Breast Cancer in Women: Effect on the Family

What We Know

› Globally, breast cancer was diagnosed in an estimated 1.67 million women in 2012, making it the second most common cancer overall and by far the most common cancer in women, accounting for approximately 25% of cases. Rates are higher among women in developed countries, with North America having the highest incidence at 92 cases per 100,000 of population; they are lowest in Middle and Eastern Africa, at 27 per 100,000(7)
› Breast cancer is increasingly perceived as a family’s shared experience because the psychological health and roles of all family members often are significantly affected by the presence of cancer in the family.(5,11)
› Diagnosis of breast cancer in a woman who is a mother causes disruption in the daily family routine and leads to decreased access to the mother, which can lead to increased stress and conflict among family members(4,11,12,16,17,18,19,21,22)
› The diagnostic phase of breast cancer is often considered the most stressful for the client and family members. There are feelings of helplessness and fear about what a positive diagnosis will bring: women worry about feeling pain, about surgery and disfigurement, and about death(2,11)
  • First-degree relatives are particularly at risk for a difficult adjustment to a breast cancer diagnosis because they are the most likely to experience role changes, be called on to provide emotional support to the client, and be confronted with a familial predisposition to the disease if one is found(21)
    – Risk for family stress related to breast cancer diagnosis is substantially increased when a genetic predisposition to breast cancer is identified
    – Daughters of women with breast cancer report a need for educational information that exceeds their need for emotional support(21)
› Risk factors for increased family difficulty with adjustment to maternal breast cancer include limited social support, a high level of stress unrelated to breast cancer, a lack of optimism or hope of a successful recovery, and ineffective coping strategies(11,17,22)
  • Factors that predict adjustment difficulty vary over the course of the illness(12,22)
    – An increase in the intensity of stress reported by the client before breast biopsy is an important predictor of increased family distress and adjustment difficulty(12)
    – Positive family functioning and a client’s increased ability to cope with stress are strong predictors of easier family adjustment during treatment and recovery(14)
› A woman’s diagnosis of breast cancer has a profound influence on her relationship with her partner. Clients and their partners demonstrate a high level of psychological interdependence, with partners often experiencing a level of distress after diagnosis equal to the clients’; women typically view their partners as their most important source of support(5,6,10,11,14)
  • Although some partners may cope well with a breast cancer diagnosis and may even derive benefit from their role as a caregiver, many partners report significant psychological distress(11,19); as a result of increased stress, partners may experience hypochondria, moodiness, low energy, sleep disturbances, sexual dysfunction, eating disorders, and difficulty focusing on occupational responsibilities(17,18,20)
• Spousal/partner response to stress changes over the course of the disease
  – At diagnosis, spouses/partners report feeling shocked, helpless, fearful, concerned, and overwhelmed.\(^{(17,20)}\)
  – During treatment, spouses/partners typically have a greater need for information related to breast cancer and breast cancer treatment than they did at diagnosis, although despite receiving such information they may still perceive themselves as unable to provide adequate support; many consider the treatment phase an especially stressful time.\(^{(20,22)}\)
  – At the end of treatment, spouses/partners commonly want information about transition to the recovery phase.\(^{(20)}\)
  - Spouses and partners may focus on getting back to normal, moving away from any caregiver role they may have taken on. However, the breast cancer survivor often is permanently changed emotionally and physically, and she may want to live life differently, such as by taking more vacations, working less, spending more money, and living life more “in the moment.” This can create tension and stress in some families.\(^{(11)}\)
  – Family members of women with advanced breast cancer can suffer depression and anxiety as the illness progresses and becomes terminal.\(^{(6)}\)
  – Families may suffer financially as the breast cancer progresses. Caregivers frequently miss work, especially during the terminal period, and some respondents in one study reported that the cost of prescription drugs was especially burdensome.\(^{(6)}\)

• Couples’ coping strategies may predict adjustment to a breast cancer diagnosis. Researchers who studied 139 opposite-sex couples in which the female partner had breast cancer reported that avoidant coping by the man was associated with reduced marital satisfaction on the part of the woman, whereas approach-oriented coping by the man resulted in an improvement in the woman’s perception that cancer resulted in advantages such as more appreciation for life; in addition, couples with congruent coping strategies adapted better to breast cancer diagnosis and treatment than couples with dissimilar coping techniques did.\(^{(10)}\)

The impact of breast-cancer-related stress on children may vary according to their age and developmental stage, but children of all ages experience:

• worry about the stability of their parents’ relationship and the continuity of the family
• distress related to assuming additional chores, role changes, and feeling isolated from their friends
• the desire for honest communication about their mother’s condition and a sense that they are being shielded from worrisome or unpleasant news or that information about their mother’s condition is being downplayed for their benefit
• continued concern about the possibility of breast cancer recurrence after their mother has been successfully treated

In all family members, psychosocial support is directly linked with better coping skills, fewer symptoms of anxiety or depression, and more stable adjustment to the diagnosis and newly assumed roles.\(^{(4,12,17,18,20,21,22)}\)

Family environment plays an important role in the client’s coping abilities and psychological and psychosocial well-being.\(^{(23)}\)

• Family cohesion increases a client’s ability to cope and reduces stress from social isolation and loss of support of friends and coworkers during the experience
• Family expressiveness including direct and open communication can help a client and her family identify their individual needs
• Family conflict can inhibit coping skills and act as an additional stressor

Culturally tailored education and information interventions were shown to improve family self-efficacy and coping skills. These interventions involved family meetings with social workers who provided educational information about breast cancer and treatment; explored family genealogy and religiosity; and facilitated practical discussions about household tasks, including meals.\(^{(14)}\)

What We Can Do

• For example, a couple’s communication style and processing of the cancer experience are interdependent; nonresponsiveness or lack of support by either member of the couple can lead to detrimental effects on well-being and coping in both members.\(^{(13)}\)
• Investigate therapy models that have been shown to be successful with couples in this or similar situations, such as emotionally focused therapy.\(^{(1)}\)
Practice with awareness of, and adherence to, the social work principles of respect for human rights and dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles(8).

- Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client(3,8,15).
- A study of Indian, Chinese, and U.S. couples found that variations in four cultural dimensions—family boundaries, gender roles, personal control, and interdependence—influence the ways different couples cope with a breast cancer diagnosis(2).
- Learn about support groups to which clients can be referred, and arrange meetings between clients, family members, physicians, and other healthcare providers to help support and educate the family(2).
- Provide written information on breast cancer. One-page fact sheets can be obtained from the Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/cancer/breast/pdf/BreastCancerFactSheet.pdf.
- Provide a list of online resources, including
  - Breastcancer.org, http://www.breastcancer.org/community
  - Cancer Support Community, http://www.cancersupportcommunity.org/online-support

### Coding Matrix

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
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<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
</tr>
<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
</tr>
<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<tr>
<td>C</td>
<td>Case histories, case studies</td>
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<tr>
<td>G</td>
<td>Published guidelines</td>
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<tr>
<td>RV</td>
<td>Published review of the literature</td>
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<tr>
<td>RU</td>
<td>Published research utilization report</td>
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<tr>
<td>QI</td>
<td>Published quality improvement report</td>
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<tr>
<td>L</td>
<td>Legislation</td>
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<tr>
<td>PGR</td>
<td>Published government report</td>
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<tr>
<td>PFR</td>
<td>Published funded report</td>
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<tr>
<td>PP</td>
<td>Policies, procedures, protocols</td>
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<tr>
<td>X</td>
<td>Practice exemplars, stories, opinions</td>
</tr>
<tr>
<td>GI</td>
<td>General or background information/texts/reports</td>
</tr>
<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
</tr>
<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentation</td>
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### References


