite	Mindful diet
		Losing appetite
	Increasing hyper-sensitive reactions	Uncontrollable mind
		Feeling like a guinea pig
Unpredictable future	Uncertain life	Changing appearance
		Life to be finished
		Fear of death
	Fear of relapse	Parting from family
		Relapse
Uncontrolled self-pity	Decreasing self-control	Stubborn likelihood of relapse
		Burdensome self
		Revealing self
		Abstinence in daily life
	Increasing misunderstandings	Scratches on family
		Non-understandable self
		Unkind medical staff
		Ludicrous imagination
		Alienation from family

3.3. Ethnographic Implications of Anger in Cancer Patients

3.3.1. Description on Semantic Structure of Anger in Cancer Patients

The main theme and the first cultural theme of this study is the 『insurmountable fate』, which is sub-categorized into the 「undeniable reality」 and 「futile face saving」.

“Like it or not, cancer has come to me, and I should live with it. I have to think like that.” “Cancer in my body won’t leave me.” These patients show futile, stubborn and unrealistic ways of thinking. *“Cancer is curable these days.”* This is a ludicrous self-justification. In addition to the foregoing, another concern such as ‘financial condition’ is distressing and undeniable enough to cause anger. Also, *“I feel peaceful thinking to myself God will heal me...” “I gotta recover soon. It’s greed...”* These expressions are part of a continuum of acceptance and anger with an undeniable reality ensuing as part of the insurmountable fate, which causes anger.

The second cultural theme is the 『uncontrolled psychological conflicts』, which is sub-categorized into the 「unacceptable reality」, 「regrettable past」, 「persistent depression」 and 「vanity of daily life」.

“It’s just dark. Tears keep rolling down my cheeks. I’m not ready but feel anxious until I become numb to anything.” This suggests anger in the face of an unimagined reality that seems unacceptable but has to be accepted. *“It’s a shame. I’ve failed to take care of myself and fallen ill.”* This is a deep regret over not caring for one’s health. *“At first, I thought it’s unfair. Why on earth should I deserve this? It should be someone else vicious. I grumbled about my misfortunes a lot.”* This implies some uncontrollable resentment and anger over the regrettable past. *“I’m just lonely, and left ill all by myself. It’s my own problem.” “I feel myself so pathetic, poor and useless.”* These imply emotional ups and downs are building up inside in parallel with anger.

The third cultural theme is the 『treatment process to be endured』, which is sub-categorized into the 「painful treatment process」, 「changed appetite」 and 「increasing hyper-sensitive reactions」.

“My mind withstands pain, which is excruciatingly hard on my body though.” This shows physical pain and distress. *“It’s too hard for me to stay mindful...” “It’s like I’m in jail. It’s too frustrating.”* These imply the difficulties in medication, and anger over the helpless passive suffering. *“I’ve become so sensitive to foods.” “I shouldn’t eat what they eat. There’s no joy of eating anymore. It’s terrible.”* These cancer patients have to mind their diets at all times, being deprived of the joy of eating. *“It’s hard to see the doctor every day. Like a naked guinea pig, I had to lie down and receive radiation therapy, which I couldn’t hate more.”* This suggests the interviewee thinks she is wasting her life meaninglessly because of an impossible challenge, is in a state of disorder and confusion, fails to control her mind, and feels anger resulting from a psychologically and emotionally hypersensitive reaction to her status comparable to a guinea pig on seeing her physical changes or the attitudes of medical staff, which is a socio-culturally common human reaction.

The fourth cultural theme is the 『unpredictable future』, which is sub-categorized into the 「uncertain life」 and 「fear of relapse」.

“This is the end of my life.” “Death is the most fearful thing. I’m still afraid of it ...” These imply the thinking that the person is supposed to say goodbye to everything in this world including family, especially by dying, which is uncertain and causes anger. Also,

the informants in this study go through the ruthless relapse and always feel anxious about the likelihood of relapse. *"It's more devastating than the first onset."* *"What's the point of eating? That's what occurred to me on finding out the relapse."* *"When I'm by myself, it looms large. The fear of relapse or metastasis arises out of nowhere."* These suggest the fear of relapse is an unpredictable future to cancer patients, resulting in anger.

The fifth cultural theme is the 『uncontrolled self-pity』, which is sub-categorized into the 「decreasing self-control」 and 「increasing misunderstandings」.

"When someone comforts and treats me as a patient, I'm not consoled. Never. I just ..." *"I don't want to be consoled even by my family. It's just me."* These patients consider they have to fight against their diseases for themselves and feel burdened about other people's lame words of comfort. *"I used to be able to do whatever I could do and go wherever I wanted to go. Now I can't. I'm like a cripple ..."* This implies the frustration over abstaining from daily activities. Some blame family members for a series of situations. *"My family should be responsible for everything. The reckless way they act and talk.."* This patient loses her self-control, which is not what she used to be, and internalizes anger. *"They're concerned about the schedule upon being told I had cancer. They don't care about me."* *"No one understands me."* These patients are angry over not being understood or cared for. *"I feel anxious about being isolated. Isolation ..."* *"They won't discuss anything with me now. That makes me feel sad ..."* These imply that anger dwells in the negative feelings owing to the increasing misunderstandings.

3.3.2. Cross-cultural Exploration Into Cancer Patients' Anger: The main cultural theme found in this study is the 『insurmountable fate』. Diagnosed with cancer, the patients find it so hard to accept the diagnosis as a reality, regret the past, feel depressed and the vanity of life, and go through uncontrollable psychological and emotional changes. They should endure the painful treatment process, which makes them hypersensitive and their appetite and diets change. Also, they are supposed to live with the fear of the uncertain course of the disease and the unpredictable future. Going through the foregoing, cancer patients lose control of themselves with increasing misunderstandings and uncontrolled self-pity in the face of unbearable anger over the insurmountable fate. Westerners tend to extrovertively confront any incomprehensible or dissatisfactory external shocks, and hardly end up with resentment [7]. By contrast, Korean cancer patients tend to not express but repress the anger by accepting it as a fate in compliance with the traditional Confucian norms and patriarchal system that coerces them into putting up with sufferings, which is part of Korean cultural phenomena. Korean culture is called the "culture of resentment." Korean history is called the "history of resentment." The so-called Korean resentment is based on the very function of repression. The act of repression refers to that of endurance [8]. Cheon asserts the function of 'repression' is to generate the resentment (恨; Han) inherent in Korean value and states that as Koreans grow and mature, they repress their own resentment in life and enjoy the process of releasing the "repressed" resentment [8].

Anger in Korean culture is represented as the 'resentment' characterizing Koreans, which seems to affect cancer patients repressing their anger. In brief, repression is inherent in the anger felt by the subjects. Anger in Korean culture is distinct from that in Western culture, which is reflected in the cancer patients' failure to express anger but repress it. In the same vein, the main cultural theme of the insurmountable fate suggests that anger in cancer patients is not expressed immediately but builds up into 'bitterness' or resentment.

The second cultural theme found in this study is the 『uncontrolled psychological conflicts』 involving wretchedness, depression, solitude, sorrow, helplessness and apathy.

Due to recurring psychological instability and emotional ups and downs on a momentary basis, the cancer patients in this study feel anger over the state where they fail to lead an independent life but are swayed by emotional conditions. According to Armstrong and Jenkinson, diagnosed with cancer, most cancer patients become overwhelmed with grief and go through considerable psychological conflicts feeling as if their “blood was up” as they have hardly imagined having cancer[9]. As the interventions for dealing with cancer patients’ psychological conflicts, exercise, meditation, hobbies, laughter, conversation and breathing techniques are known to help them maintain a sound mind. In Canada, the Look Good Feel Better program is implemented nationwide to help female cancer patients to have a positive state of mind by learning make-up skills and taking care of how they look [10]. Hence, it is urgent to develop proper nursing interventions viable for cancer patients based on the understanding of their emotional and psychological changes.

The third cultural theme is the 『treatment process to be endured』, involving physical pain, challenging chemotherapy, anxiety over surgery, controlled diets, distressful radiotherapy and hideous looks, all of which cancer patients should get over. Limitations and shame make each treatment process challenging and call for patience, which causes anger. According to Markus and Kitayama, Japanese people maintaining a strong collective culture perceive any anger experienced and expressed by family members or co-workers as highly inappropriate, whereas European Americans upholding a strong individualist culture accept such anger as something casual or routine. Also, they found Japanese undergraduates tend to avert the sentiment of anger when they are together with family members, friends or other in-group members [11]. Averill surveyed adults in the U.S. and found the subjects express anger to their spouses, parents, children and others close to them approximately once weekly. According to Averill, the expression of anger among Westerners serves to adjust the relationship between two people [12]. That is, as Western individualists experience anger when they feel their rights or independence compromised [13], they express anger in order to enhance their authorities, independence or self-images. According to Lee, by saying “I’d rather die than go through the physical pain,” cancer patients imply a desperate and miserable state of life where every aspect of living should converge on treatment accompanying intolerable pain and distress[14]. Based on the foregoing, enduring the challenging treatment process following the diagnosis is a cultural universality, not a cross-cultural difference.

The fourth theme is the 『unpredictable future』. Diagnosed with cancer, cancer patients think of death followed by the fear of death and the sorrow of parting from family members. They feel anger over their uncertain life, fear of relapse and unforeseeable future. Yang mentioned “a persistent shadow of death” and “a long wait implying uncertainties” to describe the frustration and anger felt by most cancer patients, who should live with the fear of death and relapse and the unpredictable future although they are compliant with the treatment process including distressful and demanding therapies to stay with their families [15]. Therefore, the theme of unpredictable future and the relevant anger over the uncertainty and unpredictability are part of cultural universality, although they are expressed in more or less different words.

The final theme is the 『uncontrolled self-pity』 involving cancer patients’ physical limitations laying a burden on their families. Their less free daily life and decreasing self-control hurt their families they cherish. Also, the sorrow of not being empathized with for their pain or condition, the unfriendly medical staff, the absurd imagination over all situations, the status of becoming alienated from families, and the growing unsubstantiated misunderstandings about the families and medical staff result in anger over the uncontrolled self-pity. According to Lee, together with the “dissonant relationship” and “familial responsibilities,” cancer patients yearn for emotional support, expert support and love of neighbors. Thus, despite differences in the aspects or ways of the expression, the cultural theme of uncontrolled self-pity is part of cultural universality among cancer patients who should face a long wait upon being diagnosed with cancer and

fall into self-pity [14]. In a study on anger experienced by Koreans versus Americans, the latter showed a higher level of state anger than the former. Also, Koreans often experience and express anger over unfamiliar people, whereas Americans often experience and express anger over familiar people [16]. Therefore, despite the difference in the aspects and ways of anger expression, cancer patients reveal anger over self-pity resulting from cultural universality in the course of a long wait following the diagnosis.

Anger is part of the insurmountable fate in cancer patients in this study. Particularly, anger in Korea is represented as 'resentment' and a cultural syndrome called an anger syndrome as a result of the trait to repress, not express, anger. Hence, positive nursing interventions are needed to help cancer patients express and control anger in a desirable manner.

3.3.3. A Theoretical Model of Anger in Cancer Patients: Anger derived from cancer patients' world of experience is released in a cyclical system of the "insurmountable fate", "uncontrolled psychological conflicts", "treatment process to be endured", "unpredictable future", and "uncontrolled self-pity". This represents the archetype of a thinking cycle involving the repressed anger as proved in this study, where cancer patients go through the uncontrolled psychological conflicts, endure the treatment process and feel anger over the unforeseeable future, uncontrolled self-pity and insurmountable fate however hard they struggle to overcome the fate (Fig. 1)[17].

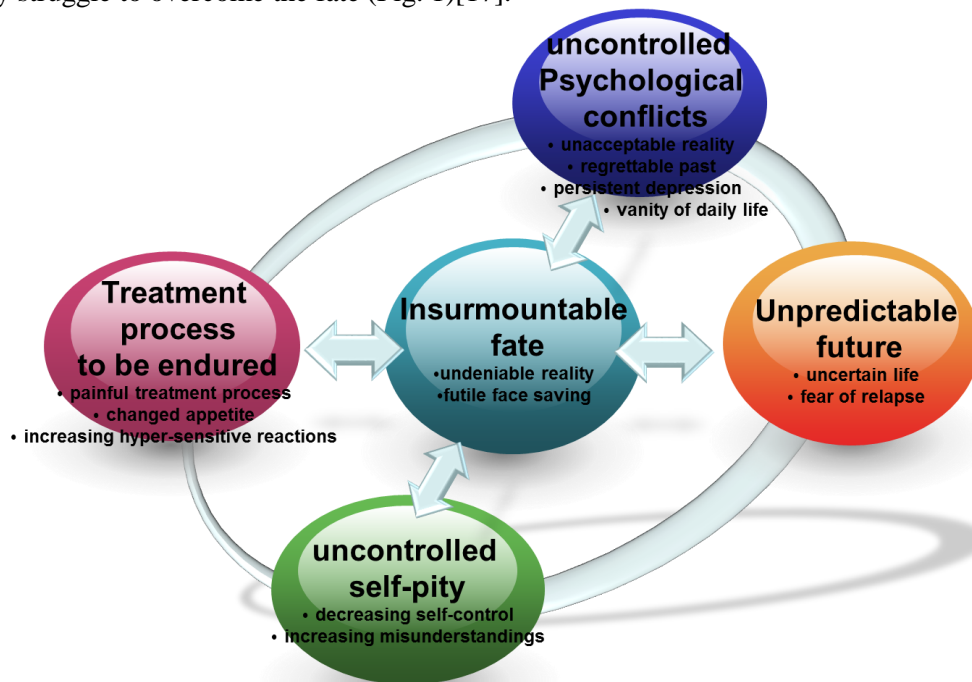


Figure 1. Theoretical Model of Anger in Cancer Patients

3.3.4. Nursing Interventions for Anger in Cancer Patients: Based on the theoretical model proposed in this study, nursing interventions can be developed that help cancer patients to accept the progress of cancer as a continuum of hope and anger, receive treatment in a positive attitude by overcoming the insurmountable fate, express their anger given the repressed anger specific to Koreans and engage in positive conversations to handle the uncontrolled psychological state. In addition, nursing interventions are used to inform cancer patients of the details of challenging treatment process, help them to wisely cope with the treatment process, and provide accurate information about patients' conditions so that they can address the unforeseeable future in a realistic manner. Also,

not just familial but also social support systems should be enhanced to serve as a last resort in everyday life and to keep them from falling into the uncontrolled self-pity. Moreover, self-help groups should be arranged so that cancer patients can share their experiences throughout the course of the disease. At the same time, programs need developing that guide cancer patients to effectively release their anger.

4. Conclusion

Given the fact that cancer is the number one cause of death, the present ethnographic study focuses on the world of anger that cancer patients experience, verifies and analyzes the implications of their anger in light of the socio-cultural specificity of Korea, explores such implications from a cross-cultural perspective, proposes a theoretical model to explain the anger in Korean cancer patients and suggests applicable nursing interventions.

The first cultural theme found in this study is the 『insurmountable fate』 sub-categorized into the 「undeniable reality」 and 「futile face saving」. The second cultural theme is the 『uncontrolled psychological conflicts』 sub-categorized into the 「unacceptable reality」, 「regrettable past」, 「persistent depression」 and 「futile daily life」. The third cultural theme is the 『treatment process to be endured』 subcategorized into the 「painful treatment process」, 「changing appetite」 and 「increasing hyper-sensitive reactions」. The fourth cultural theme is the 『unpredictable future』 subcategorized into the 「uncertain life」 and 「fear of relapse」. The final theme is the 『uncontrolled self-pity』 subcategorized into the 「decreasing self-control」 and 「increasing misunderstandings. The theoretical model of anger in cancer patients involve the uncontrolled psychological conflicts they go through and the challenging treatment processes to be endured. These adversities intensify due to the unpredictable future and lead to the uncontrolled self-pity. All experiences are associated with the cultural theme of “insurmountable fate”. That is, the cultural themes form a cycle and are revealed within the inner world. Based on the foregoing, it is necessary to encourage a socio-cultural sentiment that allows cancer patients to positively express anger and overcome themselves in Korean culture where they are required to repress anger from physical, psychological, emotional and social perspectives. Most of all, it is important for families and medical staff who exert the greatest influence on the entire course of cancer treatment to use improved communication skills and supportive nursing interventions so as to help cancer patients to make the shift from negative to positive thinking.

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